

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

23-29826

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

|               |                |   |                                       |   |
|---------------|----------------|---|---------------------------------------|---|
| COUNTY*<br>52 | LOCALITY*<br>3 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Montville (Township of) | CRAH DATE / TIME*<br>06/03/2023 15:36 | CRAH 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<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>41.108873   |
| ROUTE TYPE       | ROUTE NUMBER       | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>6080 | ROAD TYPE | LONGITUDE DECIMAL DEGREES<br>-81.838752 |

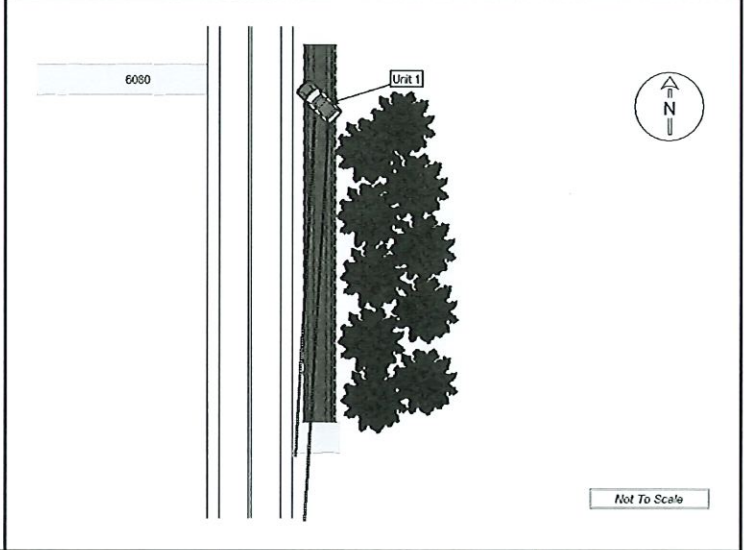
|   |  |   |   |   |   |   |
|---|--|---|---|---|---|---|
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE # | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - 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 |
| DISTANCE FROM REFERENCE<br>5.00                                     | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS             |   |   |   |   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |

|   |  |   |   |   |
|---|--|---|---|---|
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |
|---|--|---|---|---|

|   |   |   |              |                 |              |
|---|---|---|--------------|-----------------|--------------|
| <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 - 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 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<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 traveling north on Wadsworth Rd. The driver of Unit1 stated a vehicle slammed on it's brakes, so his only decision was to go off the right side of the roadway to avoid a collision. Unit 1 went off the right side of the roadway into a ditch, striking a tree with the passenger side mirror and A-pillar. Unit 1 sustained functional damage and had to be towed from the scene by Bears Towing. No injuries were reported, and the driver was cited for reasonable control.



|   |  |   |   |   |
|---|--|---|---|---|
| CRAH REPORTED DATE / TIME<br>06/03/2023 15:36 | DISPATCH DATE / TIME<br>06/03/2023 15:36 | ARRIVAL DATE / TIME<br>06/03/2023 15:38 | SCENE CLEARED DATE / TIME<br>06/03/2023 16:30 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED                     | OTHER INVESTIGATION TIME<br>20           | TOTAL MINUTES<br>74                     | OFFICER'S NAME*<br>Eckstine, Joel             | CHECKED BY OFFICER'S NAME*<br>Harrison, Brett   |
|   |  |   | OFFICER'S BADGE NUMBER*<br>1618               | CHECKED BY OFFICER'S BADGE NUMBER*<br>1606  |

SUPPLEMENT  
(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

**UNIT #** 1 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 1050 RAYMOND WAY, MEDINA, OH, 44256  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** HAQ8469 **VEHICLE IDENTIFICATION #** 1C4RJFAG4E362695 **VEHICLE YEAR** 2014 **VEHICLE MAKE** JEEP  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** STATE FARM **INSURANCE POLICY #** 239 7004-SFP-35 **COLOR** SIL **VEHICLE MODEL** CHEROKEE  
 **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY:** COMPANY NAME BEARS TOWING  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** 2 **VEHICLE WEIGHT GVWR/GCWR**  
 1 - <10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - > 26K LBS.  
**HAZARDOUS MATERIAL**  
 **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**  
 **PLACARD**

**UNIT TYPE** 3  
 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 - SNOW/MOBILE 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?**  
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
**AUTONOMOUS MODE LEVEL**  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN 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 - MOVING 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 - 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 - 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 18 - APPROACHING OR LEAVING VEHICLE  
 4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 19 - STANDING 20 - OTHER NON-MOTORIST  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 21 - STANDING  
 6 - MAKING LEFT TURN 7 - MAKING U-TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION  
 8 - ENTERING TRAFFIC LANE 8 - FOLLOWING TOO CLOSE /ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY  
 9 - OTHER / UNKNOWN 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING /FALLING/SPILLING 99 - OTHER IMPROPER ACTION  
 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY  
 11 - DROVE OFF ROAD 16 - WRONG WAY 22 - NOT DISCERNIBLE  
 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION

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

**SEQUENCE OF EVENTS**  
 1 44 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 48 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 23 - OTHER MOVABLE OBJECT  
 6 - EQUIPMENT FAILURE 17 - ANIMAL - FARM 18 - ANIMAL - DEER

**COLLISION WITH FIXED OBJECT - STRUCK**  
 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 SUPPORT 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

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 2

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 23-29826  
**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  
**TRAFFIC**  
**TRAFFICWAY FLOW** 2 **TRAFFIC CONTROL** 6  
 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL  
**# OF THROUGH LANES ON ROAD** 2 **RAIL GRADE CROSSING**  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING  
**UNIT / NON-MOTORIST DIRECTION**  
 FROM 2 TO 1  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN  
**UNIT SPEED** 45 **DETECTED SPEED**  
 1 - STATED / ESTIMATED SPEED  
**POSTED SPEED** 45 1 2 - CALCULATED / EDR  
 3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

23-29826

|                         |                                     |                           |                            |   |   |                                   |  |                  |               |          |         |                        |
|-------------------------|-------------------------------------|---------------------------|----------------------------|---|---|-----------------------------------|--|------------------|---------------|----------|---------|------------------------|
| MOTORIST / NON-MOTORIST | UNIT #                              | NAME: LAST, FIRST, MIDDLE |                            |   |   |                                   | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |                        |
|                         | 1                                   | CARLSON, JUSTIN, J        |                            |   |   |                                   | 11/30/1998                                       |                  | 24            | M        |         |                        |
|                         | ADDRESS: STREET, CITY, STATE, ZIP   |                           |                            |   |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |                        |
|                         | 1050 RAYMOND WAY, MEDINA, OH, 44256 |                           |                            |   |   | [REDACTED]                        |  |                  |               |          |         |                        |
| MOTORIST / NON-MOTORIST | 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                                 | <input type="checkbox"/>                         | 1                | 1             | 1        | 1       |                        |
|                         | OL STATE                            | OPERATOR LICENSE NUMBER   |                            | OFFENSE CHARGED                                 | LOCAL CODE  | OFFENSE DESCRIPTION               |  | CITATION NUMBER  |               |          |         |                        |
|                         | OH                                  | [REDACTED]                |                            | 4511.202  | <input type="checkbox"/>  | OPERATING VEHICLE WITHOUT REAS    |  | Y43185           |               |          |         |                        |
| MOTORIST / NON-MOTORIST | OL CLASS                            | ENDORSEMENT               | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED  | CONDITION                         | ALCOHOL TEST                                     |                  | DRUG TEST(S)  |          |         |                        |
|                         | 4                                   |                           | 3                          | 1   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | 1                                 | STATUS   | TYPE             | VALUE         | STATUS   | TYPE    | RESULTS SELECT UP TO 4 |
|                         | 1                                   | 1                         | .                          | 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 |  |                  |               |          |         |                        |
|                         |                                   |                           |                            |   |   |                                   |  |                  |               |          |         |                        |
| MOTORIST / NON-MOTORIST | 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 |                        |
|                         |                                   |                           |                            |   |   |                                   | <input type="checkbox"/>                         |                  |               |          |         |                        |
|                         | OL STATE                          | OPERATOR LICENSE NUMBER   |                            | OFFENSE CHARGED                                 | LOCAL CODE  | OFFENSE DESCRIPTION               |  | CITATION NUMBER  |               |          |         |                        |
|                         |                                   |                           |                            |   | <input type="checkbox"/>  |                                   |  |                  |               |          |         |                        |
| MOTORIST / NON-MOTORIST | 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         | 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 |  |                  |               |          |         |                        |
|                         |                                   |                           |                            |   |   |                                   |  |                  |               |          |         |                        |
| MOTORIST / NON-MOTORIST | 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 |                        |
|                         |                                   |                           |                            |   |   |                                   | <input type="checkbox"/>                         |                  |               |          |         |                        |
|                         | OL STATE                          | OPERATOR LICENSE NUMBER   |                            | OFFENSE CHARGED                                 | LOCAL CODE  | OFFENSE DESCRIPTION               |  | CITATION NUMBER  |               |          |         |                        |
|                         |                                   |                           |                            |   | <input type="checkbox"/>  |                                   |  |                  |               |          |         |                        |
| MOTORIST / NON-MOTORIST | 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         | STATUS   | TYPE    | RESULTS SELECT UP TO 4 |
|                         |                                   |                           |                            |   |   |                                   |  |                  |               |          |         |                        |
|                         |                                   |                           |                            |   |   |                                   |  |                  |               |          |         |                        |

| INJURIES   | SEATING POSITION  | AIR BAG   | OL CLASS  | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |
|--|---|---|---|---|--|--|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   | 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, 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 | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS & CLASS B BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN     |
| <b>INJURIES TAKEN BY</b>   |   | <b>EJECTION</b>   | <b>OL ENDORSEMENT</b>   |   | <b>CONDITION</b>   | <b>ALCOHOL TEST TYPE</b>   |
| 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   | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |
| <b>SAFETY EQUIPMENT</b>  |   | <b>TRAPPED</b>  |   |   |  | <b>DRUG TEST TYPE</b>  |
| 1 - NONE USED<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 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |   |   |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |
|  |   |   | <b>GENDER</b>   |   |  | <b>DRUG TEST RESULT(S)</b>   |
|  |   |   | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   |  | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
23-29826

|                 |   |   |                          |  |  |  |                              |                           |                      |
|-----------------|---|---|--------------------------|--|--|--|------------------------------|---------------------------|----------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>FELLER, JACK, D |                          |  | <b>DATE OF BIRTH</b><br>04/14/1999                     | <b>AGE</b><br>24                                 | <b>GENDER</b><br>M           |                           |                      |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1441 STONEYGATE LN, COLUMBUS, OH, 43221 |   |                          |  | <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><br>1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>MORAN, BRAIN |                          |  | <b>DATE OF BIRTH</b><br>01/07/1999                     | <b>AGE</b><br>24                                 | <b>GENDER</b><br>M           |                           |                      |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>891 STATION ROAD, VALLEY CITY, OH, 44280 |  |                          |  | <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>6 | <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> |

| 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> |            |               |