

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

21-49084

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH -2	<input checked="" type="checkbox"/> OH -3	LOCAL INFORMATION WADSWORTH RD	LOCAL REPORT NUMBER *			
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME *	NCIC *	HIT/SKIP	NUMBER OF UNITS	
<input type="checkbox"/> PRIVATE PROPERTY			Montville Police Department	05213	1 - SOLVED 2 - UNSOLVED	2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN

COUNTY* 52	LOCALITY* 3	LOCATION: CITY, VILLAGE, TOWNSHIP* Montville (Township of)	CRASH DATE / TIME* 09/08/2021 14:16	CRASH SEVERITY 5
ROUTE TYPE SR	ROUTE NUMBER 57	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 7660 Wadsworth Road	ROAD TYPE
LATITUDE DECIMAL DEGREES 41.065500		LONGITUDE DECIMAL DEGREES -81.803400		

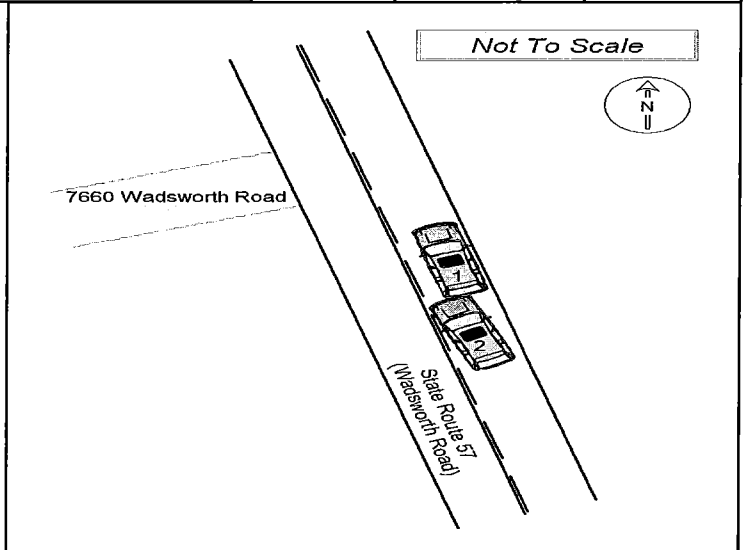
REFERENCE POINT 3	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		NUMBER OF APPROACHES

LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	MANNER OF CRASH COLLISION/IMPACT 2	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN
9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		

<input checked="" type="checkbox"/> WORK ZONE RELATED <input checked="" type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 3	CONTOUR 1	CONDITIONS 1	SURFACE 2
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LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN	SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN
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NARRATIVE
Unit #1 was stopped in traffic before entering a construction zone. Unit #2 approached Unit #1 from the rear, turned left slightly, canting the vehicle in the lane, and rolled forward striking Unit #1. The collision caused minor damage to Unit #1. The driver of Unit #2 denied the collision caused any damage to Unit #2, stating the significant damage found on Unit #2 was from previous unrelated incidents. Neither vehicle was towed, and the driver of Unit #2 was cited for ACDA.



CRASH REPORTED DATE / TIME 09/08/2021 14:16	DISPATCH DATE / TIME 09/08/2021 14:18	ARRIVAL DATE / TIME 09/08/2021 14:26	SCENE CLEARED DATE / TIME 09/08/2021 15:34	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 24	TOTAL MINUTES 100	OFFICER'S NAME* Percy, Richard	CHECKED BY OFFICER'S NAME* Searle, Cory
		OFFICER'S BADGE NUMBER* 1611	CHECKED BY OFFICER'S BADGE NUMBER* 1605	
<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)				

OWNER

UNIT # 1 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER)
MASON, CHERYL, A

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
432 BRONSON STREET, MEDINA, OH, 44256

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH **LICENSE PLATE #** JKZ7483

VEHICLE IDENTIFICATION # 1GYKNDRS6MZ199766

VEHICLE YEAR 2021 **VEHICLE MAKE** CADILLAC

INSURANCE VERIFIED **INSURANCE COMPANY** ERIE INS. **INSURANCE POLICY #** Q086205400

COLOR GRY **VEHICLE MODEL** XTS

TYPE OF USE

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT #

HAZARDOUS MATERIAL

MATERIAL RELEASED PLACARD

CLASS # **PLACARD ID #**

VEHICLE WEIGHT GVWR/GCWR

1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - > 26K LBS.

UNIT TYPE 3

OF TRAILING UNITS 0

VEHICLE

1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER
2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
4 - PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
5 - CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP
11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

AUTONOMOUS MODE LEVEL 2

SPECIAL FUNCTION 1

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

CARGO BODY TYPE 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN
2 - BUS 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 - FLAT BED 14 - GARBAGE/REFUSE

VEHICLE DEFECTS

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

NON-MOTORIST LOCATION

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

ACTION 4

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 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION

CONTRIBUTING CIRCUMSTANCES 1

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
4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - LYING IN ROADWAY
5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE
6 - IMPROPER TURN 7 - LEFT OF CENTER

SEQUENCE OF EVENTS

1 20 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS **EVENTS** 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
2 1 - 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 17 - ANIMAL - FARM 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIUM CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL

FIRST HARMFUL EVENT 1 **MOST HARMFUL EVENT** 1

LOCAL REPORT NUMBER

21-49084

DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

2

DAMAGED AREA(S)

INDICATE ALL THAT APPLY

NO DAMAGE [0] UNDERCARRIAGE [14]
 TOP [13] ALL AREAS [15]
 UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

6

TRAFFIC

TRAFFICWAY FLOW

1 - ONE-WAY 2 - TWO-WAY

2

TRAFFIC CONTROL

1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

6

OF THROUGH LANES ON ROAD

2

RAIL GRADE CROSSING

1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED

0

POSTED SPEED

55

DETECTED SPEED

1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

1

UNIT # 2 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER)
GRESOCK, JOHN, S

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
 3210 TRAILS LAKE DRIVE, MEDINA, OH, 44256

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

LP STATE OH **LICENSE PLATE #** GNL4109 **VEHICLE IDENTIFICATION #** WA1DKAFP1BA106146 **VEHICLE YEAR** 2011 **VEHICLE MAKE** AUDI

INSURANCE VERIFIED **INSURANCE COMPANY** ERIE **INSURANCE POLICY #** Q04102021 **COLOR** GRY **VEHICLE MODEL** Q5

TYPE OF USE
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # **VEHICLE WEIGHT GVWR/GCWR**
 1 - ≤10K LBS.
 2 - 10,001 - 26K LBS.
 3 - > 26K LBS.

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL
 MATERIAL RELEASED PLACARD **CLASS #** **PLACARD ID #**

UNIT TYPE 3
OF TRAILING UNITS 0

1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER
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 11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
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NON-MOTORIST LOCATION
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 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE

ACTION 3 **PRE-CRASH ACTIONS** 1
 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
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 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 20 - OTHER NON-MOTORIST
 6 - MAKING LEFT TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION
 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE
 9 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 8
 1 - NONE 8 - FOLLOWING TOO CLOSE /ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY
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SEQUENCE OF EVENTS
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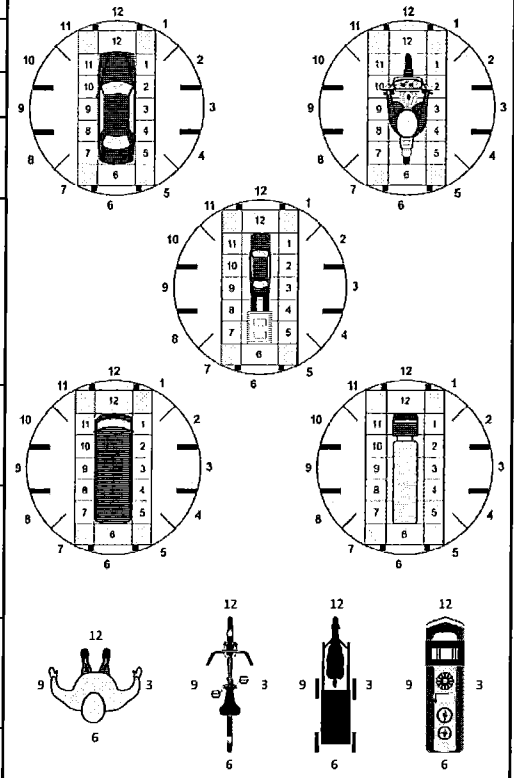
COLLISION WITH FIXED OBJECT - STRUCK
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 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL
 37 - TRAFFIC SIGN POST 44 - DITCH

FIRST HARMFUL EVENT 1 **MOST HARMFUL EVENT** 1

LOCAL REPORT NUMBER
 21-49084

DAMAGE
DAMAGE SCALE
 1 - NONE 3 - FUNCTIONAL DAMAGE
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE
 9 - UNKNOWN

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY



NO DAMAGE [0] UNDERCARRIAGE [14]
 TOP [13] ALL AREAS [15]
 UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT
 0 - NO DAMAGE 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

TRAFFIC
TRAFFICWAY FLOW 2
 1 - ONE-WAY
 2 - TWO-WAY

TRAFFIC CONTROL 6
 1 - ROUNDABOUT 4 - STOP SIGN
 2 - SIGNAL 5 - YIELD SIGN
 3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING
 1 - NOT INVOLVED
 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION
 FROM 2 TO 1
 1 - NORTH 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

UNIT SPEED 3

DETECTED SPEED
 1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED

POSTED SPEED 55



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

21-49084

UNIT # 1	NAME: LAST, FIRST, MIDDLE MASON, CHERYL, A				DATE OF BIRTH 12/11/1961		AGE 59	GENDER F						
ADDRESS: STREET, CITY, STATE, ZIP 432 BRONSON STREET, MEDINA, OH, 44256					CONTACT PHONE - INCLUDE AREA CODE [REDACTED]									
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE OH	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER					
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST			DRUG TEST(S)			
								STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULTS SELECT UP TO 4	

UNIT # 2	NAME: LAST, FIRST, MIDDLE GRESOCK, JOHN, S				DATE OF BIRTH 02/11/1963		AGE 58	GENDER M						
ADDRESS: STREET, CITY, STATE, ZIP 3210 TRAILS LAKE DRIVE, MEDINA, OH, 44256					CONTACT PHONE - INCLUDE AREA CODE [REDACTED]									
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE OH	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED 4511.21A		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION NO PERSON SHALL OPERATE A MOTO			CITATION NUMBER Y41606					
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST			DRUG TEST(S)			
								STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULTS SELECT UP TO 4	

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

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



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

21-49084

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE HOLLAND GRESOCK, ADAM, J	DATE OF BIRTH 02/22/1993	AGE 28	GENDER M				
	ADDRESS: STREET, CITY, STATE, ZIP 3210 TRAILS LAKE DRIVE, MEDINA, OH, 44256		CONTACT PHONE - INCLUDE AREA CODE [REDACTED]						
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 3	AIR BAG USAGE 1	EJECTION 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED			
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE			
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE			
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		EJECTION			
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1 - NOT EJECTED			
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		2 - PARTIALLY EJECTED			
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)		9 - THIRD - RIGHT SIDE		3 - TOTALLY EJECTED			
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE			
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)		TRAPPED			
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED			
M - MALE				13 - TRAILING UNIT		2 - EXTRICATED BY MECHANICAL MEANS			
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		3 - FREED BY NON-MECHANICAL MEANS			
				15 - NON-MOTORIST					
				99 - OTHER / UNKNOWN					
WITNESS	NAME: LAST, FIRST, MIDDLE MASSEY, LAURA, R	DATE OF BIRTH 05/28/1964	AGE 57	GENDER F					
	ADDRESS: STREET, CITY, STATE, ZIP 323 COLLEGE STREET, WADSWORTH, OH, 44281		CONTACT PHONE - INCLUDE AREA CODE [REDACTED]						
	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE						
	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							