

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

22-25181

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

| | | | | |
|---------------|----------------|---|--|---------------------|
| COUNTY* 52 | LOCALITY* 3 | LOCATION: CITY, VILLAGE, TOWNSHIP* Montville (Township of) | CRASH DATE / TIME* 05/11/2022 23:21 | CRASH SEVERITY 5 |
|---------------|----------------|---|--|---------------------|

| | | | | | |
|------------------|-------------------|---|--------------------|-----------|---------------------------------------|
| ROUTE TYPE SR | ROUTE NUMBER 3 | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES 41.113050 |
|------------------|-------------------|---|--------------------|-----------|---------------------------------------|

| | | | | | |
|------------|--------------|---|--|-----------------|---|
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Lexington Ridge Drive | ROAD TYPE DR | LONGITUDE DECIMAL DEGREES -81.864010 |
|------------|--------------|---|--|-----------------|---|

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|--|--|---|---|---|---|---|
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1 | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | ROAD TYPE 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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4 |
|--|--|---|---|---|---|---|

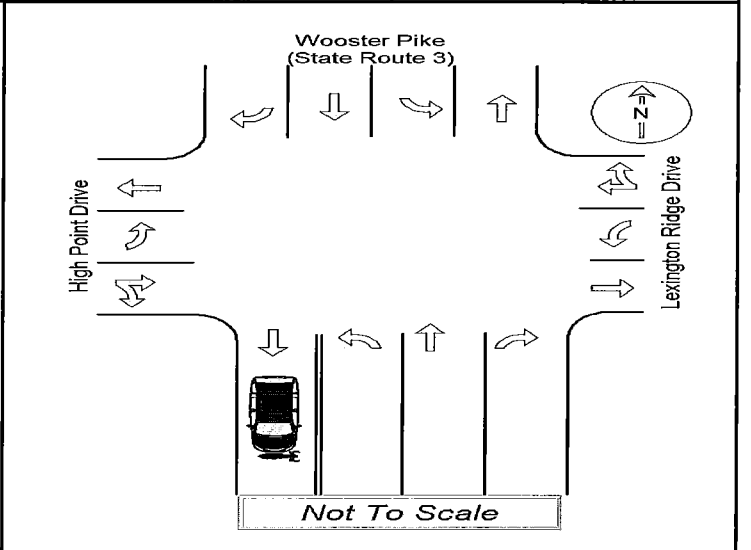
| | | | | | | |
|-------------------------|--|--|--|--|--|--|
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | ROADWAY | | | |
| | | | <input type="checkbox"/> ROADWAY DIVIDED | | | |

| | | |
|--|--|---|
| 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 1 | MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 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 1 | 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 | | |

| | | | | | | | | |
|--|--|--|---|---|---|--------------|-----------------|--------------|
| <input type="checkbox"/> WORK ZONE RELATED | <input 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 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | CONTOUR 1 | CONDITIONS 1 | SURFACE 2 |
|--|--|--|---|---|---|--------------|-----------------|--------------|

| | | |
|---|--|---|
| LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 3 | WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 1 | WEATHER 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN |
|---|--|---|

NARRATIVE
Unit #1 was southbound on Wooster Pike (State Route 3) and had just passed through the intersection with Lexington Ridge Drive when it struck a deer that was in it's path. This caused damage to Unit #1, but it was able to be driven from the scene. There were no injuries reported.



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|--|--|---|---|---|
| CRASH REPORTED DATE / TIME 05/11/2022 23:21 | DISPATCH DATE / TIME 05/11/2022 23:21 | ARRIVAL DATE / TIME 05/11/2022 23:21 | SCENE CLEARED DATE / TIME 05/11/2022 23:45 | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED 0 | OTHER INVESTIGATION TIME 26 | TOTAL MINUTES 50 | OFFICER'S NAME* Percy, Richard | CHECKED BY OFFICER'S NAME* Harrison, Brett |
| | | | OFFICER'S BADGE NUMBER* 1611 | CHECKED BY OFFICER'S BADGE NUMBER* 1606 |
| | | | | <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)
STAPLES, TAMMY, M

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
100 WATER STREET, SEVILLE, OH, 44273

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

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # GQL3863 VEHICLE IDENTIFICATION # 3C4PDCAB7LT207366 VEHICLE YEAR 2020 VEHICLE MAKE DODGE

INSURANCE VERIFIED INSURANCE COMPANY USAA GENERAL INSURANCE POLICY # 032494562G COLOR GRY VEHICLE MODEL JOURNEY

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME _____

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: MATERIAL RELEASED PLACARD CLASS # _____ PLACARD ID # _____

UNIT TYPE 1

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

OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: 0

1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

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 - CARGO VAN / 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 | |
| 6 - IMPROPER TURN | 6 - MAKING LEFT TURN | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 20 - OTHER NON-MOTORIST | |
| 7 - LEFT OF CENTER | 7 - MAKING U-TURN | | | |
| | 8 - ENTERING TRAFFIC LANE | | | |
| | 9 - OTHER / UNKNOWN | | | |

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 <u>18</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>1</u> | 2 - FIRE/EXPLOSION | 8 - RAN OFF ROAD RIGHT | 13 - OTHER NON-COLLISION | 20 - OTHER VEHICLE IN TRANSPORT | 24 - OTHER MOVABLE OBJECT |
| 3 <u>1</u> | 3 - IMMERSION | 9 - RAN OFF ROAD LEFT | 14 - PEDESTRIAN | 21 - PARKED MOTOR VEHICLE | |
| 4 <u>1</u> | 4 - JACKKNIFE | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT | |
| 5 <u>1</u> | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE | | |
| 6 <u>1</u> | 6 - EQUIPMENT FAILURE | | 17 - ANIMAL - FARM | | |
| | | | 18 - ANIMAL - DEER | | |

COLLISION WITH FIXED OBJECT - STRUCK

| | | | | | |
|------------|--|-------------------------------|----------------------------------|--------------------------------------|-------------------------|
| 4 <u>1</u> | 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END | 38 - OVERHEAD SIGN POST | 45 - EMBANKMENT | 52 - BUILDING |
| 5 <u>1</u> | 26 - BRIDGE OVERHEAD STRUCTURE | 32 - PORTABLE BARRIER | 39 - LIGHT / LUMINARIES SUPPORT | 46 - FENCE | 53 - TUNNEL |
| 6 <u>1</u> | 27 - BRIDGE PIER OR ABUTMENT | 33 - MEDIAN 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 | |
| | 30 - GUARDRAIL FACE | 36 - MEDIAN OTHER BARRIER | 43 - CURB | 50 - WORK ZONE MAINTENANCE EQUIPMENT | |
| | | 37 - TRAFFIC SIGN POST | 44 - DITCH | 51 - WALL | |

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER 22-25181

DAMAGE

DAMAGE SCALE

2 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

12 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 2

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

OF THROUGH LANES ON ROAD 3

RAIL GRADE CROSSING 1

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

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

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

UNIT SPEED 40

DETECTED SPEED 1

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

POSTED SPEED 45



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

22-25181

| | | | | |
|-------------|--|-----------------------------|-----------|-------------|
| UNIT # 1 | NAME: LAST, FIRST, MIDDLE STAPLES, TAMMY, M | DATE OF BIRTH 07/24/1971 | AGE 50 | GENDER F |
|-------------|--|-----------------------------|-----------|-------------|

| | |
|---|---|
| ADDRESS: STREET, CITY, STATE, ZIP 100 WATER STREET, SEVILLE, OH, 44273 | 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 type="checkbox"/> 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 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 TYPE VALUE 1 1 . | | | DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4 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 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 <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 |
|-----------------------------------|-----------------------------------|

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|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| 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 <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 TRACTOR-TRAILER | 6 - PASSENGER | |
| | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | | 7 - EXCEPT INTERMEDIATE LICENSE RESTRICTIONS | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | |
| | 8 - THIRD - MIDDLE | EJECTION | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | |
| | 9 - THIRD - RIGHT SIDE | 1 - NOT EJECTED | OL ENDORSEMENT | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - OTHER / UNKNOWN | ALCOHOL TEST TYPE |
| INJURIES TAKEN BY | 10 - SLEEPER SECTION OF TRUCK CAB | 2 - PARTIALLY 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) | 3 - TOTALLY EJECTED | M - MOTORCYCLE | 11 - LIMITED TO EMPLOYMENT | | 2 - BLOOD |
| 2 - EMS | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 4 - NOT APPLICABLE | P - PASSENGER | 12 - LIMITED - OTHER | | 3 - URINE |
| 3 - POLICE | 13 - TRAILING UNIT | | N - TANKER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | CONDITION | 4 - BREATH |
| 9 - OTHER / UNKNOWN | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | TRAPPED | Q - MOTOR SCOOTER | 14 - MILITARY VEHICLES ONLY | 1 - APPARENTLY NORMAL | 5 - OTHER |
| | 15 - NON-MOTORIST | 1 - NOT TRAPPED | R - THREE-WHEEL MOTORCYCLE | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 2 - PHYSICAL IMPAIRMENT | |
| SAFETY EQUIPMENT | 99 - OTHER / UNKNOWN | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS | 16 - OUTSIDE MIRROR | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | DRUG TEST TYPE |
| 1 - NONE USED | | 3 - FREED BY NON-MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 17 - PROSTHETIC AID | 4 - ILLNESS | 1 - NONE |
| 2 - SHOULDER BELT ONLY USED | | | X - TANKER / HAZMAT | 18 - OTHER | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 2 - BLOOD |
| 3 - LAP BELT ONLY USED | | | | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 3 - URINE |
| 4 - SHOULDER & LAP BELT USED | | | | | 9 - OTHER / UNKNOWN | 4 - BREATH |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | | | | | 5 - OTHER |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | | | | DRUG TEST RESULT(S) |
| 7 - BOOSTER SEAT | | | | | | 1 - AMPHETAMINES |
| 8 - HELMET USED | | | | | | 2 - BARBITURATES |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | | | | | | 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
22-25181

| | | | | | | | | | | |
|----------|--------------------------------------|---------------------------|-------------------|---|------------------|--|------------------|---------------|----------|---------|
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | |
| | 1 | STAPLES, DUELL, E | | | | 07/21/1998 | | 23 | M | |
| OCCUPANT | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| | 100 WATER STREET, SEVILLE, OH, 44273 | | | | | [REDACTED] | | | | |
| OCCUPANT | 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 | | | 4 | | 3 | 1 | 1 | 1 |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | |
| | | | | | | | | | | |
| OCCUPANT | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| | | | | | | | | | | |
| OCCUPANT | 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 |
| | | | | | | | | | | |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | |
| | | | | | | | | | | |
| OCCUPANT | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| | | | | | | | | | | |
| OCCUPANT | 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 |
| INJURED TAKEN BY | 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) | EJECTION |
| 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 |
| GENDER | 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 | 10 - REFLECTIVE CLOTHING | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED |
| 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 | |

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