CHIED DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT							LOCAL REPORT NUMBER *				
PHOTOS TAKEN OH -	OCAL INFORMATION 4664		21-38993								
SECONDARY CRASH OH-1	P X OTHER R	PORTING AGENCY NAME *			NCIC *	1 COLVED	NUMBER OF UNI	TS UNIT IN ERROR 98 - ANIMAL			
PRIVA	ATE PROPERTY M	ontville Police Department			05213	2 2 - UNSOLVED	2	99 - UNKNOWN			
COUNTY* LOCALITY*	LOCATION: CITY.	VILLAGE. TOWNSHIP*				CRASH DATE /	TIME*	CRASH SEVERITY  1 - FATAL			
52 3 2 - VILLAGE 3 - TOWNSHIP	Montville (To	wnship of)				07/14/2021	16:34	2 - SERIOUS INJURY			
ROUTE TYPE ROUTE NUMBER PI	REFIX 1 - NORTH LO	OCATION ROAD NAME		ROAD TYPE	LATITUDE DECI	IMAL DEGREES	SUSPECTED				
§ SR 162 L	3 - EAST 4 - WEST			41.10664	45	3 - MINOR INJURY SUSPECTED					
<del></del>	REFIX 1 - NORTH R	USE #)	ROAD TYPE	LONGITUDE DECI	IMAL DEGREES	4 - INJURY POSSIBLE					
FEREN	2 - SOUTH 3 - EAST	1664				-81.84570	05	5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT DIR	4 - WEST	ROUTE TYPE	ROAD TYPE	<u> </u>		INTERSECTION					
1 - INTERSECTION	EFERENCE 1 - NORTH   IR - IN		: AY RD-ROAD	l	SECTION OR ON A						
3 2 - MILE POST 11	2 - SOUTH	EDEBALLIS BOLITE	AV - AVENUE BL - BOULEVARD	LA - LANE	SQ - SQUARE ST - STREET						
3 - HOUSE #	4 - WEST SR - S	· ·	CR - CIRCLE	OV - OVAL	TE - TERRACE	WITHIN INTERC	CHANGE AREA	NUMBER OF APPROACHES			
DISTANCE DIS FROM REFERENCE UNIT OF	TANCE F MEASURE 1 - MILES CR - N	UMBERED COUNTY ROUTE	CT - COURT DR - DRIVE	PK - PARKWA PI - PIKE	Y TL - TRAIL WA - WAY		ROADW	/AY			
11 0.00 11121	2 - FEET TR - N	UMBERED TOWNSHIP	HE - HEIGHTS	PL - PLACE	WA- WAI	ROADWAY DI	VIDED				
LOCATION OF FIRST	- 11111	OUTE	ANNER OF CRAS	H COLLISION	UMBACT	DIRECTION OF TRAVE	:1.	MEDIAN TYPE			
1 - ON ROADWAY	9 - CROSSOVER	1 1-N	IOT COLLISION 4	- REAR-TO-REA		1 - NORTH		IDED FLUSH MEDIAN			
2 - ON SHOULDER 3 - IN MEDIAN	10 - DRIVEWAY/AL 11 - RAILWAY GRA	I	WO MOTOR	- BACKING - ANGLE		2 - SOUTH 3 - EAST		4 FEET ) /IDED FLUSH MEDIAN			
4 - ON ROADSIDE	12 - SHARED USE F	ATHS OR VE	EHICLES IN	- ANGLE - SIDESWIPE, s	AME DIRECTION	4 - WEST	(≥4	4 FEET )			
5 - ON GORE 6 - OUTSIDE TRAFFIC WAY	TRAILS 13 - BIKE LANE			- SIDESWIPE, c	OPPOSITE DIRECTION			/IDED, DEPRESSED MEDIAN /IDED, RAISED MEDIAN			
7 - ON RAMP	14 - TOLL BOOTH		EAD-ON 9	- OTHER / UN	KNOWN	VN (ANY TYPE)					
8 - OFF RAMP	99 - OTHER / UNK	NOWN	· ·			1		HER / UNKNOWN SURFACE			
WORK ZONE RELATED		WORK ZONE TYPE		SIN OF CRASH IN WORK ZOINE CONTOON							
WORKERS PRESENT		ANE CLOSURE ANE SHIFT/ CROSSOVER		1 - BEFORE THE 1ST WORK ZONE T							
LAW ENFORCEMENT PRESENT		ORK ON SHOULDER		2 - ADVANCE WARNING AREA 1 - STRAIGHT 1 - DRY 1 - CONCRETI 3 - TRANSITION AREA LEVEL 2 - WET 2 - BLACKTOF							
		R MEDIAN ITERMITTENT OR MOVING WOI	٠ ا	ACTIVITY ARE		2 - STRAIGHT	3 - SNOW	BITUMINOUS,			
ACTIVE SCHOOL ZONE		THER	5 -	TERMINATION	N AREA		4 - ICE 5 - SAND, MUD, I	ASPHALT DIRT. 3 - BRICK/BLOCK			
LIGHT CONDITION			WEATHER	4 - CURVE GRADE OIL, GRAVEL 4 - SLAG , GRAV							
1 - DAYLIGHT	`	1 - CLEAR	6 - SNOW			9 - OTHER /UNKNOWN	6 - WATER (STAN MOVING)	DING, 5 - DIRT			
2 - DAWN/DUSK 3 - DARK - LIGHTED ROAD	V	2 - CLOUDY	7 - SEVERE CE		NET CHOW		7 - SLUSH	9 - OTHER / UNKNOWN			
4 - DARK - ROADWAY NO		3 - FOG, SMOG, SMC 4 - RAIN			ZING DRIZZLE	[	9 - OTHER / UNK	NOWN			
5 - DARK - UNKNOWN RO	ADWAY LIGHTING	5 - SLEET, HAIL	99 - OTHER /	UNKNOWN							
9 - OTHER / UNKNOWN						<u> </u>					
NARRATIVE On 7/14/2021, Unit 1, a pede:	ctrian was walkin	a east on Sharon Conlay	DY (C D								
162), near 4664 Sharon Cople											
and struck Unit 1 with its pass				S.R. 162 (Sharon Copley Rd.)							
Hospital by family. Unit 2 did it is unknown who was driving											
skip and can be re-opened ar						Unit 2					
becomes available.											
					46	Unit 1 (pedestrian)	#				
					4678 SI		)64 S				
					naron (	,	haror				
				Sharon Copley		10 0					
					ley Rd	***************************************	4684 Sharon Copley Rd.				
					+	*		Not To Scale			
CRASH REPORTED DATE / TIME	. D	SPATCH DATE / TIME	ARF	RIVAL DATE /	TIME	SCENE CLEARED DA	ATE / TIME	REPORT TAKEN BY			
07/14/2021 18:41		7/14/2021 18:49		14/2021 18		07/14/2021		POLICE AGENCY			
		<u> </u>		, _ 02 1 10	CHECKED BY OFFICER	$\Delta I$		MOTORIST			
TOTAL TIME OTHER ROADWAY CLOSED INVESTIGATION	TOTAL I TIME MINUTES	OFFICER'S NAME* Harrison, Brett				pher y Maribua		SUPPLEMENT			
		Harrison, Bratt	ADGE NUMBER*			OFFICER'S BADGE NU	JMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO			
	46		606			1602 OPPS)					



## LOCAL REPORT NUMBER

21-38993

								21-30993				
UNIT# :	OWNER NAME: LAST, FIRST, I	MIDDLE (□SAME AS DRIVI	ER)	OWNER	R PHONE:INCLUDE ARE	TA CODE (☐ SAME AS DRIVER)	D A M A G E  DAMAGE SCALE					
	DDRESS: STREET, CITY, STATE, Z	IP (   SAME AS DRIVER)					1 - NONE     2 - MINOR D		NCTIONAL DAMAGE SABLING DAMAGE			
COMMER	CIAL CARRIER: NAME, ADDRES	S, CITY, STATE, ZIP		Cor	MMERCIAL CARRIER PHO	ONE: INCLUDE AREA CODE		9 - UNKNOWN				
		·						DAMAGED AREA(S) NCATE ALL THAT APP	PLY			
LP STATE	LICENSE PLATE #	VEH	HICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE	12		12			
INSUR/		NY	INSURANCE POLICY #		COLOR	VEHICLE MODEL	10 12 1	2 10	1 12 12			
	TYPE OF USE	- IN THE FORTNICK	US DOT #	Tow	ED BY: COMPANY NA	AME	10 2 -	\	10 2			
СОММЕ		IN EMERGENCY RESPONSE # OCCUPANTS	/EHICLE WEIGHT GVWR/GCWI	R	HAZARDOUS		9 3 4 -	<i>)</i> ³	- <b>: O</b> : -/3			
DEVICE EQUIPP	HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.	IJ∺R	MATERIAL CLAS ELEASED LACARD L	S# PLACARD ID#	8 7 6 5 5	4 8	7 5 5			
23_ UNIT TYP	2 - PASSENGER VAN 7 - MG   (MINIVAN) 8 - MG E 3 - SPORT UTILITY 9 - AL VEHICLE 10 - N 4 - PICK UP B	AN (9-15 SEATS) OTORCYCLE 2-WHEELEG OTORCYCLE 3-WHEELEG JTOCYCLE MOPED OR MOTORIZED ICYCLE LLL TERRAIN VEHICLE JUTY)	D 13 - SNOWMOBILE 19 - I D 14 - SINGLE UNIT 20 - I TRUCK 21 - I 15 - SEMI-TRACTOR 21 - I 16 - EARM FOURDMENT 22 - I	BUS (16+ P OTHER VEH HEAVY EQU ANIMAL W	ASSENGERS) 24 - HICLE 25 - GUIPMENT 26 - HITH RIDER OR 27 -	PEDESTRIAN/SKATER WHEELCHAIR (ANY TYPE) OTHER NON-MOTORIST BICYCLE TRAIN JNKNOWN OR HIT/SKIP	9 10 12 1	11 12 1 10 2 2 9 3 3 8 1 4 7 5 5	3 12 12			
	WAS VEHICLE OPERATING IN AI		_		ONAL AUTOMATION	9 - UNKNOWN	10 12 1	2 10/	11 12 1			
L	1-YES 2-NO 9-OTHER/U	JNKNOWN AUTONO MODE L	MOUS 2 - PARTIAL AUTOMATION 5				9 3 3	) e	9 3			
SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/I 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	TOUR 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUI	18 - SN 19 - TC P. 20 - SA	ARM IOWING NOW REMOVAL DWING AFETY SERVICE NTROL	21 - Mail Carrier 99 - Other / Unknown	7 6 5	7.4 8	7 6 5			
CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	4 - LOGGING 5 - INTERMODAL CONTAINER CHAS 6 - CARGOVAN /ENCLOSED BOX	10 - FLAT BED	13 - Al 14 - G	Oncrete Mixer Uto Transporter Arbage/Refuse	99 - OTHER / UNKNOWN	12 9 3	, ,	3 9 <b>3</b> 3 9 <b>9</b> 9			
VEHICLE DEFECTS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	10 - DI	OTOR TROUBLE ISABLED FROM PRIOR ICCIDENT	99 - OTHER / UNKNOWN	□- NO DAMA	6 6 - 10 - 10	6 6  NDERCARRIAGE [ 14 ]			
. 7	1 - INTERSECTION -	4 - MIDBLOCK -	7 - SHOULDER/ROADSIDE		RIVEWAY ACCESS	99 - OTHER / UNKNOWN	☐- NO DAMA		LL AREAS [ 15 ]			
NON- MOTORIST LOCATION	MARKED CROSSWALK  2 - INTERSECTION - UNMARKED CROSSWAIK  3 - INTERSECTION - OTHER	MARKED CROSSI 5 - TRAVEL LANE - OTHER LOCATIO 6 - BICYCLE LANE	O - SIDEWALK	OF 12 - FII	HARED USE PATHS R TRAILS RST RESPONDER TINCIDENT SCENE			- UNIT NOT AT SCE	• •			
4 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 20 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANE: 4 - OVERTAKING/PAS 5 - MAKING RIGHT TU 7 - MAKING U-TURN 8 - ENTERING TRAFF LANE	9 - LEAVING TRAFFIC LANE S 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC RN 12 - DRIVERLESS 13 - NEGOTIATING A CURVE	15 - W JO 16 - W 17 - PL 18 - Al LE		21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DAMAGE 14 - UNDERCARRIAGE					
	9 - OTHER / UNKNOWN 1 - NONE	8 - FOLLOWING TOO	CLOSE 13 - IMPROPER START FROM			23 - OPENING DOOR INTO	TRAFFICWAY FLOW	·	C CONTROL			
1	2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED	/ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSI		19 - LO /FA 20 - IM	UIPMENT AD SHIFTING ALLING/SPILLING PROPER CROSSING	Roadway 99 - Other Improper Action	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNI 2 - SIGNAI 3 - FLASHI				
CONTRIBUTI	ING 6 - IMPROPER TURN NCES 7 - LEFT OF CENTER	11 - DROVE OFF ROA 12 - IMPROPER BACK			ING IN ROADWAY OT DISCERNIBLE		# OF THROUGH LANES		DE CROSSING			
SEQUENC	E OF EVENTS	<del></del>					on ROAD	1 - NOT IN\ 2 - INVOLVI	/LOVED ED-ACTIVE CROSSING			
1	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	7 - SEPARATION OF UN 8 - RAN OFF ROAD RIG	GHT 13 - OTHER NON-COLLISION	N 20 - M	OTOR VEHICLE IN	3 - STRUCK BY FALLING, SHIFTING CARGO OR		3 - INVOLVI	ED-PASSIVE CROSSING  RECTION			
2 [	3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEF 10 - CROSS MEDIAN 11 - CROSS CENTERLIN OPPOSITE DIRECTI	15 - PEDALCYCLE NE - 16 - RAILWAY VEHICLE	21 - PA VE	ANSPORT IRKED MOTOR HICLE ORK ZONE	ANYTHING SET IN MOTION BY A MOTOR VEHICLE 4 - OTHER MOVABLE ORIECT	ONIT / P	1 - NORTH 2 - SOUTH	5 - NORTHEAST 6 - NORTHWEST			
з	6 - EQUIPMENT FAILURE	OF TRAVEL	18 - ANIMAL - DEER	M/ EQ	AINTENANCE UIPMENT	OBJECT	FROM 4 TO	3 - EAST 4 - WEST	7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIE		45 - EM 46 - FEI	IBANKMENT 5 NCE 5	2 - BUILDING 3 - TUNNEL	UNIT SPEED	DET	ECTED SPEED			
5	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BA 34 - MEDIAN GUARDR BARRIER	AIL 40 - UTILITY POLE 41 - OTHER POST, POLE		EE	4 - OTHER FIXED OBJECT 9 - OTHER / UNKNOWN			TATED / ESTIMATED SPEED			
6	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRE BARRIER 36 - MEDIAN OTHER B. 37 - TRAFFIC SIGN POS	42 - CULVERT ARRIER 43 - CURB	M/	AINTENANCE UIPMENT		POSTED SPEED		ALCULATED / EDR			
<u>_1</u>	FIRST HARMFUL EVEN		MOST HARMFUL EVENT				45	3 - U	NDETERMINED			



LOCAL REPORT NUMBER

21-38993

								21-36993				
UNIT#	OWNER NAME: LAST, FIRST,	MIDDLE (□SAME AS DRIVE	R)	OWNER	R PHONE:INCLUDE AR	EA CODE (□ SAME AS DRIVER)		D A M A G E DAMAGE SCALE				
	DDRESS: STREET, CITY, STATE, 2	ZIP (  SAME AS DRIVER)		·			1 - NONE	3 - FUNCTIONAL DAMAGE				
≷, OH	CIAL CARRIER						3 2 - MINOR DAN	IAGE 4 - DISABLING DAMAGE - UNKNOWN				
COMMERC	CIAL CARRIER: NAME, ADDRES	os, CHY, STATE, ZIP		Coi	MMERCIAL CARRIER PH	ONE: INCLUDE AREA CODE	DAMAGED AREA(S)					
LP STATE	LICENSE PLATE #	VEH	ICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE	INDIC.	ATE ALL THAT APPLY				
INSURA VERIFIE		NY	INSURANCE POLICY #		COLOR SIL	VEHICLE MODEL	10 11 12 1	10 11 12 1				
СОММЕ	TYPE OF USE	IN EMERGENCY	US DOT #	TOW	ED BY: COMPANY N.	AME	9 9 3	3 9 9 3				
INTERLO DEVICE EQUIPP	OCK HIT/SKIP UNIT	# OCCUPANTS	EHICLE WEIGHT GVWR/GCWR  1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.		HAZARDOU MATERIAL CLAS ELEASED LACARD I		6 4	8 4 7 9 5 4				
2 UNIT TYP	2 - PASSENGER VAN 7 - M (MINIVAN) 8 - M E 3 - SPORT UTILITY VEHICLE 10 - N B 5 - CARGO VAN 11 - A	AN (9-15 SEATS) OTORCYCLE 2-WHEELED OTORCYCLE 3-WHEELED JTOCYCLE MOPED OR MOTORIZED ICYCLE LLL TERRAIN VEHICLE AJTV)	12 - GOLF CART 18 - Ł 13 - SNOWMOBILE 19 - E 14 - SINGLE UNIT 20 - C TRUCK 21 - L 15 - SEMI-TRACTOR 21 - L	BUS (16+ P OTHER VEH HEAVY EQU ANIMAL WI	ASSENGERS) 24 - HICLE 25 - JIPMENT 26 - ITH RIDER OR 27 -	PEDESTRIAN/SKATER WHEELCHAIR (ANY TYPE) OTHER NON-MOTORIST BICYCLE TRAIN UNKNOWN OR HIT/SKIP	10	12 11 11 10 10 2 2 3 8 10 7 7				
	WAS VEHICLE OPERATING IN A MODE WHEN CRASH OCCURRE	.D7		- HIGH AU	ONAL AUTOMATION STOMATION TOMATION	9 - UNKNOWN	10 11 12 2	10 11 12 2				
SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TO 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		18 - SN 19 - TC 20 - SA	ARM IOWING NOW REMOVAL DWING VFETY SERVICE	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 8 5 5 4	8 7 6 5 6 12 12 12				
CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	4 - LOGGING 5 - INTERMODAL CONTAINER CHASS 6 - CARGOVAN /ENCLOSED BOX	10 - FLAT BED	13 - Al 14 - G/	Oncrete Mixer Uto Transporter Arbage/Refuse	99 - OTHER / UNKNOWN	9 3 9 G	3 9 3 3 9 9 3 3 9 9 9 3 3 9 9 9 9 9 9 9				
VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	10 - DI	OTOR TROUBLE SABLED FROM PRIOR CCIDENT	99 - OTHER / UNKNOWN	,					
	1 - INTERSECTION -	4 - MIDBLOCK -	7 - SHOULDER/ROADSIDE	10 - DF	RIVEWAY ACCESS	99 - OTHER / UNKNOWN	∐- NO DAMAGE					
NON- MOTORIST LOCATION	MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER	MARKED CROSSW 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE	0 - SIDEWALK	OR 12 - FIF	HARED USE PATHS R TRAILS RST RESPONDER I INCIDENT SCENE			L]- ALL AREAS [ 15 ] INIT NOT AT SCENE [ 16 ]				
3 ACTION	A - STRIKK	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASS 5 - MAKING RIGHT TUR 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE	RN 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE	JO 16 - W 17 - PU 18 - AF LE 19 - ST	ALKING, RUNNING, GGING, PLAYING ORKING ISHING VEHICLE PPROACHING OR AVING VEHICLE 'ANDING IHER NON-MOTORIST	21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DAM/ 1 1-12 - REFER DIAGR/ 13 - TOP	TO UNIT 15 - VEHICLE NOT AT SCENE				
	1 - NONE 2 - FAILURE TO YIELD	8 - FOLLOWING TOO C	CLOSE 13 - IMPROPER START FROM A PARKED POSITION		ERATING DEFECTIVE	23 - OPENING DOOR INTO	TRAFFICWAY FLOW	TRAFFIC CONTROL				
10	3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED NG 6 - IMPROPER TURN	9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSIN	14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID	19 - LO/ /FA 20 - IMF	AD SHIFTING LLING/SPILLING PROPER CROSSING	99 - OTHER IMPROPER ACTION	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL				
CIRCUMSTAN	CES 7 - LEFT OF CENTER	11 - DROVE OFF ROAD 12 - IMPROPER BACKIN			ng in roadway T discernible		# OF THROUGH LANES	RAIL GRADE CROSSING				
SEQUENCE	or EVENTS						ON ROAD	1 - NOT INVLOVED 2 - INVOLVED-ACTIVE CROSSING				
1 <u>14</u>	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	7 - SEPARATION OF UNI 8 - RAN OFF ROAD RIGH	TT 13 - OTHER NON-COLLISION	20 - MC	OTOR VEHICLE IN	3 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT / NO	3 - INVOLVED-PASSIVE CROSSING				
2	3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT , 6 - EQUIPMENT FAILURE	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE OPPOSITE DIRECTIO OF TRAVEL	15 - PEDALCYCLE - 16 - RAILWAY VEHICLE	21 - PAI VEH 22 - WC	ANSPORT RKED MOTOR HICLE DRK ZONE IINTENANCE	ANYTHING SET IN MOTION BY A MOTOR VEHICLE 44 - OTHER MOVABLE OBJECT	. 4 3	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST				
3	J	COL	LISION WITH FIXED OBJECT - !	EQU	UIPMENT		FROM TO S	4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN				
4	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BAR	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES RRIER SUPPORT	45 - EM 46 - FEN 47 - MA	BANKMENT 5 VCE 5 NLBOX 5	2 - BUILDING 3 - TUNNEL 4 - OTHER FIXED	UNIT SPEED	DETECTED SPEED				
5 [	STRUCTURE  27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAI BARRIER 35 - MEDIAN CONCRETE	41 - OTHER POST, POLE OR SUPPORT	50 - WC	E HYDRANT 9 DRK ZONE	OBJECT 9 - OTHER / UNKNOWN		1 - STATED / ESTIMATED SPEED				
6	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	BARRIER 36 - MEDIAN OTHER BAI 37 - TRAFFIC SIGN POST			INTENANCE JIPMENT ALL		POSTED SPEED	2 - CALCULATED / EDR 3 - UNDETERMINED				
_1	FIRST HARMFUL EVEN	т1м	OST HARMFUL EVENT				45	2 Alantifulailiach				

OHBO DEE	Motorist / Non-Motorist								LOCAL REPORT NUMBER								
	UNIT # NAME: LAST, FIRST, MIDDLE									21-38993  DATE OF BIRTH AGE GENDER							
1											DATEO	FRIKIH		١,	AGE	GENDER	
ADDRESS:	STREET, CITY	/, STATE, ZIP							CONT	TACT DU	ONE - IN	NCLUDE ARE	A CODE				
DE SE									CON	IACTITI	- II	WCLODE AND	A CODE				
INJURIES		EMS AGENCY (NAME)		INJURED '	TAKEN TO:	MEDICAL FACILITY (NAME, C	шү)	SAFETY EQUIPMENT	2	× 6		EATING	AIR BA	G USAGE	EJECTION	TRAPPED	
<b>9</b> 3	TAKEN BY _9			MEDI	NA HOS	SPITAL		used 1		OT-COMPLE C HELME		osition 15					
OL STATE	OPERATOR	LICENSE NUMBER	ISE NUMBER OFFENSE CHARG				LOCAL	OFFENSE DESCRI	PTION		!	CITATION			<u>I</u> JMBER	.J	
Ö							CODE										
OL CLASS	ENDORSEM	ENT RESTRICTION SELECT UP TO 3	LECT UP TO 3 DRIVER			HOL / DRUG SUSPE	CTED	CONDITION	Α	LCOH	OL TES	T	DRU		TEST(	S)	
	]		DIST BY	RACTED			ANA	1	STATUS	TYPE	VA	ALUE S	TATUS	TYPE	RESULTS	SELECT UP TO 4	
HAUT #	NABAP. LA	CT FIRST ANDONE	ОТНЕ			ER DRUG		'	1	1	<u>.                                    </u>		1	1	<u> </u>		
UNIT #	NAME: LA	ST, FIRST, MIDDLE									DATE OF	FBIRTH			AGE	GENDER	
2	STREET, CITY	CTATE 7ID							-								
, OH	SIREEI, CIII	, SIATE, ZIP							CONT	FACT PH	DNE - IN	NCLUDE AREA	A CODE				
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED T	TAKEN TO: I	MEDICAL FACILITY (NAME, C	ITY)	SAFETY EQUIPMENT	-		SI	EATING	AIR BAG	G USAGE	EJECTION	TRAPPED	
	TAKEN BY	and reality (to line)					,	USED		T-Compli	ANT PC	OSITION				1	
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	E CHARG	iFD	LOCAL	OFFENSE DESCRI					CITAT	ION NI	MARER		
<u> </u>			į				CODE	OTTENDE DESCRI					CITATION NUMBER				
OL CLASS	ENDORSEM	ENT RESTRICTION SELECT UP TO 3	DRIV	/ER	ALCO	OL / DRUG SUSPE	TED	CONDITION	Α	LCOHO	DL TES	Т	DRUG TEST(S)			(2)	
				RACTED	ALCO	HOL MARIJU	ANA		STATUS	TYPE			TATUS	TYPE	T	SELECT UP TO 4	
			<u> </u>		OTHE	R DRUG											
UNIT #	NAME: LAS	T, FIRST, MIDDLE									DATE OF	BIRTH			AGE	GENDER	
		-							<u> </u>								
ADDRESS:	STREET, CITY	, STATE, ZIP			•				CONT	ACT PHO	ONE - IN	ICLUDE AREA	CODE				
INJURIES	INJUDED	EMS AGENCY (NAME)		INJURED T	AKEN TO: B	MEDICAL FACILITY (NAME, CI	TM	SAFETY EQUIPMENT			l es	EATING	AID DAG	- USA CE	EJECTION	LTRANSPOR	
	TAKEN BY	ENIS AGENCY (NAME)		NOOKED I.	AREN IO. N	MEDICAL FACIENT (NAME, CI		USED		T-COMPLIA	NT PO	DSITION	AIR BAG	SUSAGE	EFCIION	TRAPPED	
	ليك	LICENSE NUMBER		OFFENS	E CHARG	ED	LOCAL	OFFENSE DESCRI	J			CITATION NUMBER		<u> </u>			
<u> </u>	0. 2.0			OI ( EI ( S	LCIIANG		CODE	OFFERISE DESCRI	E DESCRIPTION					CITATION NUMBER			
OL CLASS	ENDORSEME	RESTRICTION SELECT UP TO 3	DRIV	FR	ALCOH	IOL / DRUG SUSPEC	TED	CONDITION	Α	LCOHO	L TEST	T i	Ī	ORUG	TEST(S	3)	
		1		RACTED					STATUS	TYPE	VAL		TATUS	ТҮРЕ		ELECT UP TO 4	
			<b>P</b> '		OTHE	R DRUG											
	JRIES	SEATING POSITION	A 1 - NOT DE	IR BAG		OL CLAS	S	OL RESTRICT	ION(S			ISTRACT			ST STA	TUS	
- FATAL - SUSPECTED S	SERIOUS	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	2 - DEPLOY	ED FRONT		1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTERL DEVICE		2 - N		OPERATING	G AN		REFUSED		
INJURY - SUSPECTED I	MINOR	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	4 - DEPLOY	ED BOTH		3 - CLASS C		2 - CDL INTRASTATE 3 - CORRECTIVE LEN		C		CATION DEV		3 - TEST CONT	GIVEN, AMINATEI	O SAMPLE	
INJURY - POSSIBLE INJ		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT API	PLICABLE	(ALCOLA/A)	4 - REGULAR CLASS	S .	4 - FARM WAIVER 5 - EXCEPT CLASS A	BUS	וח	EXTING, T	YPING, N HANDS-F	DEE .	/UNL 4 - TEST	JSABLE GIVEN,		
- NO APPAREN		5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	3-BEFEOT	AITIAI OIAN	CIVOVIV	(OHIO = D) 5 - M/C MOPED ON	JIV .	6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR	TOAHED	cc	DINUMMC	CATION DEV	ICE .	5 - TEST			
INJURIES	TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	ECTION		6 - NO VALID OL		8 - INTERMEDIATE LI RESTRICTIONS		co	DINUMMC	CATION DEV	ICE		LTS UNKNO	OWN ST TYPE	
- NOT TRANS		9 - THIRD - RIGHT SIDE	2 - PARTIALI 3 - TOTALLY	LY EJECTED	,	OL ENDORSE	MENT	9 - LEARNER'S PERM RESTRICTIONS	T	6 - P/	ECTRONIC ASSENGER	₹ .	- 1	- NONE			
/TREATED A - EMS	(I SCENE	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT API			H - HAZMAT		10 - LIMITED TO DAY ONLY	LIGHT	IN	SIDE THE			2 - BLOO 3 - URINE	•		
- POLICE		11 - PASSENGER IN OTHER ENCLOSED CARGO	1 - NOT TRA	RAPPED	)	M - MOTORCYCLE P - PASSENGER		11 - LIMITED TO EMP 12 - LIMITED - OTHE		0	UTSIDE TH	TRACTION TE VEHICLE		4 - BREAT 5 - OTHE			
- OTHER / UN	NKNOWN	AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN	2 - EXTRICA	TED BY	N.C.	N - TANKER	- 5	13 - MECHANICAL DI (SPECIAL BRAKES	, HAND	9-0	THER / UN CONI	DITION			G TEST	TYPE	
SAFETY EC		UNENCLOSED CARGO AREA	3 - FREED B			Q - MOTOR SCOOT R - THREE-WHEEL	į	CONTROLS, OR C ADAPTIVE DEVICE	ES)	1212		Y NORMAL	2	- NONE - BLOO	D		
- NONE USED 13 - TRAILING UNIT NON-MEI - SHOULDER BELT ONLY 14 - RIDING ON VEHICLE - PATERIOR		CHANICAL	L MEAINS	MOTORCYCLE S - SCHOOL BUS		14 - MILITARY VEHIC 15 - MOTOR VEHICLE	ONLY 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G.,				3 - URINE 4 - OTHER						
USED - LAP BELT ON - SHOULDER 8	BELT ONLY USED (NON-TRAILING UNIT)					T - DOUBLE & TRIP		WITHOUT AIR 8F 16 - OUTSIDE MIRRO 17 - PROSTHETIC AID	R	DIS	TURBED)	awant,				SULT(S)	
- SHOULDER & USED - CHILD RESTR		99 - OTHER / UNKNOWN				TRAILERS X - TANKER / HAZN	1	18 - OTHER			LL ASLEEP	P, FAINTED,	2	- BARBI	ETAMINES TÜRATES	_	
- FORWARD F	FACING					CEUDEN				6 - UI		INFLUENCE	OF 4	- CANN	ODIAZEPIN ABINOIDS	ES .	
- CHILD RESTR - REAR FACIN	IG					GENDER F - FEMALE				AL	COHOL	NS / DRUGS	6		ES / OPIOII	os	
- BOOSTER SEA	D					M - MALE				9-01	THER / UN	IVINOMN	40.00	- OTHER - NEGAT	R FIVE RESUL	TS	
- PROTECTIVE (ELBOWS, KN	IEES, ETC)					U - OTHER / UNKNO	OWN									. ,	
0 - REFLECTIVE 1 - LIGHTING - I	PEDESTRIAN							en de la companya de La companya de la co					,				
BICYCLE OI OTHER / UN			<u> </u>		1 1	1.0					1 1		-1.				

or Punt	OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER 21–38993						
UNIT #	NAME: LA	ST, FIRST, MIDDLE					Di	ATE OF BIRTH	30333	AGE	GENDER		
ADDRESS:	STREET, CIT	Y, STATE, ZIP				· · · · · · · · · · · · · · · · · · ·	CONTACT PHON	I <b>E -</b> INCLUDE AR	EA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	<del></del> .	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	N TRAPPED		
UNIT #		ST, FIRST, MIDDLE	···				DA	AGE	GENDER				
ADDDESS.	CTREET CITY	A CTATE TIP											
ADDRESS:	STREET, CITY	r, STATE, ZIP					CONTACT PHON						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (	SAFETY EQUIPMENT	DOT-COMPLIANT POSITION MC HELMET		AIR BAG USAGE	EJECTION	TRAPPED			
UNIT # NAME: LAST, FIRST, MIDDLE							DA	ATE OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY	, STATE, ZIP		· _		-	CONTACT PHON	E - INCLUDE ARE	EA CODE				
INJURIES	INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (N	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
UNIT #	NAME: LAS	AME: LAST, FIRST, MIDDLE						TE OF BIRTH	<u>-</u>	AGE	GENDER		
ADDRESS:	STREET, CITY	, STATE, ZIP		· .			CONTACT PHONE - INCLUDE AREA CODE						
	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY		IAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	INJ	URIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE			
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 1 - NOT TRANSPORTED / FORWA 1 - NOT TRANSPORTED / REAR FA 2 - EMS 7 - BOOSTE 3 - POLICE 8 - HELMET 9 - OTHER / UNKNOWN 9 - PROTECT (ELBOWN  GENDER 10 - REFLECT F - FEMALE 11 - LIGHTII M - MALE / BICYCO			R SEAT	2 - FRON 3 - FRON 4 - SECOI (MOTO 5 - SECOI 7 - THIRD (MOTO 8 - THIRD 10 - SLEE 11 - PASS CARC SUCH 12 - PASS CARC 13 - TRAI 14 - RIDIN (NON-	ORCYCLE DRIVE T - MIDDLE T - RIGHT SIDE ND - LEFT SIDE DRCYCLE PASSE ND - MIDDLE ND - RIGHT SIDE DRCYCLE SIDE DRCYCLE SIDE DRCYCLE SIDE O- RIGHT SIDE PER SECTION OF SENGER IN OTHE GO AREA (NON-TI H AS ABUS, PICK-UF SENGER IN UNE SENER SENGER IN UNE SENER	2 - DEPLOYED F 3 - DEPLOYED S 4 - DEPLOYED S FRONT/SIDE 5 - NOT APPLIC 9 - DEPLOYMEN  CAR)  1 - NOT EJECTER 1 - NOT APPLIC 2 - PARTIALLY EJE 1 - NOT APPLIC 1 - NOT APPLIC 1 - NOT APPLIC 1 - NOT TRAPPE 1 - NOT TRAPPE 2 - PARTIALLY EJE 3 - TOTALLY EJE 4 - NOT APPLIC 1 - NOT TRAPPE 3 - EXTRICATED			ABLE IT UNKNOWN ECTION D JECTED ICTED ABLE APPED BY				
NAME INC	T, FIRST, MID				99 - OTHI	ER / UNKNOWN		NON-I	MECHANICA	L MEAN			
	STREET, CITY,						CONTACT PHONE		A CODE	AGE	GENDER		
NAME: LAS	F CIDST MID	DIE		··			DA	TE OF RIDTU	ï	AGE	GENIDED		
NAME: LAST, FIRST, MIDDLE  ADDRESS: STREET, CITY, STATE, ZIP						DATE OF BIRTH AGE GENDER  CONTACT PHONE - INCLUDE AREA CODE							
-													
NAME: LAST	_			. <u>.</u> .				TE OF BIRTH		AGE	GENDER		
ADDRESS: S	TREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA	CODE				