

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

21-53471

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION	POE & WADSWORTH
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME *	NCIC *
<input type="checkbox"/> PRIVATE PROPERTY	Montville Police Department			05213

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
52	1	Montville (Township of)	10/04/2021 12:45	5
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE
			Poe	RD
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
	SR	57		
LATITUDE DECIMAL DEGREES			LONGITUDE DECIMAL DEGREES	
41.091663			-81.825500	

REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
1 - INTERSECTION	1 - NORTH	IR - INTERSTATE ROUTE (TP)	AL - ALLEY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
2 - MILE POST	2 - SOUTH	US - FEDERAL US ROUTE	AV - AVENUE	<input type="checkbox"/> WITHIN INTERCHANGE AREA
3 - HOUSE #	3 - EAST	SR - STATE ROUTE	BL - BOULEVARD	NUMBER OF APPROACHES
	4 - WEST	CR - NUMBERED COUNTY ROUTE	MP - MILEPOST	4
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	TR - NUMBERED TOWNSHIP ROUTE	CR - CIRCLE	
3.00	2 - FEET		CT - COURT	
	3 - YARDS		DR - DRIVE	
			HE - HEIGHTS	
			PL - PLACE	

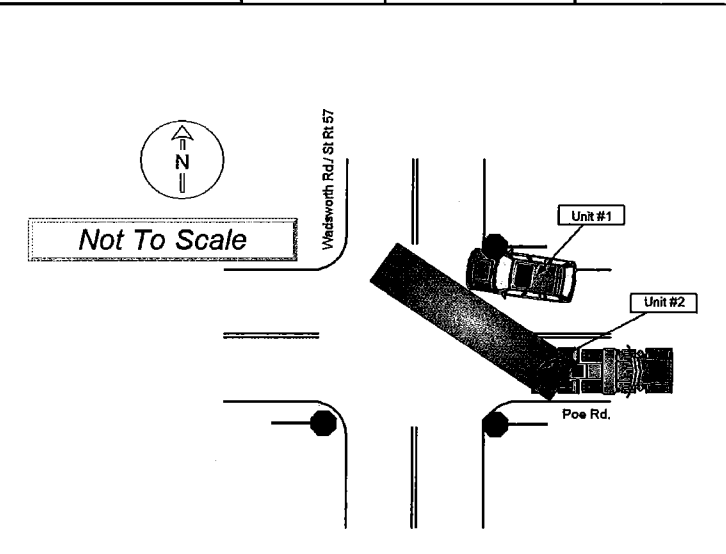
LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
2	1	1 - NORTH	1 - DIVIDED FLUSH MEDIAN (<4 FEET)
		2 - SOUTH	2 - DIVIDED FLUSH MEDIAN (>=4 FEET)
		3 - EAST	3 - DIVIDED, DEPRESSED MEDIAN
		4 - WEST	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
			9 - OTHER / UNKNOWN

WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/>	1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	1	2	2
<input type="checkbox"/>	2 - LANE SHIFT / CROSSOVER	2 - ADVANCE WARNING AREA	2 - STRAIGHT GRADE	1 - DRY	1 - CONCRETE
<input type="checkbox"/>	3 - WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA	3 - CURVE LEVEL	2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
<input type="checkbox"/>	4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA	4 - CURVE GRADE	3 - SNOW	3 - BRICK/BLOCK
<input type="checkbox"/>	5 - OTHER	5 - TERMINATION AREA	9 - OTHER / UNKNOWN	4 - ICE	4 - SLAG, GRAVEL, STONE

LIGHT CONDITION	WEATHER
1	2
1 - DAYLIGHT	1 - CLEAR
2 - DAWN/DUSK	2 - CLOUDY
3 - DARK - LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN
5 - DARK - UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL
9 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN

NARRATIVE

Unit #1 was at the stop sign when Unit #2 turned the corner too tight and entered Unit #1's lane. Unit #1 swerved to avoid contact with Unit #2 and struck a stop sign pole. Unit #2 drove away and no information is currently known about the driver or vehicle.



CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
10/04/2021 13:09	10/04/2021 13:11	10/04/2021 13:22	10/04/2021 13:47	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
0	45	81	Robertson, Brett	<input type="checkbox"/> SUPPLEMENT
			OFFICER'S BADGE NUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)
			1620	
			CHECKED BY OFFICER'S NAME	
			<i>SA A 1606</i>	
			CHECKED BY OFFICER'S BADGE NUMBER*	
			1606	

**OWNER**

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) STEVENSON, JASON, T  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 4360 DEER RUN, MEDINA, OH, 44256  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)

LP STATE OH LICENSE PLATE # HOJ5951 VEHICLE IDENTIFICATION # 1GKS2HKJ2GR417251 VEHICLE YEAR 2016 VEHICLE MAKE GMC  
 INSURANCE VERIFIED X INSURANCE COMPANY CINCINATI INSURANCE INSURANCE POLICY # A010976549 COLOR BLK VEHICLE MODEL YUKON

TYPE OF USE: COMMERCIAL (☐) GOVERNMENT (☐) IN EMERGENCY RESPONSE (☐)  
 US DOT # TOWED BY: COMPANY NAME  
 VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - > 26K LBS.  
 HAZARDOUS MATERIAL: CLASS #, PLACARD ID #

UNIT TYPE: 3  
 # OF TRAILING UNITS  
 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2  
 AUTONOMOUS MODE LEVEL: 0

SPECIAL FUNCTION: 1  
 CARGO BODY TYPE: 1  
 VEHICLE DEFECTS: 1

NON-MOTORIST LOCATION: 3  
 ACTION: 3  
 PRE-CRASH ACTIONS: 11

CONTRIBUTING CIRCUMSTANCES: 1  
 SEQUENCE OF EVENTS: 1, 2, 3, 4, 5, 6

EVENTS: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55

COLLISION WITH FIXED OBJECT - STRUCK: 25-55

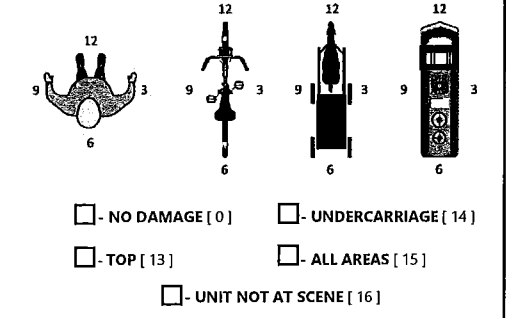
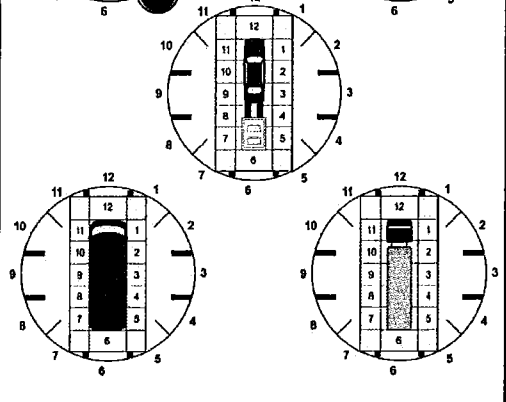
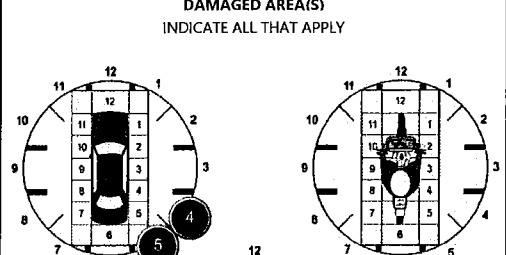
TRAFFICWAY FLOW: 2  
 TRAFFIC CONTROL: 4  
 # OF THROUGH LANES ON ROAD: 2  
 RAIL GRADE CROSSING: 1

UNIT / NON-MOTORIST DIRECTION: FROM 3 TO 4

UNIT SPEED: 1  
 POSTED SPEED: 45  
 DETECTED SPEED: 1

FIRST HARMFUL EVENT: 1  
 MOST HARMFUL EVENT: 2

LOCAL REPORT NUMBER: 21-53471  
 DAMAGE: 2  
 DAMAGE SCALE: 1 - NONE, 2 - MINOR DAMAGE, 3 - FUNCTIONAL DAMAGE, 4 - DISABLING DAMAGE, 9 - UNKNOWN



INITIAL POINT OF CONTACT: 5  
 0 - NO DAMAGE, 1-12 - REFER TO UNIT DIAGRAM, 13 - TOP, 14 - UNDERCARRIAGE, 15 - VEHICLE NOT AT SCENE, 16 - UNKNOWN

TRAFFICWAY FLOW: 2  
 TRAFFIC CONTROL: 4  
 # OF THROUGH LANES ON ROAD: 2  
 RAIL GRADE CROSSING: 1

UNIT / NON-MOTORIST DIRECTION: FROM 3 TO 4

UNIT SPEED: 1  
 POSTED SPEED: 45  
 DETECTED SPEED: 1

FIRST HARMFUL EVENT: 1  
 MOST HARMFUL EVENT: 2

**OWNER**

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 , OH  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE \_\_\_\_\_ LICENSE PLATE # 99 VEHICLE IDENTIFICATION # \_\_\_\_\_ VEHICLE YEAR \_\_\_\_\_ VEHICLE MAKE \_\_\_\_\_  
 INSURANCE VERIFIED INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR \_\_\_\_\_ VEHICLE MODEL \_\_\_\_\_  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICES EQUIPPED  HIT/SKIP UNIT # OCCUPANTS \_\_\_\_\_ US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 VEHICLE WEIGHT GVWR/GCWR  
 1 - ≤10K LBS.  
 2 - 10.001 - 26K LBS.  
 3 - > 26K LBS.  
 HAZARDOUS MATERIAL CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 MATERIAL  RELEASED  PLACARD

UNIT TYPE 1 # OF TRAILING UNITS \_\_\_\_\_

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 27 - TRAIN  
 11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
 1 - YES  2 - NO  9 - OTHER / UNKNOWN  
 AUTONOMOUS MODE LEVEL  
 0 - NO AUTOMATION  1 - DRIVER ASSISTANCE  2 - PARTIAL AUTOMATION  3 - CONDITIONAL AUTOMATION  4 - HIGH AUTOMATION  5 - FULL AUTOMATION  9 - UNKNOWN

SPECIAL FUNCTION 1

1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER  
 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE  
 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP.  
 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL  
 21 - MAIL CARRIER 99 - OTHER / UNKNOWN

CARGO BODY TYPE 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  
 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN /ENCLOSED BOX  
 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED  
 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE

VEHICLE DEFECTS 1

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  
 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT  
 99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION 1

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER  
 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE  
 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE  
 99 - OTHER / UNKNOWN

ACTION 1 PRE-CRASH ACTIONS 6

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN  
 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE  
 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION  
 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST  
 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 7

1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER  
 8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING  
 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION  
 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE  
 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS 1 20

1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE  
 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL  
 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER  
 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 24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE  
 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  
 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH  
 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL  
 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT \_\_\_\_\_ MOST HARMFUL EVENT \_\_\_\_\_

LOCAL REPORT NUMBER  
 21-53471

DAMAGE

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

DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY

INITIAL POINT OF CONTACT 15

0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
 NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]  
 TOP [ 13 ]  ALL AREAS [ 15 ]  
 UNIT NOT AT SCENE [ 16 ]

TRAFFICWAY FLOW 2

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 4

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

# OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING 1

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

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 3

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

UNIT SPEED 5

POSTED SPEED 45

DETECTED SPEED 1

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
21-53471

UNIT # 1	NAME: LAST, FIRST, MIDDLE STEVENSON, ERIKA, L	DATE OF BIRTH 02/18/1985	AGE 36	GENDER F
-------------	--	-----------------------------	-----------	-------------

ADDRESS: STREET, CITY, STATE, ZIP 4360 DEER RUN, 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 MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER	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 STATUS: 1, TYPE: 1, VALUE: .		DRUG TEST(S) STATUS: 1, TYPE: 1, RESULTS SELECT UP TO 4	

UNIT # 2	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
-------------	---------------------------	---------------	-----	--------

ADDRESS: STREET, CITY, STATE, ZIP , OH	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 MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS, TYPE, VALUE		DRUG TEST(S) STATUS, TYPE, 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 MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS, TYPE, VALUE		DRUG TEST(S) 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, DIALING)	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 & CLASS B BUS		
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER		
<b>INJURIES TAKEN BY</b>	8 - THIRD - MIDDLE	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	8 - INTERMEDIATE LICENSE RESTRICTIONS		<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED / TREATED AT SCENE	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	H - HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS		1 - NONE
2 - EMS	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY		2 - BLOOD
3 - POLICE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	P - PASSENGER	11 - LIMITED TO EMPLOYMENT		3 - URINE
9 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER		4 - BREATH
	13 - TRAILING UNIT	<b>TRAPPED</b>	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		5 - OTHER
<b>SAFETY EQUIPMENT</b>	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY		<b>DRUG TEST TYPE</b>
1 - NONE USED	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		1 - NONE
2 - SHOULDER BELT ONLY USED	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR		2 - BLOOD
3 - LAP BELT ONLY USED			X - TANKER / HAZMAT	17 - PROSTHETIC AID		3 - URINE
4 - SHOULDER & LAP BELT USED				18 - OTHER		4 - OTHER
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			<b>GENDER</b>		<b>CONDITION</b>	<b>DRUG TEST RESULT(S)</b>
6 - CHILD RESTRAINT SYSTEM - REAR FACING			F - FEMALE		1 - APPARENTLY NORMAL	1 - AMPHETAMINES
7 - BOOSTER SEAT			M - MALE		2 - PHYSICAL IMPAIRMENT	2 - BARBITURATES
8 - HELMET USED			U - OTHER / UNKNOWN		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - BENZODIAZEPINES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)					4 - ILLNESS	4 - CANNABINOIDS
10 - REFLECTIVE CLOTHING					5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - COCAINE
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - OPIATES / OPIOIDS
99 - OTHER / UNKNOWN					9 - OTHER / UNKNOWN	7 - OTHER
						8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
21-53471

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	1	[REDACTED]				[REDACTED]		[REDACTED]	[REDACTED]	
	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	TRAPPED
	5	[1]			5		6	1	1	1

<b>OCCUPANT</b>	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	TRAPPED

<b>OCCUPANT</b>	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	TRAPPED

<b>OCCUPANT</b>	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	TRAPPED

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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

INJURED TAKEN BY	EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED
2 - EMS	2 - PARTIALLY EJECTED
3 - POLICE	3 - TOTALLY EJECTED
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE

GENDER	TRAPPED
F - FEMALE	1 - NOT TRAPPED
M - MALE	2 - EXTRICATED BY MECHANICAL MEANS
U - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

OHIO TRAFFIC ACCIDENT - OH2 NARRATIVE

LOCAL REPORT NUMBER <b>21-53471</b>	REPORTING AGENCY <b>Montville Police Department</b>	DATE OF CRASH <b>10/04/2021</b>
IN COUNTY OF <b>Medina County</b>	ACCIDENT LOCATION <b>Poe</b>	

--	--	--

OFFICERS SIGNATURE	BADGE NO. <b>1620</b>
--------------------	--------------------------

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER <b>21-53471</b>	REPORTING AGENCY <b>Montville Police Department</b>	Date Of Crash <b>10/04/2021</b>
IN COUNTY OF <b>Medina County</b>	ACCIDENT LOCATION <b>Poe</b>	
OFFICERS SIGNATURE		BADGE NO. <b>1620</b>