

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

22-41535

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH -2	<input checked="" type="checkbox"/> OH -3	LOCAL INFORMATION 5115 RIVER STYX	
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input checked="" type="checkbox"/> OTHER	REPORTING AGENCY NAME *	NCIC *
<input type="checkbox"/> PRIVATE PROPERTY			Montville Police Department	05213
HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 2	UNIT IN ERROR 2 98 - ANIMAL 99 - UNKNOWN		

COUNTY* 52	LOCALITY* 3 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* Montville (Township of)	CRASH DATE / TIME* 08/03/2022 17:28	CRASH SEVERITY 4 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
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ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME River Styx	ROAD TYPE RD	LATITUDE DECIMAL DEGREES 41.135080
REFERENCE ROUTE TYPE	REFERENCE ROUTE NUMBER	REFERENCE PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5115 RIVER STYX RD.	REFERENCE ROAD TYPE	LONGITUDE DECIMAL DEGREES -81.811720

REFERENCE POINT 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES
DISTANCE FROM REFERENCE 10.00	DISTANCE UNIT OF MEASURE 2 1 - MILES 2 - FEET 3 - YARDS	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		

LOCATION OF FIRST HARMFUL EVENT 1 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 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	MANNER OF CRASH COLLISION/IMPACT 6 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	DIRECTION OF TRAVEL 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 2 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
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<input checked="" 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 4 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 4 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN
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LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN
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NARRATIVE Unit #1 was southbound on River Styx Rd. at or about the entrance to Sinick Family Dentist, Unit #2 pulled out from that entrance/exit onto River Styx Rd. (SB), striking Unit #1 in the driver side door. The driver of Unit #2 stated that stopped northbound traffic obstructed her view of southbound traffic and a motorist left a space for her to exit and motioned her to do so. Assuming it was clear and safe, the driver of Unit #2 exited the lot and struck Unit #1, causing Unit #1 to strike one or two orange construction barrels with the passenger side door. No injuries were claimed at the scene, however the driver of Unit #1 mentioned that her right shoulder replacement "hurts", but was unsure if it was related to the crash. Both vehicles were able to be driven from the scene. The driver of Unit #2 was cited for ORC 4511.44.	<p>Sinick Family Dentist</p> <p>Goodwill</p>
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CRASH REPORTED DATE / TIME 08/03/2022 17:28	DISPATCH DATE / TIME 08/03/2022 17:28	ARRIVAL DATE / TIME 08/03/2022 17:35	SCENE CLEARED DATE / TIME 08/03/2022 18:18	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES 50	OFFICER'S NAME* Hazek, Daniel OFFICER'S BADGE NUMBER* 1607	CHECKED BY OFFICER'S NAME* Searle, Cory CHECKED BY OFFICER'S BADGE NUMBER* 1605
				SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

**UNIT**

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
	1	BALEST, VICTOR	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)		
	5341 RIVER STYX RD., MEDINA, OH, 44256		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
OH	GFF8414	5UXWX9C53D0A23961	2014	BMW
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	FARMERS	192477712	BLK	X3

TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL
		1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.	<input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD

VEHICLE	UNIT TYPE	HAZARDOUS MATERIAL CLASS # PLACARD ID #			
	3				
	# OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?					
2					
1 - YES 2 - NO 9 - OTHER / UNKNOWN					
AUTONOMOUS MODE LEVEL					
0					
1 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN					
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION					
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					

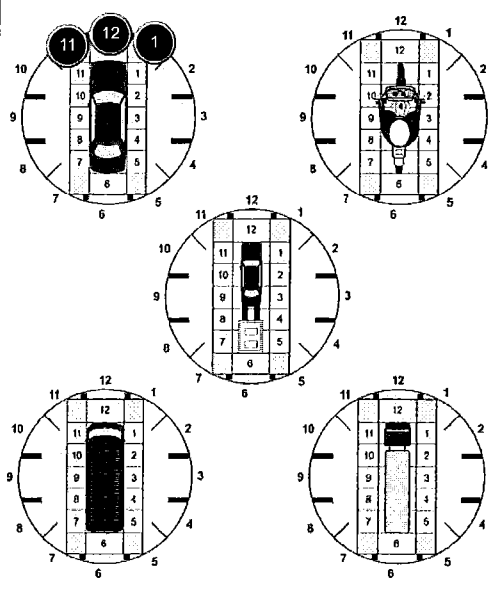
VEHICLE	NON-MOTORIST LOCATION	INITIAL POINT OF CONTACT			
	1	9			
	0 - NO DAMAGE 14 - UNDERCARRIAGE				
	1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE				
13 - TOP 99 - UNKNOWN					
TRAFFIC					
TRAFFICWAY FLOW					
2					
1 - ONE-WAY 2 - TWO-WAY					
TRAFFIC CONTROL					
6					
1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL					
# OF THROUGH LANES ON ROAD					
2					
RAIL GRADE CROSSING					
3					
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					
15					
DETECTED SPEED					
1					
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED					
POSTED SPEED					
35					

EVENTS (C)	CONTRIBUTING CIRCUMSTANCES	SEQUENCE OF EVENTS			
	1	20			
	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 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT				
3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE					
4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT					
5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE					
6 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 17 - ANIMAL - FARM 18 - ANIMAL - DEER					
COLLISION WITH FIXED OBJECT - STRUCK					
4					
25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING					
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES 46 - FENCE 53 - TUNNEL					
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 50 - WORK ZONE MAINTENANCE EQUIPMENT					
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL					
37 - TRAFFIC SIGN POST 44 - DITCH					
FIRST HARMFUL EVENT					
1					
MOST HARMFUL EVENT					
1					

LOCAL REPORT NUMBER	
22-41535	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]	
<input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15]	
<input type="checkbox"/> 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	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	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	DETECTED SPEED
15	1 - STATED / ESTIMATED SPEED
POSTED SPEED	2 - CALCULATED / EDR 3 - UNDETERMINED
35	

**UNIT**

OWNER	UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) VALENTINE, ASHLEY, M	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) [REDACTED]		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 3358 COUNTRY CLUB DR., MEDINA, OH, 44256				
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE OH	LICENSE PLATE # GEA5831	VEHICLE IDENTIFICATION # 2LMDJ6JK4BBJ10987	VEHICLE YEAR 2011	VEHICLE MAKE LINCOLN
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ALLSTATE	INSURANCE POLICY # 980148383	COLOR BLK	VEHICLE MODEL MKX
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # [REDACTED]	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS [REDACTED]	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.		CLASS # PLACARD ID #		
	UNIT TYPE 3 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				
	# OF TRAILING UNITS [REDACTED]				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN				
	SPECIAL FUNCTION 1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP. 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN				
	CARGO BODY TYPE 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN / ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN				
VEHICLE DEFECTS 1 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN					
EVENTS	NON-MOTORIST LOCATION 1 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN				
	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN PRE-CRASH ACTIONS 8 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN				
	CONTRIBUTING CIRCUMSTANCES 2 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 / ACD/A 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING / FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION				
	SEQUENCE OF EVENTS 1 20 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CARGO CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT				
	COLLISION WITH FIXED OBJECT - STRUCK 4 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 59 - OTHER / UNKNOWN				
	FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1				

LOCAL REPORT NUMBER 22-41535	
DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 2	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 12 0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING [REDACTED] 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 4	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER										
22-41535										
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
1	BALEST, NANCY, A				05/21/1955		67	F		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
5341 RIVER STYX RD., MEDINA, OH, 44256					[REDACTED]					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
4	1				4	<input type="checkbox"/>	1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
OH					<input type="checkbox"/>					
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
4			8	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	RESULTS SELECT UP TO 4
							1	1	1	1
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
2	VALENTINE, ASHLEY, M				10/21/1983		38	F		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
3358 COUNTRY CLUB DR., MEDINA, OH, 44256					[REDACTED]					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5	1				4	<input type="checkbox"/>	1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
OH			4511.44		<input type="checkbox"/>	RIGHT OF WAY ON PUBLIC HIGHWAY		Y43051		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	RESULTS SELECT UP TO 4
							1	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 USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
						<input type="checkbox"/>				
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
					<input type="checkbox"/>					
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	RESULTS SELECT UP TO 4
INJURIES										
1 - FATAL										
2 - SUSPECTED SERIOUS INJURY										
3 - SUSPECTED MINOR INJURY										
4 - POSSIBLE INJURY										
5 - NO APPARENT INJURY										
INJURIES TAKEN BY										
1 - NOT TRANSPORTED / TREATED AT SCENE										
2 - EMS										
3 - POLICE										
9 - OTHER / UNKNOWN										
SAFETY EQUIPMENT										
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										
SEATING POSITION										
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										
AIR BAG										
1 - NOT DEPLOYED										
2 - DEPLOYED FRONT										
3 - DEPLOYED SIDE										
4 - DEPLOYED BOTH FRONT/SIDE										
5 - NOT APPLICABLE										
9 - DEPLOYMENT UNKNOWN										
EJECTION										
1 - NOT EJECTED										
2 - PARTIALLY EJECTED										
3 - TOTALLY EJECTED										
4 - NOT APPLICABLE										
TRAPPED										
1 - NOT TRAPPED										
2 - EXTRICATED BY MECHANICAL MEANS										
3 - FREED BY NON-MECHANICAL MEANS										
OL CLASS										
1 - CLASS A										
2 - CLASS B										
3 - CLASS C										
4 - REGULAR CLASS (OHIO = D)										
5 - M/C MOPED ONLY										
6 - NO VALID OL										
OL ENDORSEMENT										
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										
GENDER										
F - FEMALE										
M - MALE										
U - OTHER / UNKNOWN										
OL RESTRICTION(S)										
1 - ALCOHOL INTERLOCK DEVICE										
2 - CDL INTRASTATE ONLY										
3 - CORRECTIVE LENSES										
4 - FARM WAIVER										
5 - EXCEPT CLASS A BUS & CLASS B 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										
DRIVER DISTRACTION										
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										
CONDITION										
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										
TEST STATUS										
1 - NONE GIVEN										
2 - TEST REFUSED										
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE										
4 - TEST GIVEN, RESULTS KNOWN										
5 - TEST GIVEN, RESULTS UNKNOWN										
ALCOHOL TEST TYPE										
1 - NONE										
2 - BLOOD										
3 - URINE										
4 - BREATH										
5 - OTHER										
DRUG TEST TYPE										
1 - NONE										
2 - BLOOD										
3 - URINE										
4 - OTHER										
DRUG TEST RESULT(S)										
1 - AMPHETAMINES										
2 - BARBITURATES										
3 - BENZODIAZEPINES										
4 - CANNABINOIDS										
5 - COCAINE										
6 - OPIATES / OPIOIDS										
7 - OTHER										
8 - NEGATIVE RESULTS										

PAGE 5 OF 5