

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

23-1443

|   |  |  |   |  |                 |  |                      |  |
|---|--|--|---|--|-----------------|--|----------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY |  | <input type="checkbox"/> OH -2<br><input type="checkbox"/> OH -1P<br><input checked="" type="checkbox"/> OTHER | LOCAL INFORMATION<br>7333 WADSWORTH RD. | REPORTING AGENCY NAME *<br>Montville Police Department | NCIC *<br>05213 | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED | NUMBER OF UNITS<br>1 | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN |
|---|--|--|---|--|-----------------|--|----------------------|--|

|               |                |   |  |                     |
|---------------|----------------|---|--|---------------------|
| COUNTY*<br>52 | LOCALITY*<br>3 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Montville (Township of) | CRASH DATE / TIME*<br>01/08/2023 11:40 | CRASH SEVERITY<br>5 |
|---------------|----------------|---|--|---------------------|

|                  |                    |   |   |           |   |  |
|------------------|--------------------|---|---|-----------|---|--|
| ROUTE TYPE<br>SR | ROUTE NUMBER<br>57 | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME  | ROAD TYPE | LATITUDE DECIMAL DEGREES<br>41.075190   | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
| ROUTE TYPE       | ROUTE NUMBER       | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>7333 Wadsworth Rd. | ROAD TYPE | LONGITUDE DECIMAL DEGREES<br>-81.812300 |  |

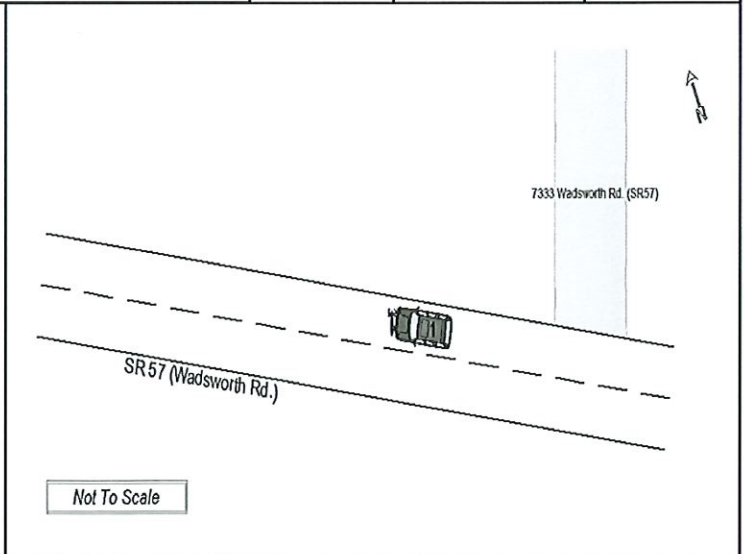
|                                  |                               |   |   |   |   |   |                      |
|----------------------------------|-------------------------------|---|---|---|---|---|----------------------|
| REFERENCE POINT<br>3             | DIRECTION FROM REFERENCE<br>1 | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA | NUMBER OF APPROACHES |
| DISTANCE FROM REFERENCE<br>15.00 | DISTANCE UNIT OF MEASURE<br>3 |   |   |   |   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |                      |

|                                      |   |                          |                  |
|--------------------------------------|---|--------------------------|------------------|
| LOCATION OF FIRST HARMFUL EVENT<br>1 | LOCATION OF CRASH COLLISION/IMPACT<br>1 | DIRECTION OF TRAVEL<br>1 | MEDIAN TYPE<br>1 |
|--------------------------------------|---|--------------------------|------------------|

|   |   |   |              |                 |              |
|---|---|---|--------------|-----------------|--------------|
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR<br>2 | CONDITIONS<br>1 | SURFACE<br>2 |
|---|---|---|--------------|-----------------|--------------|

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

NARRATIVE  
 Unit #1 was northbound on Wadsworth Rd. (SR57) when a deer came from the left side of the roadway. Unit #1 was unable to avoid the collision and struck the deer. Funtional damage was sustained.



|  |  |   |   |   |
|--|--|---|---|---|
| CRASH REPORTED DATE / TIME<br>01/08/2023 11:40 | DISPATCH DATE / TIME<br>01/08/2023 11:40 | ARRIVAL DATE / TIME<br>01/08/2023 11:43 | SCENE CLEARED DATE / TIME<br>01/08/2023 12:22 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED                      | OTHER INVESTIGATION TIME                 | TOTAL MINUTES<br>42                     | OFFICER'S NAME*<br>Denton, Zachary            | CHECKED BY OFFICER'S NAME*<br>Searle, Cory  |
|  |  |   | OFFICER'S BADGE NUMBER*<br>1614               | CHECKED BY OFFICER'S BADGE NUMBER*<br>1605  |
|  |  |   |   | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODFS)        |

|              |  |  |  |
|--------------|--|--|--|
| <b>OWNER</b> | <b>UNIT #</b><br>1   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)<br>LOMAS, CANDI, L | <b>OWNER PHONE:</b> INCLUDE AREA CODE (☐ SAME AS DRIVER)<br>[REDACTED] |
|              | <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)<br>177 BECK ST, WADSWORTH, OH, 44281 |  |  |
|              | <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                     |

|   |   |  |   |                               |
|---|---|--|---|-------------------------------|
| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b><br>GRA8259             | <b>VEHICLE IDENTIFICATION #</b><br>JN8AZ28R89T112067 | <b>VEHICLE YEAR</b><br>2009   | <b>VEHICLE MAKE</b><br>NISSAN |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b><br>PROGRESSIVE       | <b>INSURANCE POLICY #</b><br>911556836               | <b>COLOR</b><br>BLK   | <b>VEHICLE MODEL</b><br>CUBE  |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b> |   | <b>US DOT #</b>                                      | <b>TOWED BY:</b> COMPANY NAME<br><b>ACTION TOWING</b>   |                               |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>   | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b><br>1                              | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b> <b>CLASS #</b> <b>PLACARD ID #</b> |                               |

|                            |  |   |   |
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| <b>UNIT TYPE</b>           | <input type="checkbox"/> 1 - PASSENGER CAR<br><input type="checkbox"/> 2 - PASSENGER VAN (MINIVAN)<br><input type="checkbox"/> 3 - SPORT UTILITY VEHICLE<br><input type="checkbox"/> 4 - PICK UP<br><input type="checkbox"/> 5 - CARGO VAN<br><input type="checkbox"/> 6 - VAN (9-15 SEATS)<br><input type="checkbox"/> 7 - MOTORCYCLE 2-WHEELED<br><input type="checkbox"/> 8 - MOTORCYCLE 3-WHEELED<br><input type="checkbox"/> 9 - AUTOCYCLE<br><input type="checkbox"/> 10 - MOPED OR MOTORIZED BICYCLE<br><input type="checkbox"/> 11 - ALL TERRAIN VEHICLE (ATV/UTV) | <input type="checkbox"/> 12 - GOLF CART<br><input type="checkbox"/> 13 - SNOWMOBILE<br><input type="checkbox"/> 14 - SINGLE UNIT TRUCK<br><input type="checkbox"/> 15 - SEMI-TRACTOR<br><input type="checkbox"/> 16 - FARM EQUIPMENT<br><input type="checkbox"/> 17 - MOTORHOME | <input type="checkbox"/> 18 - LIMO (LIVERY VEHICLE)<br><input type="checkbox"/> 19 - BUS (16+ PASSENGERS)<br><input type="checkbox"/> 20 - OTHER VEHICLE<br><input type="checkbox"/> 21 - HEAVY EQUIPMENT<br><input type="checkbox"/> 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br><input type="checkbox"/> 23 - PEDESTRIAN/SKATER<br><input type="checkbox"/> 24 - WHEELCHAIR (ANY TYPE)<br><input type="checkbox"/> 25 - OTHER NON-MOTORIST<br><input type="checkbox"/> 26 - BICYCLE<br><input type="checkbox"/> 27 - TRAIN<br><input type="checkbox"/> 99 - UNKNOWN OR HIT/SKIP |
| <b># OF TRAILING UNITS</b> | WAS VEHICLE OPERATING IN <b>AUTONOMOUS MODE</b> WHEN CRASH OCCURRED?<br><input type="checkbox"/> 0 - NO AUTOMATION <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 2 - PARTIAL AUTOMATION <input type="checkbox"/> 3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION <input type="checkbox"/> 9 - UNKNOWN   |   |   |

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

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

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

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

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

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

|                           |   |  |   |   |  |
|---------------------------|---|--|---|---|--|
| <b>SEQUENCE OF EVENTS</b> | <input type="checkbox"/> 1 - OVERTURN/ROLLOVER<br><input type="checkbox"/> 2 - FIRE/EXPLOSION<br><input type="checkbox"/> 3 - IMMERSION<br><input type="checkbox"/> 4 - JACKKNIFE<br><input type="checkbox"/> 5 - CARGO / EQUIPMENT LOSS OR SHIFT<br><input type="checkbox"/> 6 - EQUIPMENT FAILURE | <input type="checkbox"/> 7 - SEPARATION OF UNITS<br><input type="checkbox"/> 8 - RAN OFF ROAD RIGHT<br><input type="checkbox"/> 9 - RAN OFF ROAD LEFT<br><input type="checkbox"/> 10 - CROSS MEDIAN<br><input type="checkbox"/> 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | <b>EVENTS</b><br><input type="checkbox"/> 12 - DOWNHILL RUNAWAY<br><input type="checkbox"/> 13 - OTHER NON-COLLISION<br><input type="checkbox"/> 14 - PEDESTRIAN<br><input type="checkbox"/> 15 - PEDALCYCLE<br><input type="checkbox"/> 16 - RAILWAY VEHICLE<br><input type="checkbox"/> 17 - ANIMAL - FARM<br><input type="checkbox"/> 18 - ANIMAL - DEER | <input type="checkbox"/> 19 - ANIMAL - OTHER<br><input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT<br><input type="checkbox"/> 21 - PARKED MOTOR VEHICLE<br><input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT | <input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br><input type="checkbox"/> 24 - OTHER MOVABLE OBJECT |
|---------------------------|---|--|---|---|--|

|                            |                            |                           |                            |
|----------------------------|----------------------------|---------------------------|----------------------------|
| <b>FIRST HARMFUL EVENT</b> | <input type="checkbox"/> 1 | <b>MOST HARMFUL EVENT</b> | <input type="checkbox"/> 1 |
|----------------------------|----------------------------|---------------------------|----------------------------|

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| <b>LOCAL REPORT NUMBER</b><br>23-1443  |
| <b>DAMAGE</b>  |
| <b>DAMAGE SCALE</b>  |
| <input type="checkbox"/> 1 - NONE<br><input checked="" type="checkbox"/> 2 - MINOR DAMAGE<br><input type="checkbox"/> 3 - FUNCTIONAL DAMAGE<br><input type="checkbox"/> 4 - DISABLING DAMAGE<br><input type="checkbox"/> 9 - UNKNOWN   |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY  |
|  |
| <input type="checkbox"/> <b>NO DAMAGE</b> [ 0 ] <input type="checkbox"/> <b>UNDERCARRIAGE</b> [ 14 ]<br><input type="checkbox"/> <b>TOP</b> [ 13 ] <input type="checkbox"/> <b>ALL AREAS</b> [ 15 ]<br><input type="checkbox"/> <b>UNIT NOT AT SCENE</b> [ 16 ]                    |
| <b>INITIAL POINT OF CONTACT</b>  |
| <input type="checkbox"/> 0 - NO DAMAGE <input type="checkbox"/> 14 - UNDERCARRIAGE<br><input checked="" type="checkbox"/> 12 - REFER TO UNIT DIAGRAM <input type="checkbox"/> 15 - VEHICLE NOT AT SCENE<br><input type="checkbox"/> 99 - UNKNOWN <input type="checkbox"/> 13 - TOP |

|   |   |
|---|---|
| <b>TRAFFICWAY FLOW</b>  | <b>TRAFFIC CONTROL</b>  |
| <input type="checkbox"/> 1 - ONE-WAY<br><input checked="" type="checkbox"/> 2 - TWO-WAY | <input type="checkbox"/> 1 - ROUNDABOUT <input type="checkbox"/> 4 - STOP SIGN<br><input type="checkbox"/> 2 - SIGNAL <input type="checkbox"/> 5 - YIELD SIGN<br><input type="checkbox"/> 3 - FLASHER <input type="checkbox"/> 6 - NO CONTROL |
| <b># OF THROUGH LANES ON ROAD</b>   | <b>RAIL GRADE CROSSING</b>  |
| <input type="checkbox"/> 2  | <input type="checkbox"/> 1 - NOT INVOLVED<br><input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING<br><input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING  |

|   |
|---|
| <b>UNIT / NON-MOTORIST DIRECTION</b>  |
| FROM <input type="checkbox"/> 2 TO <input type="checkbox"/> 1<br><input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 5 - NORTHEAST<br><input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 6 - NORTHWEST<br><input type="checkbox"/> 3 - EAST <input type="checkbox"/> 7 - SOUTHEAST<br><input type="checkbox"/> 4 - WEST <input type="checkbox"/> 8 - SOUTHWEST<br><input type="checkbox"/> 9 - OTHER / UNKNOWN |

|                             |   |
|-----------------------------|---|
| <b>UNIT SPEED</b>           | <b>DETECTED SPEED</b>   |
| <input type="checkbox"/> 45 | <input type="checkbox"/> 1 - STATED / ESTIMATED SPEED<br><input type="checkbox"/> 2 - CALCULATED / EDR<br><input type="checkbox"/> 3 - UNDETERMINED |
| <b>POSTED SPEED</b>         |   |
| <input type="checkbox"/> 55 |   |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

23-1443

|                         |                                   |                            |                   |                      |  |                                   |                       |  |                  |               |          |         |                        |
|-------------------------|-----------------------------------|----------------------------|-------------------|----------------------|--|-----------------------------------|-----------------------|--|------------------|---------------|----------|---------|------------------------|
| MOTORIST / NON-MOTORIST | UNIT #                            | NAME: LAST, FIRST, MIDDLE  |                   |                      |  | DATE OF BIRTH                     |                       | AGE  | GENDER           |               |          |         |                        |
|                         | 1                                 | LOMAS, CANDI, L            |                   |                      |  | 11/16/1967                        |                       | 55   | F                |               |          |         |                        |
|                         | ADDRESS: STREET, CITY, STATE, ZIP |                            |                   |                      |  | CONTACT PHONE - INCLUDE AREA CODE |                       |  |                  |               |          |         |                        |
|                         | 177 BECK ST, WADSWORTH, OH, 44281 |                            |                   |                      |  | [REDACTED]                        |                       |  |                  |               |          |         |                        |
|                         | INJURIES                          | INJURED TAKEN BY           | EMS AGENCY (NAME) |                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |                                   | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |                        |
| 5                       | [1]                               |                            |                   |                      |  | 4                                 |                       | 1  | 1                | 1             | 1        |         |                        |
| OL STATE                | OPERATOR LICENSE NUMBER           |                            | OFFENSE CHARGED   |                      | LOCAL CODE   | OFFENSE DESCRIPTION               |                       |  | CITATION NUMBER  |               |          |         |                        |
| OH                      | [REDACTED]                        |                            |                   |                      | <input type="checkbox"/>   |                                   |                       |  |                  |               |          |         |                        |
| 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<br><input type="checkbox"/> OTHER DRUG |                                   | 1                     | STATUS   | TYPE             | VALUE         | STATUS   | TYPE    | RESULTS SELECT UP TO 4 |
| 1                       | 1                                 |                            |                   |                      |  |                                   |                       |  |                  |               |          |         |                        |

|                         |                                   |                            |                   |                      |  |                                   |                       |  |                  |               |          |         |                        |
|-------------------------|-----------------------------------|----------------------------|-------------------|----------------------|--|-----------------------------------|-----------------------|--|------------------|---------------|----------|---------|------------------------|
| MOTORIST / NON-MOTORIST | 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 MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |                        |
|                         |                                   |                            |                   |                      |  |                                   |                       |  |                  |               |          |         |                        |
| 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<br><input type="checkbox"/> OTHER DRUG |                                   |                       | STATUS   | TYPE             | VALUE         | STATUS   | TYPE    | RESULTS SELECT UP TO 4 |
|                         |                                   |                            |                   |                      |  |                                   |                       |  |                  |               |          |         |                        |

|                         |                                   |                            |                   |                      |  |                                   |                       |  |                  |               |          |         |                        |
|-------------------------|-----------------------------------|----------------------------|-------------------|----------------------|--|-----------------------------------|-----------------------|--|------------------|---------------|----------|---------|------------------------|
| MOTORIST / NON-MOTORIST | 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 MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |                        |
|                         |                                   |                            |                   |                      |  |                                   |                       |  |                  |               |          |         |                        |
| 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<br><input type="checkbox"/> OTHER DRUG |                                   |                       | STATUS   | TYPE             | VALUE         | 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 & 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 TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   |  |
|                              | 8 - THIRD - MIDDLE   | <b>EJECTION</b>                    |                              | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  |  |
|                              | 9 - THIRD - RIGHT SIDE   | 1 - NOT EJECTED                    |                              | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | <b>ALCOHOL TEST TYPE</b>                       |
|                              | 10 - SLEEPER SECTION OF TRUCK CAB  | 2 - PARTIALLY EJECTED              | <b>OL ENDORSEMENT</b>        | 10 - LIMITED TO DAYLIGHT ONLY  |  | 1 - NONE                                       |
|                              | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAINING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                | H - HAZMAT                   | 11 - LIMITED TO EMPLOYMENT ONLY  |  | 2 - BLOOD                                      |
|                              | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 4 - NOT APPLICABLE                 | M - MOTORCYCLE               | 12 - LIMITED - OTHER   |  | 3 - URINE                                      |
|                              | 13 - TRAILING UNIT   | <b>TRAPPED</b>                     | P - PASSENGER                | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  | 4 - BREATH                                     |
|                              | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAINING UNIT)                                    | 1 - NOT TRAPPED                    | N - TANKER                   | 14 - MILITARY VEHICLES ONLY  |  | 5 - OTHER                                      |
|                              | 15 - NON-MOTORIST  | 2 - EXTRICATED BY MECHANICAL MEANS | Q - MOTOR SCOOTER            | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   |  |  |
|                              | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | R - THREE-WHEEL MOTORCYCLE   | 16 - OUTSIDE MIRROR  | <b>CONDITION</b>   | <b>DRUG TEST TYPE</b>                          |
|                              |  |                                    | S - SCHOOL BUS               | 17 - PROSTHETIC AID  | 1 - APPARENTLY NORMAL  | 1 - NONE                                       |
|                              |  |                                    | T - DOUBLE & TRIPLE TRAILERS | 18 - OTHER   | 2 - PHYSICAL IMPAIRMENT  | 2 - BLOOD                                      |
|                              |  |                                    | X - TANKER / HAZMAT          |  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    | 3 - URINE                                      |
|                              |  |                                    |                              |  | 4 - ILLNESS  | 4 - OTHER                                      |
|                              |  |                                    |                              |  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   |  |
|                              |  |                                    |                              |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | <b>DRUG TEST RESULT(S)</b>                     |
|                              |  |                                    |                              |  | 9 - OTHER / UNKNOWN  | 1 - AMPHETAMINES                               |
|                              |  |                                    |                              |  |  | 2 - BARBITURATES                               |
|                              |  |                                    |                              |  |  | 3 - BENZODIAZEPINES                            |
|                              |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
|                              |  |                                    |                              |  |  | 5 - COCAINE                                    |
|                              |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
|                              |  |                                    |                              |  |  | 7 - OTHER                                      |
|                              |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |

| INJURIES TAKEN BY                     | SAFETY EQUIPMENT                              | GENDER              |
|---------------------------------------|---|---------------------|
| 1 - NOT TRANSPORTED /TREATED AT SCENE | 1 - NONE USED                                 | F - FEMALE          |
| 2 - EMS                               | 2 - SHOULDER BELT ONLY USED                   | M - MALE            |
| 3 - POLICE                            | 3 - LAP BELT ONLY USED                        | U - OTHER / UNKNOWN |
| 9 - OTHER / UNKNOWN                   | 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                          |                     |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
23-1443

|                 |  |  |                          |  |  |  |                              |                           |                      |
|-----------------|--|--|--------------------------|--|--|--|------------------------------|---------------------------|----------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>LUTZ, AMANDA |                          |  | <b>DATE OF BIRTH</b><br>09/19/2001                     | <b>AGE</b><br>21                                 | <b>GENDER</b><br>F           |                           |                      |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>177 BECK ST , WADSWORTH, OH, 44281 |  |                          |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED] |  |                              |                           |                      |
|                 | <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b><br>1                     | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b><br>4                           | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>3 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 |

|                 |  |                                  |                          |  |  |  |                         |                      |                 |
|-----------------|--|----------------------------------|--------------------------|--|--|--|-------------------------|----------------------|-----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                          |  | <b>DATE OF BIRTH</b>                     | <b>AGE</b>                                       | <b>GENDER</b>           |                      |                 |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                          |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                         |                      |                 |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b>                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> |

|                 |  |                                  |                          |  |  |  |                         |                      |                 |
|-----------------|--|----------------------------------|--------------------------|--|--|--|-------------------------|----------------------|-----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                          |  | <b>DATE OF BIRTH</b>                     | <b>AGE</b>                                       | <b>GENDER</b>           |                      |                 |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                          |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                         |                      |                 |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b>                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> |

|                 |  |                                  |                          |  |  |  |                         |                      |                 |
|-----------------|--|----------------------------------|--------------------------|--|--|--|-------------------------|----------------------|-----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                          |  | <b>DATE OF BIRTH</b>                     | <b>AGE</b>                                       | <b>GENDER</b>           |                      |                 |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                          |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                         |                      |                 |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b>                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> |

| INJURIES   | SAFETY EQUIPMENT USED   | SEATING POSITION   | AIR BAG USAGE   |
|--|---|--|---|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
| INJURED TAKEN BY   |   |  | EJECTION  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                   |   |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |
| GENDER   |   |  | TRAPPED   |
| F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |   |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |

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

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

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

OHIO TRAFFIC ACCIDENT - OH2 NARRATIVE

|                                       |  |                                    |
|---------------------------------------|--|------------------------------------|
| LOCAL REPORT NUMBER<br><b>23-1443</b> | REPORTING AGENCY<br><b>Montville Police Department</b> | DATE OF CRASH<br><b>01/08/2023</b> |
| IN COUNTY OF<br><b>Medina County</b>  | ACCIDENT LOCATION<br><b>57</b>                         |                                    |

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|                    |                          |
|--------------------|--------------------------|
| OFFICERS SIGNATURE | BADGE NO.<br><b>1614</b> |
|--------------------|--------------------------|