

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

22-9041

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY | | <input checked="" type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OTHER | | LOCAL INFORMATION 5399 RIVER STYX RD | | LOCAL REPORT NUMBER * 22-9041 | |
| REPORTING AGENCY NAME * Montville Police Department | | NCIC * 05213 | | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | | NUMBER OF UNITS 2 | | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN | |
| COUNTY* 52 | | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3 | | LOCATION: CITY, VILLAGE, TOWNSHIP* Montville (Township of) | | CRASH DATE / TIME* 02/18/2022 03:37 | | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5 | |
| ROUTE TYPE LOCATION | | ROUTE NUMBER LOCATION | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | LOCATION ROAD NAME RIVER STYX | | ROAD TYPE RD | |
| ROUTE TYPE REFERENCE | | ROUTE NUMBER REFERENCE | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5399 RIVER STYX RD | | ROAD TYPE RD | |
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3 | | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4 | | 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 ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | |
| DISTANCE FROM REFERENCE 15.00 | | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2 | | 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 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 1 | | MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 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 6 | | 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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN 2 | | CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN 4 | |
| LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 4 | | WEATHER 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 6 | | SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN | | | | | |
| NARRATIVE Unit #1 was snow plowing MCA Upper school and had pushed snow across the roadway. Unit #1 did have appropriate lighting and did have a flashing white and amber LED beacon on his pickup truck. Unit #1 was ready to back up and checked his surroundings before doing so. He advised he spotted the other truck and began blowing his horn and flashing his lights. Unit #1 stated the Unit #2 never changed course and it did not appear that he slowed/braked. Unit #2 struck Unit #1 in the rear passenger tire/bed area causing Unit #1 to spin in the roadway. Unit #2 continued off the left side of the roadway coming to rest in the ditch. | | | | | <p style="text-align: right;">5399 RIVER STYX RD. (MCA UPPER)</p> <p style="text-align: right;">Not To Scale</p> | | | | |
| CRASH REPORTED DATE / TIME 02/18/2022 03:37 | | DISPATCH DATE / TIME 02/18/2022 03:37 | | ARRIVAL DATE / TIME 02/18/2022 03:43 | | SCENE CLEARED DATE / TIME 02/18/2022 05:04 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | |
| TOTAL TIME ROADWAY CLOSED 0 | | OTHER INVESTIGATION TIME 87 | | OFFICER'S NAME* Denton, Zachary | | CHECKED BY OFFICER'S NAME* Harrison, Brett | | <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP) | |
| | | OFFICER'S BADGE NUMBER* 1614 | | CHECKED BY OFFICER'S BADGE NUMBER* 1606 | | | | | |

OWNER

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
SMITH, BRYAN, G

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
7553 GREENWICH RD., SEVILLE, OH, 44273

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

VEHICLE

LP STATE OH LICENSE PLATE # PKZ7350 VEHICLE IDENTIFICATION # 1GC3YSE74LF222128 VEHICLE YEAR 2020 VEHICLE MAKE CHEVROLET

INSURANCE VERIFIED INSURANCE COMPANY WESTFIELD INSURANCE POLICY # CWP7641249 COLOR WHI VEHICLE MODEL 3500

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS

US DOT #

VEHICLE WEIGHT GVWR/GCWR
 1 - ≤10K LBS.
 2 - 10,001 - 26K LBS.
 3 - > 26K LBS.

HAZARDOUS MATERIAL
 MATERIAL CLASS # PLACARD ID #
 RELEASED PLACARD

UNIT TYPE

| | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> 1 - PASSENGER CAR | <input type="checkbox"/> 6 - VAN (9-15 SEATS) | <input type="checkbox"/> 12 - GOLF CART | <input type="checkbox"/> 18 - LIMO (LIVERY VEHICLE) | <input type="checkbox"/> 23 - PEDESTRIAN/SKATER |
| <input type="checkbox"/> 2 - PASSENGER VAN (MINIVAN) | <input type="checkbox"/> 7 - MOTORCYCLE 2-WHEELED | <input type="checkbox"/> 13 - SNOWMOBILE | <input type="checkbox"/> 19 - BUS (16+ PASSENGERS) | <input type="checkbox"/> 24 - WHEELCHAIR (ANY TYPE) |
| <input type="checkbox"/> 3 - SPORT UTILITY VEHICLE | <input type="checkbox"/> 8 - MOTORCYCLE 3-WHEELED | <input type="checkbox"/> 14 - SINGLE UNIT TRUCK | <input type="checkbox"/> 20 - OTHER VEHICLE | <input type="checkbox"/> 25 - OTHER NON-MOTORIST |
| <input type="checkbox"/> 4 - PICK UP | <input type="checkbox"/> 9 - AUTOCYCLE | <input type="checkbox"/> 15 - SEMI-TRACTOR | <input type="checkbox"/> 21 - HEAVY EQUIPMENT | <input type="checkbox"/> 26 - BICYCLE |
| <input type="checkbox"/> 5 - CARGO VAN | <input type="checkbox"/> 10 - MOPED OR MOTORIZED BICYCLE | <input type="checkbox"/> 16 - FARM EQUIPMENT | <input type="checkbox"/> 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | <input type="checkbox"/> 27 - TRAIN |
| | <input type="checkbox"/> 11 - ALL TERRAIN VEHICLE (ATV/UTV) | <input type="checkbox"/> 17 - MOTORHOME | <input type="checkbox"/> 99 - UNKNOWN OR HIT/SKIP | |

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN

1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION

2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION

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

CARGO BODY TYPE

| | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE | <input type="checkbox"/> 4 - LOGGING | <input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL | <input type="checkbox"/> 11 - DUMP | <input type="checkbox"/> 99 - OTHER / UNKNOWN |
| <input type="checkbox"/> 2 - BUS | <input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS | <input type="checkbox"/> 8 - POLE | <input type="checkbox"/> 12 - CONCRETE MIXER | |
| <input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | <input type="checkbox"/> 6 - CARGOVAN /ENCLOSED BOX | <input type="checkbox"/> 9 - CARGO TANK | <input type="checkbox"/> 13 - AUTO TRANSPORTER | |
| | | <input type="checkbox"/> 10 - FLAT BED | <input type="checkbox"/> 14 - GARBAGE/REFUSE | |

VEHICLE DEFECTS

| | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> 1 - TURN SIGNALS | <input type="checkbox"/> 4 - BRAKES | <input type="checkbox"/> 7 - WORN OR SLICK TIRES | <input type="checkbox"/> 9 - MOTOR TROUBLE | <input type="checkbox"/> 99 - OTHER / UNKNOWN |
| <input type="checkbox"/> 2 - HEAD LAMPS | <input type="checkbox"/> 5 - STEERING | <input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE | <input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT | |
| <input type="checkbox"/> 3 - TAIL LAMPS | <input type="checkbox"/> 6 - TIRE BLOWOUT | | | |

NON-MOTORIST LOCATION

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

ACTION

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

CONTRIBUTING CIRCUMSTANCES

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

SEQUENCE OF EVENTS

1 20

1 OVERTURN/ROLLOVER

2 FIRE/EXPLOSION

3 IMMERSION

4 JACKKNIFE

5 CARGO / EQUIPMENT LOSS OR SHIFT

6 EQUIPMENT FAILURE

7 SEPARATION OF UNITS

8 RAN OFF ROAD RIGHT

9 RAN OFF ROAD LEFT

10 CROSS MEDIAN

11 CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL

12 DOWNHILL RUNAWAY

13 OTHER NON-COLLISION

14 PEDESTRIAN

15 PEDALCYCLE

16 RAILWAY VEHICLE

17 ANIMAL - FARM

18 ANIMAL - DEER

19 ANIMAL - OTHER

20 MOTOR VEHICLE IN TRANSPORT

21 PARKED MOTOR VEHICLE

22 WORK ZONE MAINTENANCE EQUIPMENT

23 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

24 OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK

25 IMPACT ATTENUATOR / CRASH CUSHION

26 BRIDGE OVERHEAD STRUCTURE

27 BRIDGE PIER OR ABUTMENT

28 BRIDGE PARAPET

29 BRIDGE RAIL

30 GUARDRAIL FACE

31 GUARDRAIL END

32 PORTABLE BARRIER

33 MEDIUM CABLE BARRIER

34 MEDIUM GUARDRAIL BARRIER

35 MEDIUM CONCRETE BARRIER

36 MEDIUM 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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
22-9041

DAMAGE

DAMAGE SCALE

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

0 - NO DAMAGE 14 - UNDERCARRIAGE

1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE

99 - UNKNOWN

13 - TOP

TRAFFIC

| | |
|--------------------------------------|---|
| TRAFFICWAY FLOW | TRAFFIC CONTROL |
| <input type="checkbox"/> 1 - ONE-WAY | <input type="checkbox"/> 1 - ROUNDABOUT |
| <input type="checkbox"/> 2 - TWO-WAY | <input type="checkbox"/> 4 - STOP SIGN |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 5 - YIELD SIGN |
| | <input type="checkbox"/> 3 - FLASHER |
| | <input type="checkbox"/> 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 3 TO 4

| | |
|------------------------------------|--|
| <input type="checkbox"/> 1 - NORTH | <input type="checkbox"/> 5 - NORTHEAST |
| <input type="checkbox"/> 2 - SOUTH | <input type="checkbox"/> 6 - NORTHWEST |
| <input type="checkbox"/> 3 - EAST | <input type="checkbox"/> 7 - SOUTHEAST |
| <input type="checkbox"/> 4 - WEST | <input type="checkbox"/> 8 - SOUTHWEST |
| | <input type="checkbox"/> 9 - OTHER / UNKNOWN |

UNIT SPEED 0

POSTED SPEED 35

DETECTED SPEED

1 - STATED / ESTIMATED SPEED

2 - CALCULATED / EDR

3 - UNDETERMINED

OWNER

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) ELKINS, JASON, E OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) [REDACTED]

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 1311 VINEYARD DR, MEDINA, OH, 44256

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

VEHICLE

LP STATE OH LICENSE PLATE # JMH6983 VEHICLE IDENTIFICATION # 1GCPYFED0MZ351529 VEHICLE YEAR 2021 VEHICLE MAKE CHEVROLET

INSURANCE VERIFIED INSURANCE COMPANY GEICO INSURANCE POLICY # 4510307749 COLOR BLK VEHICLE MODEL SILVERADO

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME LLOYDS

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS _____ VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS. HAZARDOUS MATERIAL CLASS # _____ PLACARD ID # _____

UNIT TYPE 4

| | | | | |
|-----------------------------|------------------------------------|------------------------|--|----------------------------|
| 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 _____

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 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 - 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 | |
| 9 - OTHER / UNKNOWN | 6 - MAKING LEFT TURN | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 20 - OTHER NON-MOTORIST | |

CONTRIBUTING CIRCUMSTANCES 8

| | | | | |
|----------------------|---------------------------------|--|---------------------------------------|--------------------------------|
| 1 - NONE | 8 - FOLLOWING TOO CLOSE / A/CDA | 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 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 1 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT

3 1 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE

4 1 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

5 1 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

6 1 6 - EQUIPMENT FAILURE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT

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 1

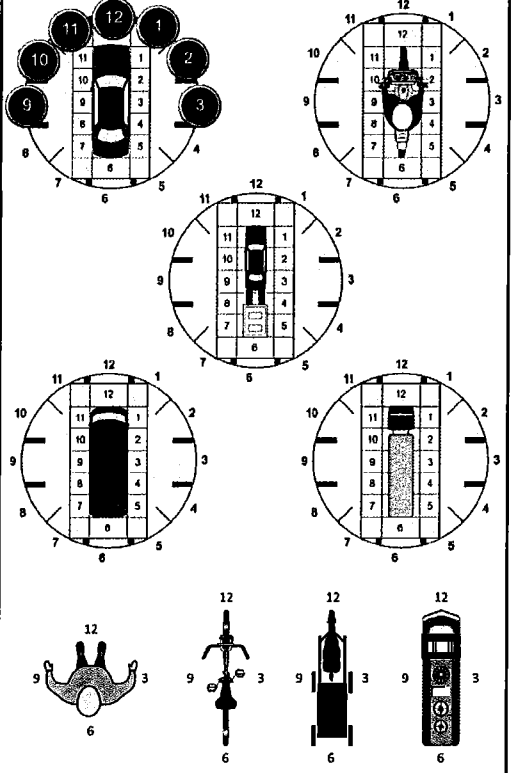
LOCAL REPORT NUMBER 22-9041

DAMAGE

DAMAGE SCALE

4 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 | TRAFFIC CONTROL |
| <u>2</u> 1 - ONE-WAY 2 - TWO-WAY | <u>6</u> 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 38 DETECTED SPEED 1

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

POSTED SPEED 35



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

22-9041

| 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 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 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 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 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 | | | EJECTION | | | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | | 7 - BOOSTER SEAT | | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | | 1 - NOT EJECTED | | | |
| 2 - EMS | | 8 - HELMET USED | | | 8 - THIRD - MIDDLE | | | 2 - PARTIALLY EJECTED | | | |
| 3 - POLICE | | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | | | 9 - THIRD - RIGHT SIDE | | | 3 - TOTALLY EJECTED | | | |
| 9 - OTHER / UNKNOWN | | 10 - REFLECTIVE CLOTHING | | | 10 - SLEEPER SECTION OF TRUCK CAB | | | 4 - NOT APPLICABLE | | | |
| GENDER | | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | | | TRAPPED | | | |
| F - FEMALE | | 99 - OTHER / UNKNOWN | | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | | 1 - NOT TRAPPED | | | |
| M - MALE | | | | | 13 - TRAILING UNIT | | | 2 - EXTRICATED BY MECHANICAL MEANS | | | |
| U - OTHER / UNKNOWN | | | | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | 3 - FREED BY NON-MECHANICAL MEANS | | | |
| | | | | | | 15 - NON-MOTORIST | | | | | |
| | | | | | | 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 | | |
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| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE | GENDER | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |