



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

21-58271

|  |                                |                                |                         |                             |              |                 |               |
|--|--------------------------------|--------------------------------|-------------------------|-----------------------------|--------------|-----------------|---------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH-2  | <input type="checkbox"/> OH-3  | LOCAL INFORMATION       | S.R. 3 / S.R. 162           | HIT/SKIP     | NUMBER OF UNITS | UNIT IN ERROR |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME * | Montville Police Department | 1 - SOLVED   | 1               | 98 - ANIMAL   |
| <input type="checkbox"/> PRIVATE PROPERTY        |                                |                                |                         |                             | 2 - UNSOLVED |                 | 99 - UNKNOWN  |
|  |                                |                                |                         |                             |              |                 |               |

|         |           |                                    |                    |                |
|---------|-----------|------------------------------------|--------------------|----------------|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | CRASH DATE / TIME* | CRASH SEVERITY |
| 52      | 3         | Montville (Township of)            | 11/01/2021 03:30   | 5              |

|            |              |   |   |           |                           |  |
|------------|--------------|---|---|-----------|---------------------------|--|
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME                            | ROAD TYPE | LATITUDE DECIMAL DEGREES  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
| SR         | 3            |   |   |           | 41.105708                 |  |
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |  |
| SR         | 162          |   |   |           | -81.864117                |  |

|                         |                          |                              |                |  |
|-------------------------|--------------------------|------------------------------|----------------|--|
| 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  | 3  |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | TR - NUMBERED TOWNSHIP ROUTE | GR - CIRCLE    |  |
| 350.00                  | 1 - MILES                |                              | LA - LANE      |  |
|                         | 2 - FEET                 |                              | SO - SQUARE    |  |
|                         | 3 - YARDS                |                              | ST - STREET    |  |
|                         |                          |                              | OV - OVAL      |  |
|                         |                          |                              | PK - PARKWAY   |  |
|                         |                          |                              | TE - TERRACE   |  |
|                         |                          |                              | TL - TRAIL     |  |
|                         |                          |                              | PI - PIKE      |  |
|                         |                          |                              | WA - WAY       |  |
|                         |                          |                              | PL - PLACE     |  |

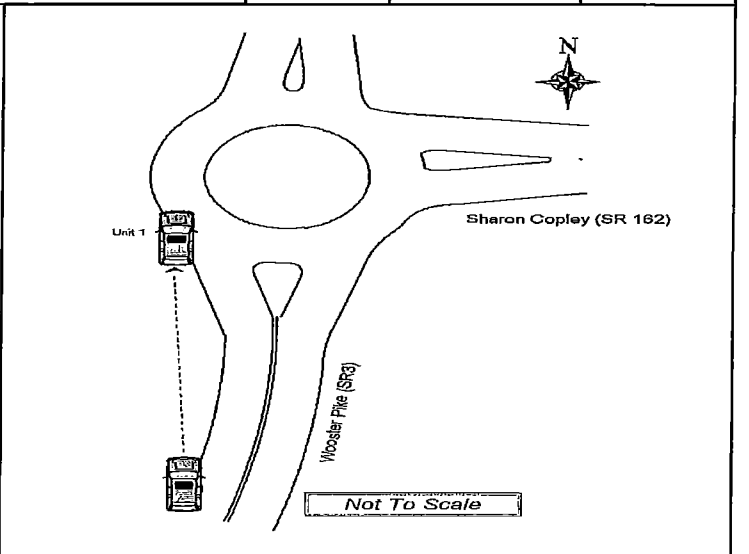
|                                 |                                   |                     |                                       |
|---------------------------------|-----------------------------------|---------------------|---------------------------------------|
| LOCATION OF FIRST HARMFUL EVENT | MANNER OF CRASH COLLISION/IMPACT  | DIRECTION OF TRAVEL | MEDIAN TYPE                           |
| 1 - ON ROADWAY                  | 1 - NOT COLLISION                 | 1 - NORTH           | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)    |
| 2 - ON SHOULDER                 | 4 - REAR-TO-REAR                  | 2 - SOUTH           | 2 - DIVIDED FLUSH MEDIAN (>4 FEET)    |
| 3 - IN MEDIAN                   | BETWEEN                           | 3 - EAST            | 3 - DIVIDED, DEPRESSED MEDIAN         |
| 4 - ON ROADSIDE                 | 5 - BACKING                       | 4 - WEST            | 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) |
| 5 - ON GORE                     | 6 - ANGLE                         |                     | 9 - OTHER / UNKNOWN                   |
| 6 - OUTSIDE TRAFFIC WAY         | 7 - SIDESWIPE, SAME DIRECTION     |                     |                                       |
| 7 - ON RAMP                     | 8 - SIDESWIPE, OPPOSITE DIRECTION |                     |                                       |
| 8 - OFF RAMP                    | 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 | 3                  | 9                                | 2                                 |
| <input type="checkbox"/> | 2 - LANE SHIFT/ CROSSOVER       | 2 - ADVANCE WARNING AREA                  | 1 - STRAIGHT LEVEL | 1 - DRY                          | 1 - CONCRETE                      |
| <input type="checkbox"/> | 3 - WORK ON SHOULDER OR MEDIAN  | 3 - TRANSITION AREA                       | 2 - STRAIGHT GRADE | 2 - WET                          | 2 - BLACKTOP, BITUMINOUS, ASPHALT |
| <input type="checkbox"/> | 4 - INTERMITTENT OR MOVING WORK | 4 - ACTIVITY AREA                         | 3 - CURVE LEVEL    | 3 - SNOW                         | 3 - BRICK/BLOCK                   |
| <input type="checkbox"/> | 5 - OTHER                       | 5 - TERMINATION AREA                      | 4 - CURVE GRADE    | 4 - ICE                          | 4 - SLAG, GRAVEL, STONE           |
|                          |                                 |   | 9 - OTHER /UNKNOWN | 5 - SAND, MUD, DIRT, OIL, GRAVEL | 5 - DIRT                          |
|                          |                                 |   |                    | 6 - WATER (STANDING, MOVING)     | 9 - OTHER / UNKNOWN               |

|                                     |                                       |
|-------------------------------------|---------------------------------------|
| LIGHT CONDITION                     | WEATHER                               |
| 3                                   | 99                                    |
| 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                 | 6 - SNOW                              |
|                                     | 7 - SEVERE CROSSWINDS                 |
|                                     | 8 - BLOWING SAND, SOIL, DIRT, SNOW    |
|                                     | 9 - FREEZING RAIN OR FREEZING DRIZZLE |
|                                     | 99 - OTHER / UNKNOWN                  |

**NARRATIVE**

Unit 1 was north on Wooster Pike (S.R. 3), approaching the roundabout at Sharon Copley (S.R. 162). As it entered the beginning of the roundabout, it went left of center and drove off the road. Unit 1 traveled into a ditch, drove approximately 200 feet and then exited the ditch. The rear bumper and other vehicle parts were left at the scene. The vehicle left the scene without reporting the accident. The driver was later located, admitted to the accident, and was cited for reasonable control and driving under suspension.



|                            |                          |                     |                           |  |
|----------------------------|--------------------------|---------------------|---------------------------|--|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME     | ARRIVAL DATE / TIME | SCENE CLEARED DATE / TIME | REPORT TAKEN BY  |
| 11/01/2021 11:12           | 11/01/2021 11:14         | 11/01/2021 11:23    | 11/01/2021 12:44          | <input checked="" type="checkbox"/> POLICE AGENCY  |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME | TOTAL MINUTES       | OFFICER'S NAME*           | CHECKED BY OFFICER'S NAME*   |
|                            |                          | 90                  | Harrison, Brett           | LaFond, Christopher Lt. #162   |
|                            |                          |                     | OFFICER'S BADGE NUMBER*   | CHECKED BY OFFICER'S BADGE NUMBER*   |
|                            |                          |                     | 1606                      | 1602   |
|                            |                          |                     |                           | <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) |

**OWNER**

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**FREEMAN, LOVETTA**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**10810 WOODLAND AVE., CLEVELAND, OH, 44101**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # N150936 VEHICLE IDENTIFICATION # 3GNBABB0A5603545 VEHICLE YEAR 2010 VEHICLE MAKE CHEVROLET

INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR BLK VEHICLE MODEL HHR

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 1 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 0

|                             |                                    |                        |  |                            |
|-----------------------------|------------------------------------|------------------------|--|----------------------------|
| 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? 0

1 - YES 2 - NO 9 - OTHER/UNKNOWN

AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

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

|                  |                  |                                 |                                   |                      |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 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

|                                       |                                  |                            |  |                      |
|---------------------------------------|----------------------------------|----------------------------|--|----------------------|
| 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 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                   |
| 3 - STRIKING               | 3 - CHANGING LANES     | 11 - SLOWING OR STOPPED IN TRAFFIC           | 17 - PUSHING VEHICLE                    |  |
| 4 - STRUCK                 | 4 - OVERTAKING/PASSING | 12 - DRIVERLESS                              | 18 - APPROACHING OR LEAVING VEHICLE     |  |
| 5 - BOTH STRIKING & STRUCK | 5 - MAKING RIGHT TURN  | 13 - NEGOTIATING A CURVE                     | 19 - STANDING                           |  |
| 9 - OTHER / UNKNOWN        | 6 - MAKING LEFT TURN   | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 20 - OTHER NON-MOTORIST                 |  |

CONTRIBUTING CIRCUMSTANCES 11

|                      |                               |  |                                      |                                |
|----------------------|-------------------------------|--|--------------------------------------|--------------------------------|
| 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 <u>9</u>  | 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 <u>44</u> | 2 - FIRE/EXPLOSION                  | 8 - RAN OFF ROAD RIGHT                               | 13 - OTHER NON-COLLISION | 20 - MOTOR VEHICLE IN TRANSPORT      | 24 - OTHER MOVABLE OBJECT   |
| 3           | 3 - IMMERSION                       | 9 - RAN OFF ROAD LEFT                                | 14 - PEDESTRIAN          | 21 - PARKED MOTOR VEHICLE            |   |
| 4           | 4 - JACKKNIFE                       | 10 - CROSS MEDIAN                                    | 15 - PEDALCYCLE          | 22 - WORK ZONE MAINTENANCE EQUIPMENT |   |
| 5           | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE     |                                      |   |
| 6           | 6 - EQUIPMENT FAILURE               |  | 17 - ANIMAL - FARM       |                                      |   |
|             |                                     |  | 18 - ANIMAL - DEER       |                                      |   |

COLLISION WITH FIXED OBJECT - STRUCK

|  |                               |                                  |                                      |
|--|-------------------------------|----------------------------------|--------------------------------------|
| 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                            |
|  |                               |                                  | 52 - BUILDING                        |
|  |                               |                                  | 53 - TUNNEL                          |
|  |                               |                                  | 54 - OTHER FIXED OBJECT              |
|  |                               |                                  | 99 - OTHER / UNKNOWN                 |

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 2

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DAMAGE

DAMAGE SCALE

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

3

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

# OF THROUGH LANES ON ROAD 3

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 50

POSTED SPEED 45

DETECTED SPEED

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

1

VEHICLE

EVENTS



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

21-58271

UNIT # 1 NAME: LAST, FIRST, MIDDLE HOWARD JR., BRIAN, NOEL

DATE OF BIRTH 07/01/1988 AGE 33 GENDER M

ADDRESS: STREET, CITY, STATE, ZIP 21031 WESTPORT AVE, EUCLID, OH, 44123

CONTACT PHONE - INCLUDE AREA CODE

|               |                         |                            |   |   |   |  |                    |                           |   |  |
|---------------|-------------------------|----------------------------|---|---|---|--|--------------------|---------------------------|---|--|
| INJURIES<br>5 | INJURED TAKEN BY<br>1   | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>99   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET      | SEATING POSITION<br>1                      | AIR BAG USAGE<br>1 | EJECTION<br>1             | TRAPPED<br>1  |  |
|               |                         |                            |   |   |   |  |                    |                           |   |  |
| OL STATE      | OPERATOR LICENSE NUMBER |                            | OFFENSE CHARGED<br>4511.202                     | LOCAL CODE<br><input type="checkbox"/>  | OFFENSE DESCRIPTION<br>OPERATING VEHICLE WITHOUT REAS |  |                    | CITATION NUMBER<br>Y41862 |   |  |
| OL CLASS<br>6 | ENDORSEMENT             | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>9                       | ALCOHOL / DRUG SUSPECTED<br><input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>9  | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 . |                    |                           | DRUG TEST(S)<br>STATUS TYPE RESULTS SELECT UP TO 4<br>1 1 |  |

UNIT # NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

|          |                         |                            |   |  |  |                                   |               |                 |  |  |
|----------|-------------------------|----------------------------|---|--|--|-----------------------------------|---------------|-----------------|--|--|
| 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<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                                   |               | CITATION NUMBER |  |  |
| OL CLASS | ENDORSEMENT             | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION  | ALCOHOL TEST<br>STATUS TYPE VALUE |               |                 | DRUG TEST(S)<br>STATUS TYPE RESULTS SELECT UP TO 4 |  |

UNIT # NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

|          |                         |                            |   |  |  |                                   |               |                 |  |  |
|----------|-------------------------|----------------------------|---|--|--|-----------------------------------|---------------|-----------------|--|--|
| 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<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                                   |               | CITATION NUMBER |  |  |
| OL CLASS | ENDORSEMENT             | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION  | ALCOHOL TEST<br>STATUS TYPE VALUE |               |                 | DRUG TEST(S)<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 | 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  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<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, DIALING)<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 | 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     |
| INJURIES TAKEN BY  |   | EJECTION  | OL ENDORSEMENT  |   | CONDITION  | ALCOHOL TEST TYPE  |
| 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   | 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 |   | 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<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |
| SAFETY EQUIPMENT   |   | TRAPPED   | GENDER  |   |  | DRUG TEST TYPE   |
| 1 - NONE USED<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 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |
|  |   |   |   |   |  | DRUG TEST RESULT(S)  |
|  |   |   |   |   |  | 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

21-58271

| OCCUPANT | UNIT #                            | NAME: LAST, FIRST, MIDDLE         |                         |   |                  | DATE OF BIRTH  |                                   | AGE           | GENDER   |         |
|----------|-----------------------------------|-----------------------------------|-------------------------|---|------------------|--|-----------------------------------|---------------|----------|---------|
|          |                                   | 1                                 | FLETCHER, JOHNNY, WAYNE |   |                  |  | 05/20/1994                        |               | 27       | M       |
|          | 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<br><input type="checkbox"/> MC HELMET | SEATING POSITION                  | AIR BAG USAGE | EJECTION | TRAPPED |
|          | 5                                 | 1                                 |                         |   | 99               |  | 3                                 | 1             | 1        | 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<br><input type="checkbox"/> MC HELMET | SEATING POSITION                  | AIR BAG USAGE | EJECTION | TRAPPED |
|          |                                   |                                   |                         |   |                  |  |                                   |               |          |         |
| 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<br><input type="checkbox"/> MC HELMET | SEATING POSITION                  | AIR BAG USAGE | EJECTION | TRAPPED |
|          |                                   |                                   |                         |   |                  |  |                                   |               |          |         |
| 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<br><input type="checkbox"/> 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  | <b>EJECTION</b>                    |
|                              | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 9 - THIRD - RIGHT SIDE  | 1 - NOT EJECTED                    |
|                              | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB   | 2 - PARTIALLY EJECTED              |
|                              | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                |
|                              | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA   | 4 - NOT APPLICABLE                 |
| <b>GENDER</b>                |   | 13 - TRAILING UNIT  | <b>TRAPPED</b>                     |
| F - FEMALE                   |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)   | 1 - NOT TRAPPED                    |
| M - MALE                     |   | 15 - NON-MOTORIST   | 2 - EXTRICATED BY MECHANICAL MEANS |
| U - OTHER / UNKNOWN          |   | 99 - OTHER / UNKNOWN  | 3 - FREED BY NON-MECHANICAL MEANS  |

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