

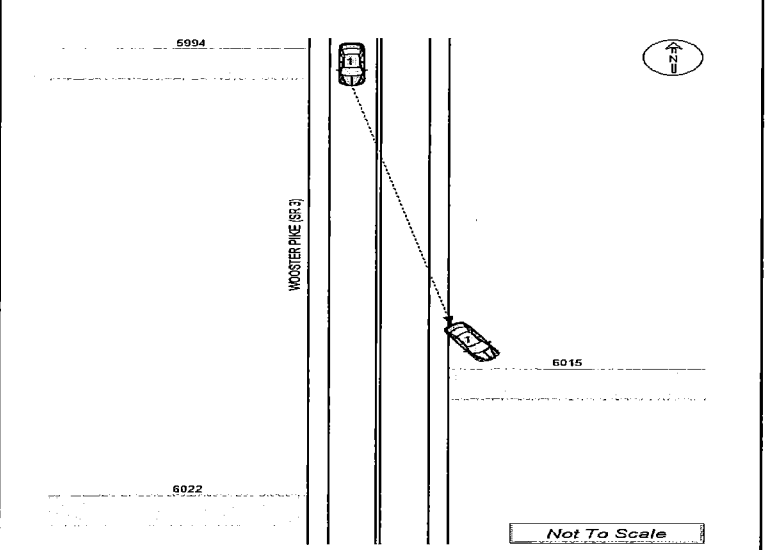
# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

21-59111

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION <b>6015 WOOSTER PIKE</b>		LOCAL REPORT NUMBER * <b>21-59111</b>	
COUNTY* <b>52</b> LOCALITY* <b>3</b> <small>1 - CITY 2 - VILLAGE 3 - TOWNSHIP</small>		REPORTING AGENCY NAME * <b>Montville Police Department</b>		NCIC * <b>05213</b>	
LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Montville (Township of)</b>		CRASH DATE / TIME* <b>11/06/2021 13:45</b>		NUMBER OF UNITS <b>1</b>	
CRASH SEVERITY <b>2</b> <small>1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY</small>		ROUTE TYPE <b>SR</b> ROUTE NUMBER <b>3</b>		LOCATION ROAD NAME <b>6015</b>	
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>6015</b>		ROAD TYPE <small>AL - ALLEY    HW - HIGHWAY    RD - ROAD AV - AVENUE    LA - LANE    SQ - SQUARE BL - BOULEVARD    MP - MILEPOST    ST - STREET CR - CIRCLE    OV - OVAL    TE - TERRACE CT - COURT    PK - PARKWAY    TL - TRAIL DR - DRIVE    PI - PIKE    WA - WAY HE - HEIGHTS    PL - PLACE</small>		LATITUDE DECIMAL DEGREES <b>41.110282</b>	
INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		LONGITUDE DECIMAL DEGREES <b>-81.864061</b>	
REFERENCE POINT <b>3</b> <small>1 - INTERSECTION 2 - MILE POST 3 - HOUSE #</small>		DIRECTION FROM REFERENCE <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>		ROUTE TYPE <small>IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE</small>	
DISTANCE FROM REFERENCE <small>1 - MILES 2 - FEET 3 - YARDS</small>		DISTANCE UNIT OF MEASURE <small>1 - MILES 2 - FEET 3 - YARDS</small>		MANNER OF CRASH COLLISION/IMPACT <b>1</b> <small>1 - NOT COLLISION    4 - REAR-TO-REAR BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON</small>	
LOCATION OF FIRST HARMFUL EVENT <b>1</b> <small>1 - ON ROADWAY    9 - CROSSOVER 2 - ON SHOULDER    10 - DRIVEWAY/ALLEY ACCESS 3 - IN MEDIAN    11 - RAILWAY GRADE CROSSING 4 - ON ROADSIDE    12 - SHARED USE PATHS OR TRAILS 5 - ON GORE    13 - BIKE LANE 6 - OUTSIDE TRAFFIC WAY    14 - TOLL BOOTH 7 - ON RAMP    19 - OTHER / UNKNOWN 8 - OFF RAMP</small>		MANNER OF CRASH COLLISION/IMPACT <b>1</b> <small>1 - NOT COLLISION    4 - REAR-TO-REAR BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON</small>		DIRECTION OF TRAVEL <b>1</b> <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>	
WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE <small>1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER</small>		LOCATION OF CRASH IN WORK ZONE <b>1</b> <small>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA</small>	
LIGHT CONDITION <b>1</b> <small>1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN</small>		WEATHER <b>1</b> <small>1 - CLEAR    6 - SNOW 2 - CLOUDY    7 - SEVERE CROSSWINDS 3 - FOG, SMOG, SMOKE    8 - BLOWING SAND, SOIL, DIRT, SNOW 4 - RAIN    9 - FREEZING RAIN OR FREEZING DRIZZLE 5 - SLEET, HAIL    99 - OTHER / UNKNOWN</small>		CONTOUR <b>1</b> <small>1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN</small>	
CONDITIONS <b>1</b> <small>1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN</small>		SURFACE <b>2</b> <small>1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN</small>		NARRATIVE Unit #1 was traveling south on Wooster Pike in the 6000 block The driver of Unit #1 began to suffer from a medical condition which resulted in him losing consciousness. Unit #1 crossed the centerline and drove off the east side of the roadway into the ditch in front of 6015 Wooster Pike. The driver and the passenger were both transported to Medina Hospital via Medina Life Support Team. The driver was then transported from Medina Hospital to Akron General via Life Flight. The driver was released from the hospital on 11/9/2021.	
CRASH REPORTED DATE / TIME <b>11/06/2021 13:46</b>		DISPATCH DATE / TIME <b>11/06/2021 13:47</b>		ARRIVAL DATE / TIME <b>11/06/2021 13:52</b>	
SCENE CLEARED DATE / TIME <b>11/06/2021 14:51</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		CHECKED BY OFFICER'S NAME* <b>GAEDE, SETH</b>	
TOTAL TIME ROADWAY CLOSED <b>0</b>		OTHER INVESTIGATION TIME <b>30</b>		TOTAL MINUTES <b>94</b>	
OFFICER'S NAME* <b>Gaede, Seth</b>		OFFICER'S BADGE NUMBER* <b>1616</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>11606a</b>	
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)		<input type="checkbox"/>			



OWNER

VEHICLE

EVENTS

<b>UNIT #</b>	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )	
1	MIDDENDORF, QUENTIN, JOSEPH	[REDACTED]	
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )			
276 AUTUMN LN, BRUNSWICK, OH, 44212			
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE	
<b>LP STATE</b>	<b>LICENSE PLATE #</b>	<b>VEHICLE IDENTIFICATION #</b>	<b>VEHICLE YEAR</b>
OH	AB36EM	4T1BF1FK4EU851137	2014
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b>	<b>INSURANCE POLICY #</b>	<b>COLOR</b>
	STATE FARM	786037-E13-35	SIL
<b>TYPE OF USE</b>		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			BEAR'S TOWING
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>VEHICLE WEIGHT GVWR/GCWR</b>	<b>HAZARDOUS MATERIAL</b>
		1 - ≤ 10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
<b>UNIT TYPE</b>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
1			
<b># OF TRAILING UNITS</b>	<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>		
0	0 - NO AUTOMATION   3 - CONDITIONAL AUTOMATION   9 - UNKNOWN 1 - DRIVER ASSISTANCE   4 - HIGH AUTOMATION		
2	1 - YES   2 - NO   9 - OTHER / UNKNOWN <b>AUTONOMOUS 2 - PARTIAL AUTOMATION   5 - FULL AUTOMATION</b>		
<b>SPECIAL FUNCTION</b>	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		
1			
<b>CARGO BODY TYPE</b>	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 99 - OTHER / UNKNOWN		
1			
<b>VEHICLE DEFECTS</b>	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		
<b>NON-MOTORIST LOCATION</b>	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		
<b>ACTION</b>	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		
2			
<b>CONTRIBUTING CIRCUMSTANCES</b>	1 - NONE   2 - FAILURE TO YIELD   3 - RAN RED LIGHT   4 - RAN STOP SIGN   5 - UNSAFE SPEED   6 - IMPROPER TURN   7 - LEFT OF CENTER 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		
11			
<b>SEQUENCE OF EVENTS</b>			
1	11	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	
2	9		
3	44		
4		<b>COLLISION WITH FIXED OBJECT - STRUCK</b> 25 - IMPACT ATTENUATOR /CRASH CUSHION   26 - BRIDGE OVERHEAD STRUCTURE   27 - BRIDGE PIER OR ABUTMENT   28 - BRIDGE PARAPET   29 - BRIDGE RAIL   30 - GUARDRAIL FACE 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	
5			
6			
1		<b>FIRST HARMFUL EVENT</b> <b>3</b> <b>MOST HARMFUL EVENT</b>	

<b>LOCAL REPORT NUMBER</b>	
21-59111	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
4	1 - NONE   2 - MINOR DAMAGE   3 - FUNCTIONAL DAMAGE   4 - DISABLING DAMAGE 9 - UNKNOWN
<b>DAMAGED AREA(S)</b>	
INDICATE ALL THAT APPLY	
<input type="checkbox"/> NO DAMAGE [ 0 ] <input checked="" type="checkbox"/> UNDERCARRIAGE [ 14 ] <input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ] <input type="checkbox"/> UNIT NOT AT SCENE [ 16 ]	
<b>INITIAL POINT OF CONTACT</b>	
11	0 - NO DAMAGE   14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM   15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b>	<b>TRAFFIC CONTROL</b>
2	6
<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
2	1 - NOT INVOLVED   2 - INVOLVED-ACTIVE CROSSING   3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM 1 TO 2 1 - NORTH   2 - SOUTH   3 - EAST   4 - WEST 5 - NORTHEAST   6 - NORTHWEST   7 - SOUTHEAST   8 - SOUTHWEST   9 - OTHER / UNKNOWN	
<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
40	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b>	
45	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
21-59111

UNIT # 1	NAME: LAST, FIRST, MIDDLE MIDDENDORF, QUENTIN, JOSEPH				DATE OF BIRTH 12/10/1942		AGE 78	GENDER M	
ADDRESS: STREET, CITY, STATE, ZIP 276 AUTUMN LN, BRUNSWICK, OH, 44212					CONTACT PHONE - INCLUDE AREA CODE [REDACTED]				
INJURIES 2	INJURED TAKEN BY [2]	EMS AGENCY (NAME) MEDINA LST	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MEDINA HOSPITAL	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 9	ALCOHOL TEST STATUS: 1 TYPE: 1 VALUE: .		DRUG TEST(S) 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 checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPEL ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURIES TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		<b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	<b>OL ENDORSEMENT</b> H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b> 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	<b>GENDER</b> F - FEMALE M - MALE U - OTHER / UNKNOWN			<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						<b>DRUG TEST RESULT(S)</b> 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

21-59111

OCCUPANT						LOCAL REPORT NUMBER				
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
1	MIDDENDORF, ALICE, MARIE					07/04/1943		78	F	
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				
276 AUTUMN LN., BRUNSWICK, OH, 44212						[REDACTED]				
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	
2	2	MEDINA LST	MEDINA HOSPITAL	4	<input type="checkbox"/>	3	1	1	1	
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	
					<input type="checkbox"/>					
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	
					<input type="checkbox"/>					
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	
					<input type="checkbox"/>					
<b>INJURIES</b>		<b>SAFETY EQUIPMENT USED</b>		<b>SEATING POSITION</b>		<b>AIR BAG USAGE</b>				
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				
<b>INJURED TAKEN BY</b>		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN				
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		<b>EJECTION</b>				
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED				
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED				
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED				
<b>GENDER</b>		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE				
F - FEMALE		12 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		12 - PASSENGER IN UNENCLOSED CARGO AREA		<b>TRAPPED</b>				
M - MALE		99 - OTHER / UNKNOWN		13 - TRAILING UNIT		1 - NOT TRAPPED				
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS				
				15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS				
				99 - OTHER / UNKNOWN						
NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH		AGE	GENDER	
[REDACTED]						[REDACTED]		[REDACTED]	[REDACTED]	
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				
[REDACTED]						[REDACTED]				
NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH		AGE	GENDER	
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NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				
[REDACTED]						[REDACTED]				