

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

21-22761

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH -2 <input type="checkbox"/> OH -3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY |  | LOCAL INFORMATION<br>4020 SHARON COPLEY  |  | LOCAL REPORT NUMBER *<br>21-22761   |  |
| COUNTY*    LOCALITY*<br>52    3   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Montville (Township of)  |  | CRASH DATE / TIME*<br>04/18/2021 21:20  |  |
| REPORTING AGENCY NAME *<br>Montville Police Department  |  | NCIC *<br>05213  |  | HIT/SKIP<br>1 - SOLVED    2 - UNSOLVED<br>2    2  |  |
| UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN<br>2   |  | NUMBER OF UNITS<br>2   |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5   |  |
| ROUTE TYPE    ROUTE NUMBER    PREFIX<br>SR    162    3  |  | LOCATION ROAD NAME<br>4020   |  | ROAD TYPE<br>ROADWAY DIVIDED  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3  |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>4  |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   |  |
| DISTANCE FROM REFERENCE<br>0.00   |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2  |  | ROAD TYPE<br>AL - ALLEY    HW - HIGHWAY    RD - ROAD<br>AV - AVENUE    LA - LANE    SQ - SQUARE<br>BL - BOULEVARD    MP - MILEPOST    ST - STREET<br>CR - CIRCLE    OV - OVAL    TE - TERRACE<br>CT - COURT    PK - PARKWAY    TL - TRAIL<br>DR - DRIVE    PI - PIKE    WA - WAY<br>HE - HEIGHTS    PL - PLACE  |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>1  |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>8 |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>3  |  |
| WORK ZONE RELATED<br>WORKERS PRESENT<br>LAW ENFORCEMENT PRESENT<br>ACTIVE SCHOOL ZONE   |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER  |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA   |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>4   |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>1   |  | CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN<br>2   |  |
| CONDITIONS<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN<br>1  |  | SURFACE<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN<br>2   |  | NARRATIVE<br>On 4/20/2021, the driver of Unit 1 came on station to file a late crash report. She advised that on 4/18/2021, she was traveling east on Sharon Copley Rd. when a car, heading west, drove into her lane and struck her driver's side mirror. She advised she called dispatch, but our officers were tied up, so she came in today. No injuries were reported. |  |
| CRASH REPORTED DATE / TIME<br>04/20/2021 11:36  |  | DISPATCH DATE / TIME<br>04/20/2021 11:36   |  | ARRIVAL DATE / TIME<br>04/20/2021 11:36   |  |
| SCENE CLEARED DATE / TIME<br>04/20/2021 11:43   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |  | TOTAL TIME ROADWAY CLOSED<br>7  |  |
| OFFICER'S NAME*<br>Harrison, Brett  |  | CHECKED BY OFFICER'S NAME*<br>LaFond, Christopher  |  | <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP's)   |  |
| OFFICER'S BADGE NUMBER*<br>1606   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>1602   |  |   |  |

OWNER

VEHICLE

EVENTS

|   |  |  |
|---|--|--|
| UNIT #  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )  | OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )                           |
| 1   | DOWLING, COLETTE, M  | [REDACTED]   |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )   |  |  |
| 5714 EMERALD LAKES DR., MEDINA, OH, 44256   |  |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |
| LP STATE  | LICENSE PLATE #  | VEHICLE IDENTIFICATION #   |
| OH  | JHN4087  | 3N1AB6AP6BL72255   |
| VEHICLE YEAR  | VEHICLE MAKE   | INSURANCE COMPANY  |
| 2011  | LEXUS  | NATIONWIDE   |
| INSURANCE VERIFIED  | INSURANCE POLICY #   | COLOR  |
| <input checked="" type="checkbox"/>   | 9234J256372  | SIL  |
| VEHICLE MODEL   | TYPE OF USE  | US DOT #   |
| ES  | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE   |  |
|   | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT  | TOWED BY: COMPANY NAME   |
|   | # OCCUPANTS  | HAZARDOUS MATERIAL CLASS # PLACARD ID #  |
|   | VEHICLE WEIGHT GVWR/GCWR   | <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD |
|   | 1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS.   |  |
| UNIT TYPE   | 1 - PASSENGER CAR    6 - VAN (9-15 SEATS)    12 - GOLF CART    18 - LIMO (LIVERY VEHICLE)    23 - PEDESTRIAN/SKATER<br>2 - PASSENGER VAN (MINIVAN)    7 - MOTORCYCLE 2-WHEELED    13 - SNOWMOBILE    19 - BUS (16+ PASSENGERS)    24 - WHEELCHAIR (ANY TYPE)<br>3 - SPORT UTILITY VEHICLE    8 - MOTORCYCLE 3-WHEELED    14 - SINGLE UNIT TRUCK    20 - OTHER VEHICLE    25 - OTHER NON-MOTORIST<br>4 - PICK UP    9 - AUTOCYCLE    15 - SEMI-TRACTOR    21 - HEAVY EQUIPMENT    26 - BICYCLE<br>5 - CARGO VAN    10 - MOPED OR MOTORIZED BICYCLE    16 - FARM EQUIPMENT    22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE    27 - TRAIN<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)    17 - MOTORHOME    99 - UNKNOWN OR HIT/SKIP |  |
| 0   | # OF TRAILING UNITS  |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?   |  |  |
| 0 - NO AUTOMATION    3 - CONDITIONAL AUTOMATION    9 - UNKNOWN  |  |  |
| 1 - DRIVER ASSISTANCE    4 - HIGH AUTOMATION  |  |  |
| 2   | AUTONOMOUS MODE LEVEL  |  |
| 1 - NONE    6 - BUS - CHARTER/TOUR    11 - FIRE    16 - FARM    21 - MAIL CARRIER   |  |  |
| 2 - TAXI    7 - BUS - INTERCITY    12 - MILITARY    17 - MOWING    99 - OTHER / UNKNOWN   |  |  |
| 3 - ELECTRONIC RIDE SHARING    8 - BUS - SHUTTLE    13 - POLICE    18 - SNOW REMOVAL  |  |  |
| 4 - SCHOOL TRANSPORT    9 - BUS - OTHER    14 - PUBLIC UTILITY    19 - TOWING   |  |  |
| 5 - BUS - TRANSIT/COMMUTER    10 - AMBULANCE    15 - CONSTRUCTION EQUIP.    20 - SAFETY SERVICE PATROL  |  |  |
| 1   | SPECIAL FUNCTION   |  |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE    4 - LOGGING    7 - GRAIN/CHIPS/GRAVEL    11 - DUMP    99 - OTHER / UNKNOWN   |  |  |
| 2 - BUS CONTAINER CHASSIS    5 - INTERMODAL CONTAINER CHASSIS    8 - POLE    12 - CONCRETE MIXER  |  |  |
| 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE    6 - CARGOVAN /ENCLOSED BOX    9 - CARGO TANK    13 - AUTO TRANSPORTER   |  |  |
| 10 - GARBAGE/REFUSE   |  |  |
| 1   | CARGO BODY TYPE  |  |
| 1 - TURN SIGNALS    4 - BRAKES    7 - WORN OR SLICK TIRES    9 - MOTOR TROUBLE    99 - OTHER / UNKNOWN  |  |  |
| 2 - HEAD LAMPS    5 - STEERING    8 - TRAILER EQUIPMENT DEFECTIVE    10 - DISABLED FROM PRIOR ACCIDENT  |  |  |
| 3 - TAIL LAMPS    6 - TIRE BLOWOUT  |  |  |
| 1   | VEHICLE DEFECTS  |  |
| 1 - INTERSECTION - MARKED CROSSWALK    4 - MIDBLOCK - MARKED CROSSWALK    7 - SHOULDER/ROADSIDE    10 - DRIVEWAY ACCESS    99 - OTHER / UNKNOWN   |  |  |
| 2 - INTERSECTION - UNMARKED CROSSWALK    5 - TRAVEL LANE - OTHER LOCATION    8 - SIDEWALK    11 - SHARED USE PATHS OR TRAILS  |  |  |
| 3 - INTERSECTION - OTHER    6 - BICYCLE LANE    9 - MEDIAN/CROSSING ISLAND    12 - FIRST RESPONDER AT INCIDENT SCENE  |  |  |
| 4   | ACTION   |  |
| 1 - NON-CONTACT    1 - STRAIGHT AHEAD    9 - LEAVING TRAFFIC LANE    15 - WALKING, RUNNING, JOGGING, PLAYING    21 - STANDING OUTSIDE DISABLED VEHICLE  |  |  |
| 2 - NON-COLLISION    2 - BACKING    10 - PARKED    16 - WORKING    99 - OTHER / UNKNOWN   |  |  |
| 3 - STRIKING    3 - CHANGING LANES    11 - SLOWING OR STOPPED IN TRAFFIC    17 - PUSHING VEHICLE    18 - APPROACHING OR LEAVING VEHICLE   |  |  |
| 4 - STRUCK    4 - OVERTAKING/PASSING    12 - DRIVERLESS    19 - STANDING  |  |  |
| 5 - BOTH STRIKING & STRUCK    5 - MAKING RIGHT TURN    13 - NEGOTIATING A CURVE    20 - OTHER NON-MOTORIST  |  |  |
| 9 - OTHER / UNKNOWN    6 - MAKING LEFT TURN    14 - ENTERING OR CROSSING SPECIFIED LOCATION   |  |  |
| 1 - NONE    8 - FOLLOWING TOO CLOSE /ACDA    13 - IMPROPER START FROM A PARKED POSITION    18 - OPERATING DEFECTIVE EQUIPMENT    23 - OPENING DOOR INTO ROADWAY   |  |  |
| 2 - FAILURE TO YIELD    9 - IMPROPER LANE CHANGE    14 - STOPPED OR PARKED ILLEGALLY    19 - LOAD SHIFTING /FALLING/SPILLING    99 - OTHER IMPROPER ACTION  |  |  |
| 3 - RAN RED LIGHT    10 - IMPROPER PASSING    15 - SWERVING TO AVOID    20 - IMPROPER CROSSING    21 - LYING IN ROADWAY   |  |  |
| 4 - RAN STOP SIGN    11 - DROVE OFF ROAD    16 - WRONG WAY    22 - NOT DISCERNIBLE  |  |  |
| 5 - UNSAFE SPEED    12 - IMPROPER BACKING   |  |  |
| 6 - IMPROPER TURN    7 - LEFT OF CENTER   |  |  |
| 1 - CONTRIBUTING CIRCUMSTANCES  |  |  |
| SEQUENCE OF EVENTS  |  |  |
| 1   | 20   |  |
| 1 - OVERTURN/ROLLOVER    7 - SEPARATION OF UNITS    12 - DOWNHILL RUNAWAY    19 - ANIMAL - OTHER    23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE                   |  |  |
| 2 - FIRE/EXPLOSION    8 - RAN OFF ROAD RIGHT    13 - OTHER NON-COLLISION    20 - MOTOR VEHICLE IN TRANSPORT   |  |  |
| 3 - IMMERSION    9 - RAN OFF ROAD LEFT    14 - PEDESTRIAN    21 - PARKED MOTOR VEHICLE  |  |  |
| 4 - JACKKNIFE    10 - CROSS MEDIAN    15 - PEDALCYCLE    22 - WORK ZONE MAINTENANCE EQUIPMENT   |  |  |
| 5 - CARGO /EQUIPMENT LOSS OR SHIFT    11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL    16 - RAILWAY VEHICLE    23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |  |  |
| 6 - EQUIPMENT FAILURE    12 - IMPROPER BACKING  |  |  |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION    31 - GUARDRAIL END    38 - OVERHEAD SIGN POST    45 - EMBANKMENT  |  |  |
| 26 - BRIDGE OVERHEAD STRUCTURE    32 - PORTABLE BARRIER    39 - LIGHT / LUMINARIES SUPPORT    46 - FENCE  |  |  |
| 27 - BRIDGE PIER OR ABUTMENT    33 - MEDIAN CABLE BARRIER    40 - UTILITY POLE    47 - MAILBOX  |  |  |
| 28 - BRIDGE PARAPET    34 - MEDIAN GUARDRAIL BARRIER    41 - OTHER POST, POLE OR SUPPORT    48 - TREE   |  |  |
| 29 - BRIDGE RAIL    35 - MEDIAN CONCRETE BARRIER    42 - CULVERT    49 - FIRE HYDRANT   |  |  |
| 30 - GUARDRAIL FACE    36 - MEDIAN OTHER BARRIER    43 - CURB    50 - WORK ZONE MAINTENANCE EQUIPMENT   |  |  |
| 37 - TRAFFIC SIGN POST    44 - DITCH    51 - WALL   |  |  |
| 25 - BUILDING   |  |  |
| 53 - TUNNEL   |  |  |
| 54 - OTHER FIXED OBJECT   |  |  |
| 99 - OTHER / UNKNOWN  |  |  |
| FIRST HARMFUL EVENT    1    MOST HARMFUL EVENT    1   |  |  |

|  |                               |
|--|-------------------------------|
| LOCAL REPORT NUMBER  |                               |
| 21-22761   |                               |
| DAMAGE   |                               |
| DAMAGE SCALE   |                               |
| 1 - NONE   | 3 - FUNCTIONAL DAMAGE         |
| 3  | 2 - MINOR DAMAGE              |
|  | 4 - DISABLING DAMAGE          |
|  | 9 - UNKNOWN                   |
| DAMAGED AREA(S)  |                               |
| INDICATE ALL THAT APPLY  |                               |
|  |                               |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |                               |
| INITIAL POINT OF CONTACT   |                               |
| 0 - NO DAMAGE    14 - UNDERCARRIAGE  |                               |
| 11   |                               |
| 1-12 - REFER TO UNIT DIAGRAM    15 - VEHICLE NOT AT SCENE  |                               |
| 13 - TOP    99 - UNKNOWN   |                               |
| TRAFFIC  |                               |
| TRAFFICWAY FLOW  | TRAFFIC CONTROL               |
| 1 - ONE-WAY  | 1 - ROUNDABOUT                |
| 2 - TWO-WAY  | 4 - STOP SIGN                 |
| 2  | 2 - SIGNAL                    |
|  | 5 - YIELD SIGN                |
|  | 3 - FLASHER                   |
|  | 6 - NO CONTROL                |
| # OF THROUGH LANES ON ROAD   | RAIL GRADE CROSSING           |
| 2  | 1 - NOT INVOLVED              |
|  | 2 - INVOLVED-ACTIVE CROSSING  |
|  | 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION  |                               |
| FROM 4 TO 3  |                               |
| UNIT SPEED   | DETECTED SPEED                |
| 45   | 1 - STATED / ESTIMATED SPEED  |
| POSTED SPEED   | 2 - CALCULATED / EDR          |
| 45   | 3 - UNDETERMINED              |

OWNER

VEHICLE

EVENTS

|   |   |  |   |   |   |
|---|---|--|---|---|---|
| <b>UNIT #</b>   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )  | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )  |   |   |   |
| <b>2</b>  |   |  |   |   |   |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )  |   |  |   |   |   |
| <b>OH</b>   |   |  |   |   |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP  |   |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE  |   |   |
|   |   |  |   |   |   |
| <b>LP STATE</b>   | <b>LICENSE PLATE #</b>  | <b>VEHICLE IDENTIFICATION #</b>  | <b>VEHICLE YEAR</b>   | <b>VEHICLE MAKE</b>   |   |
|   |   |  |   |   |   |
| <input type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b>  | <b>INSURANCE POLICY #</b>  | <b>COLOR</b>  | <b>VEHICLE MODEL</b>  |   |
|   |   |  | <b>RED</b>  |   |   |
| <b>TYPE OF USE</b>  |   | <b>US DOT #</b>  | <b>TOWED BY: COMPANY NAME</b>   |   |   |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>   |   |  |   |   |   |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>   | <input checked="" type="checkbox"/> <b>HIT/SKIP UNIT</b>  | <b># OCCUPANTS</b>   | <b>HAZARDOUS MATERIAL</b>   |   |   |
|   |   |  | <input type="checkbox"/> <b>MATERIAL CLASS #</b> <input type="checkbox"/> <b>PLACARD ID #</b><br><input type="checkbox"/> <b>RELEASED</b> <input type="checkbox"/> <b>PLACARD</b> |   |   |
| <b>99</b>   | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN   | 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME   | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| <b># OF TRAILING UNITS</b>  |   |  |   |   |   |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>  |   |  |   |   |   |
| <b>9</b>  | 0 - NO AUTOMATION   3 - CONDITIONAL AUTOMATION   9 - UNKNOWN<br>1 - DRIVER ASSISTANCE   4 - HIGH AUTOMATION<br>2 - PARTIAL AUTOMATION   5 - FULL AUTOMATION |  |   |   |   |
| <b>99</b>   | <b>SPECIAL FUNCTION</b>   |  |   |   |   |
| 1 - NONE   6 - BUS - CHARTER/TOUR   11 - FIRE   16 - FARM   21 - MAIL CARRIER<br>2 - TAXI   7 - BUS - INTERCITY   12 - MILITARY   17 - MOWING   99 - OTHER / UNKNOWN<br>3 - ELECTRONIC RIDE SHARING   8 - BUS - SHUTTLE   13 - POLICE   18 - SNOW REMOVAL<br>4 - SCHOOL TRANSPORT   9 - BUS - OTHER   14 - PUBLIC UTILITY   19 - TOWING<br>5 - BUS - TRANSIT/COMMUTER   10 - AMBULANCE   15 - CONSTRUCTION EQUIP.   20 - SAFETY SERVICE PATROL  |   |  |   |   |   |
| <b>99</b>   | <b>CARGO BODY TYPE</b>  |  |   |   |   |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE   4 - LOGGING   7 - GRAIN/CHIPS/GRAVEL   11 - DUMP   99 - OTHER / UNKNOWN<br>2 - BUS   5 - INTERMODAL CONTAINER CHASSIS   8 - POLE   12 - CONCRETE MIXER<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE   6 - CARGOVAN / ENCLOSED BOX   9 - CARGO TANK   13 - AUTO TRANSPORTER<br>10 - FLAT BED   14 - GARBAGE/REFUSE  |   |  |   |   |   |
| <b>99</b>   | <b>VEHICLE DEFECTS</b>  |  |   |   |   |
| 1 - TURN SIGNALS   4 - BRAKES   7 - WORN OR SLICK TIRES   9 - MOTOR TROUBLE   99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS   5 - STEERING   8 - TRAILER EQUIPMENT DEFECTIVE   10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS   6 - TIRE BLOWOUT  |   |  |   |   |   |
| <b>NON-MOTORIST LOCATION</b>  | <b>NON-MOTORIST LOCATION</b>  |  |   |   |   |
| 1 - INTERSECTION - MARKED CROSSWALK   4 - MIDBLOCK - MARKED CROSSWALK   7 - SHOULDER/ROADSIDE   10 - DRIVEWAY ACCESS   99 - OTHER / UNKNOWN<br>2 - INTERSECTION - UNMARKED CROSSWALK   5 - TRAVEL LANE - OTHER LOCATION   8 - SIDEWALK   11 - SHARED USE PATHS OR TRAILS<br>3 - INTERSECTION - OTHER   6 - BICYCLE LANE   9 - MEDIAN/CROSSING ISLAND   12 - FIRST RESPONDER AT INCIDENT SCENE   |   |  |   |   |   |
| <b>3</b>  | <b>ACTION</b>   |  |   |   |   |
| 1 - NON-CONTACT   2 - NON-COLLISION   3 - CHANGING LANES   4 - OVERTAKING/PASSING   5 - MAKING RIGHT TURN   6 - MAKING LEFT TURN   7 - MAKING U-TURN   8 - ENTERING TRAFFIC LANE   9 - OTHER / UNKNOWN<br>10 - STRAIGHT AHEAD   11 - LEAVING TRAFFIC LANE   12 - PARKED   13 - STOPPED OR STOPPED IN TRAFFIC   14 - DRIVERLESS   15 - NEGOTIATING A CURVE   16 - ENTERING OR CROSSING SPECIFIED LOCATION<br>17 - WALKING, RUNNING, JOGGING, PLAYING   18 - WORKING   19 - PUSHING VEHICLE   20 - APPROACHING OR LEAVING VEHICLE   21 - STANDING   22 - OTHER NON-MOTORIST<br>23 - STANDING OUTSIDE DISABLED VEHICLE   99 - OTHER / UNKNOWN  |   |  |   |   |   |
| <b>7</b>  | <b>CONTRIBUTING CIRCUMSTANCES</b>   |  |   |   |   |
| 1 - NONE   2 - FAILURE TO YIELD   3 - RAN RED LIGHT   4 - RAN STOP SIGN   5 - UNSAFE SPEED   6 - IMPROPER TURN   7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE /ACDA   9 - IMPROPER LANE CHANGE   10 - IMPROPER PASSING   11 - DROVE OFF ROAD   12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION   14 - STOPPED OR PARKED ILLEGALLY   15 - SWERVING TO AVOID   16 - WRONG WAY   17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT   19 - LOAD SHIFTING /FALLING/SPILLING   20 - IMPROPER CROSSING   21 - LYING IN ROADWAY   22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY   99 - OTHER IMPROPER ACTION  |   |  |   |   |   |
| <b>SEQUENCE OF EVENTS</b>   |   |  |   |   |   |
| <b>1</b>  | <b>20</b>   |  |   |   |   |
| 1 - OVERTURN/ROLLOVER   2 - FIRE/EXPLOSION   3 - IMMERSION   4 - JACKKNIFE   5 - CARGO / EQUIPMENT LOSS OR SHIFT   6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS   8 - RAN OFF ROAD RIGHT   9 - RAN OFF ROAD LEFT   10 - CROSS MEDIAN   11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY   13 - OTHER NON-COLLISION   14 - PEDESTRIAN   15 - PEDALCYCLE   16 - RAILWAY VEHICLE   17 - ANIMAL - FARM   18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER   20 - MOTOR VEHICLE IN TRANSPORT   21 - PARKED MOTOR VEHICLE   22 - WORK ZONE MAINTENANCE EQUIPMENT   23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT   |   |  |   |   |   |
| <b>COLLISION WITH FIXED OBJECT - STRUCK</b>   |   |  |   |   |   |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION   26 - BRIDGE OVERHEAD STRUCTURE   27 - BRIDGE PIER OR ABUTMENT   28 - BRIDGE PARAPET   29 - BRIDGE RAIL   30 - GUARDRAIL FACE<br>31 - GUARDRAIL END   32 - PORTABLE BARRIER   33 - MEDIAN CABLE BARRIER   34 - MEDIAN GUARDRAIL BARRIER   35 - MEDIAN CONCRETE BARRIER   36 - MEDIAN OTHER BARRIER   37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST   39 - LIGHT / LUMINARIES SUPPORT   40 - UTILITY POLE   41 - OTHER POST, POLE OR SUPPORT   42 - CULVERT   43 - CURB   44 - DITCH<br>45 - EMBANKMENT   46 - FENCE   47 - MAILBOX   48 - TREE   49 - FIRE HYDRANT   50 - WORK ZONE MAINTENANCE EQUIPMENT   51 - WALL<br>52 - BUILDING   53 - TUNNEL   54 - OTHER FIXED OBJECT   99 - OTHER / UNKNOWN |   |  |   |   |   |
| <b>1</b>  | <b>FIRST HARMFUL EVENT</b>  |  |   |   |   |
| <b>1</b>  | <b>MOST HARMFUL EVENT</b>   |  |   |   |   |

|   |   |
|---|---|
| <b>LOCAL REPORT NUMBER</b>  |   |
| <b>21-22761</b>   |   |
| <b>DAMAGE</b>   |   |
| <b>DAMAGE SCALE</b>   |   |
| 1 - NONE   3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE   4 - DISABLING DAMAGE<br>9 - UNKNOWN  |   |
| <b>DAMAGED AREA(S)</b>  |   |
| INDICATE ALL THAT APPLY   |   |
|   |   |
| <input type="checkbox"/> <b>NO DAMAGE [ 0 ]</b> <input type="checkbox"/> <b>UNDERCARRIAGE [ 14 ]</b><br><input type="checkbox"/> <b>TOP [ 13 ]</b> <input type="checkbox"/> <b>ALL AREAS [ 15 ]</b><br><input type="checkbox"/> <b>UNIT NOT AT SCENE [ 16 ]</b> |   |
| <b>INITIAL POINT OF CONTACT</b>   |   |
| 0 - NO DAMAGE   14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM   15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN   13 - TOP   |   |
| <b>TRAFFIC</b>  |   |
| <b>TRAFFICWAY FLOW</b>  | <b>TRAFFIC CONTROL</b>  |
| 1 - ONE-WAY<br>2 - TWO-WAY<br><b>2</b>  | 1 - ROUNDABOUT   4 - STOP SIGN<br>2 - SIGNAL   5 - YIELD SIGN<br>3 - FLASHER   6 - NO CONTROL<br><b>6</b> |
| <b># OF THROUGH LANES ON ROAD</b>   | <b>RAIL GRADE CROSSING</b>  |
| <b>2</b>  | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING<br><b>1</b>             |
| <b>UNIT / NON-MOTORIST DIRECTION</b>  |   |
| FROM <b>3</b> TO <b>4</b><br>1 - NORTH   5 - NORTHEAST<br>2 - SOUTH   6 - NORTHWEST<br>3 - EAST   7 - SOUTHEAST<br>4 - WEST   8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |   |
| <b>UNIT SPEED</b>   | <b>DETECTED SPEED</b>   |
|   | 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                                  |
| <b>POSTED SPEED</b>   |   |
| <b>45</b>   |   |

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
21-22761

|   |   |                                   |                        |  |   |  |  |   |                           |   |                     |
|---|---|-----------------------------------|------------------------|--|---|--|--|---|---------------------------|---|---------------------|
| <b>UNIT #</b><br>1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>DOWLING, COLETTE, M |                                   |                        |  |   | <b>DATE OF BIRTH</b><br>10/10/1947                     |  | <b>AGE</b><br>73                                    | <b>GENDER</b><br>F        |   |                     |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>5714 EMERALD LAKES DR., MEDINA, OH, 44256 |   |                                   |                        |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED] |  |   |                           |   |                     |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b><br>[REDACTED]                   | <b>EMS AGENCY (NAME)</b>          |                        | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>4                      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>1                        | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1  | <b>TRAPPED</b><br>1 |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b><br>[REDACTED]            |                                   | <b>OFFENSE CHARGED</b> |  | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                             |  |   | <b>CITATION NUMBER</b>    |   |                     |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b>                                      | <b>RESTRICTION SELECT UP TO 3</b> |                        | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1                            | <b>ALCOHOL TEST</b><br>STATUS: 1, TYPE: 1, VALUE: . |                           | <b>DRUG TEST(S)</b><br>STATUS: 1, TYPE: 1, RESULTS SELECT UP TO 4 |                     |

|  |  |                                   |                        |  |   |  |  |   |                           |   |                     |
|--|--|-----------------------------------|------------------------|--|---|--|--|---|---------------------------|---|---------------------|
| <b>UNIT #</b><br>2   | <b>NAME: LAST, FIRST, MIDDLE</b><br>UNKNOWN, UNKNOWN |                                   |                        |  |   | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>  | <b>GENDER</b>             |   |                     |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>[REDACTED], OH |  |                                   |                        |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |   |                           |   |                     |
| <b>INJURIES</b>  | <b>INJURED TAKEN BY</b>                              | <b>EMS AGENCY (NAME)</b>          |                        | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b>             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>1                        | <b>AIR BAG USAGE</b><br>9 | <b>EJECTION</b><br>1  | <b>TRAPPED</b><br>1 |
| <b>OL STATE</b>  | <b>OPERATOR LICENSE NUMBER</b>                       |                                   | <b>OFFENSE CHARGED</b> |  | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>               |  |   | <b>CITATION NUMBER</b>    |   |                     |
| <b>OL CLASS</b>  | <b>ENDORSEMENT</b>                                   | <b>RESTRICTION SELECT UP TO 3</b> |                        | <b>DRIVER DISTRACTED BY</b><br>9                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>9                            | <b>ALCOHOL TEST</b><br>STATUS: 1, TYPE: 1, VALUE: . |                           | <b>DRUG TEST(S)</b><br>STATUS: 1, TYPE: 1, RESULTS SELECT UP TO 4 |                     |

|  |                                  |                                   |                        |  |   |  |  |   |                        |   |                |
|--|----------------------------------|-----------------------------------|------------------------|--|---|--|--|---|------------------------|---|----------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                                   |                        |  |   | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>  | <b>GENDER</b>          |   |                |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                                   |                        |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |   |                        |   |                |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>          |                        | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b>             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>                           | <b>AIR BAG USAGE</b>   | <b>EJECTION</b>   | <b>TRAPPED</b> |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>   |                                   | <b>OFFENSE CHARGED</b> |  | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>               |  |   | <b>CITATION NUMBER</b> |   |                |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION SELECT UP TO 3</b> |                        | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b><br>STATUS: , TYPE: , VALUE: . |                        | <b>DRUG TEST(S)</b><br>STATUS: , TYPE: , RESULTS SELECT UP TO 4 |                |

| INJURIES   | SEATING POSITION  | AIR BAG   | OL CLASS   | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS   |
|--|---|---|--|---|--|---|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN<br><b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE<br><b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL<br><b>OL ENDORSEMENT</b><br>H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT<br><b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS & CLASS B BUS<br>6 - EXCEPT CLASS A<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, CHATTING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN<br><b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN<br><b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER<br><b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER<br><b>DRUG TEST RESULT(S)</b><br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

21-22761

|                 |  |                                  |                          |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                          |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                          |  |                         | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |                         |                      |                 |                |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

  

|                 |  |                                  |                          |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                          |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                          |  |                         | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |                         |                      |                 |                |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

  

|                 |  |                                  |                          |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                          |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                          |  |                         | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |                         |                      |                 |                |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

  

|                 |  |                                  |                          |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                          |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                          |  |                         | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |                         |                      |                 |                |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

| <b>INJURIES</b>  | <b>SAFETY EQUIPMENT USED</b>  | <b>SEATING POSITION</b>  | <b>AIR BAG USAGE</b>  |
|--|---|--|---|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
| <b>INJURED TAKEN BY</b>  |   |  | <b>EJECTION</b>   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                   |   |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |
| <b>GENDER</b>  |   |  | <b>TRAPPED</b>  |
| F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |   |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |

|                |  |  |  |            |               |  |
|----------------|--|--|--|------------|---------------|--|
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b>         | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b> | <b>GENDER</b> |  |
|                | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |            |               |  |

  

|                |  |  |  |            |               |  |
|----------------|--|--|--|------------|---------------|--|
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b>         | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b> | <b>GENDER</b> |  |
|                | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |            |               |  |

  

|                |  |  |  |            |               |  |
|----------------|--|--|--|------------|---------------|--|
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b>         | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b> | <b>GENDER</b> |  |
|                | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |            |               |  |

|  |  |                                    |
|--|--|------------------------------------|
| LOCAL REPORT NUMBER<br><b>21-22761</b> | REPORTING AGENCY<br><b>Montville Police Department</b> | DATE OF CRASH<br><b>04/18/2021</b> |
| IN COUNTY OF<br><b>Medina County</b>   | ACCIDENT LOCATION<br><b>162</b>                        |                                    |

Empty area for accident details.

|                    |                          |
|--------------------|--------------------------|
| OFFICERS SIGNATURE | BADGE NO.<br><b>1606</b> |
|--------------------|--------------------------|

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

|  |  |                                    |
|--|--|------------------------------------|
| LOCAL REPORT NUMBER<br><b>21-22761</b> | REPORTING AGENCY<br><b>Montville Police Department</b> | Date Of Crash<br><b>04/18/2021</b> |
| IN COUNTY OF<br><b>Medina County</b>   | ACCIDENT LOCATION<br><b>162</b>                        |                                    |
|  |  |                                    |
| OFFICERS SIGNATURE                     |  | BADGE NO.<br><b>1606</b>           |