



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH - 2	<input type="checkbox"/> OH - 3	LOCAL INFORMATION	6088 SUMMER LAKE	23-50633
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME *	Montville Police Department	NCIC * 05213
<input type="checkbox"/> PRIVATE PROPERTY				HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 1
			UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	1	

COUNTY* 52	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3	LOCATION: CITY, VILLAGE, TOWNSHIP* Montville (Township of)	CRASH DATE / TIME* 09/23/2023 22:41	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 2
---------------	---	---	--	---

ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Summer Lake	ROAD TYPE DR	LATITUDE DECIMAL DEGREES 41.109180
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6088	ROAD TYPE	LONGITUDE DECIMAL DEGREES -81.793257

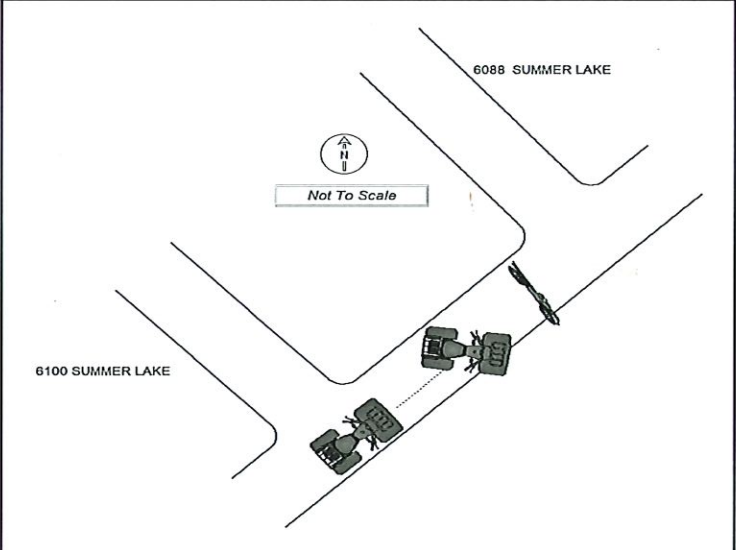
REFERENCE POINT 1 - INTERSECTION 3 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD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

LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	DIRECTION OF TRAVEL 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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN	SURFACE 1 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN
---	---	---	--	--	--

LIGHT CONDITION 1 - DAYLIGHT 3 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	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
--	---	--

NARRATIVE  
While traveling north on Summer Lake Dr. the operator of Unit 1 released the wheel, causing a passenger to attempt to steer. This caused the vehicle to lose control, strike a curb and overturn onto its side. The operator of the vehicle was arrested for operating a vehicle while impaired and underage.



CRASH REPORTED DATE / TIME 09/23/2023 22:41	DISPATCH DATE / TIME 09/23/2023 22:42	ARRIVAL DATE / TIME 09/23/2023 23:06	SCENE CLEARED DATE / TIME 09/24/2023 01:10	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES 148	OFFICER'S NAME* Harvey, Justin	CHECKED BY OFFICER'S NAME* Searle, Cory
		OFFICER'S BADGE NUMBER* 1619	CHECKED BY OFFICER'S BADGE NUMBER* 1605	
<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				

<b>OWNER</b>	<b>UNIT #</b> 1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) NUNN, KAREN	<b>OWNER PHONE:</b> INCLUDE AREA CODE (☐ SAME AS DRIVER) [REDACTED]
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 6363 BRYNWOOD, MEDINA, OH, 44256		
	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		
	<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE		

<b>LP STATE</b>	<b>LICENSE PLATE #</b>	<b>VEHICLE IDENTIFICATION #</b> UNKNOWN	<b>VEHICLE YEAR</b> 2007	<b>VEHICLE MAKE</b> POLARIS
<input type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b>	<b>INSURANCE POLICY #</b>	<b>COLOR</b> DGR	<b>VEHICLE MODEL</b> RANGER
<b>TYPE OF USE</b>		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE				
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 6	<b>HAZARDOUS MATERIAL</b>	
		<b>VEHICLE WEIGHT GVWR/GCWR</b>	<input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #	
		1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.		
<b>UNIT TYPE</b> 11	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
<b>VEHICLE</b>	<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>			
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			
<b>SPECIAL FUNCTION</b> 16	1 - NONE   2 - TAXI   3 - ELECTRONIC RIDE SHARING   4 - SCHOOL TRANSPORT   5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR   7 - BUS - INTERCITY   8 - BUS - SHUTTLE   9 - BUS - OTHER   10 - AMBULANCE 11 - FIRE   12 - MILITARY   13 - POLICE   14 - PUBLIC UTILITY   15 - CONSTRUCTION EQUIP. 16 - FARM   17 - MOWING   18 - SNOW REMOVAL   19 - TOWING   20 - SAFETY SERVICE PATROL   21 - MAIL CARRIER   99 - OTHER / UNKNOWN			
<b>CARGO BODY TYPE</b> 11	1 - NO CARGO BODY TYPE / NOT APPLICABLE   2 - BUS   3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING   5 - INTERMODAL CONTAINER CHASSIS   6 - CARGOVAN /ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL   8 - POLE   9 - CARGO TANK   10 - FLAT BED 11 - DUMP   12 - CONCRETE MIXER   13 - AUTO TRANSPORTER   14 - GARBAGE/REFUSE   99 - OTHER / UNKNOWN			
<b>VEHICLE DEFECTS</b>	1 - TURN SIGNALS   2 - HEAD LAMPS   3 - TAIL LAMPS 4 - BRAKES   5 - STEERING   6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES   8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE   10 - DISABLED FROM PRIOR ACCIDENT   99 - OTHER / UNKNOWN			

<b>NON-MOTORIST LOCATION</b> 3	1 - INTERSECTION - MARKED CROSSWALK   2 - INTERSECTION - UNMARKED CROSSWALK   3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK   5 - TRAVEL LANE - OTHER LOCATION   6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE   8 - SIDEWALK   9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS   11 - SHARED USE PATHS OR TRAILS   12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN			
<b>ACTION</b> 3	1 - NON-CONTACT   2 - NON-COLLISION   3 - STRIKING   4 - STRUCK   5 - BOTH STRIKING & STRUCK   9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD   2 - BACKING   3 - CHANGING LANES   4 - OVERTAKING/PASSING   5 - MAKING RIGHT TURN   6 - MAKING LEFT TURN   7 - MAKING U-TURN   8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE   10 - PARKED   11 - SLOWING OR STOPPED IN TRAFFIC   12 - DRIVERLESS   13 - NEGOTIATING A CURVE   14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING   16 - WORKING   17 - PUSHING VEHICLE   18 - APPROACHING OR LEAVING VEHICLE   19 - STANDING   20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE   99 - OTHER / UNKNOWN			
<b>CONTRIBUTING CIRCUMSTANCES</b> 99	1 - NONE   2 - FAILURE TO YIELD   3 - RAN RED LIGHT   4 - RAN STOP SIGN   5 - UNSAFE SPEED   6 - IMPROPER TURN   7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE /ACDA   9 - IMPROPER LANE CHANGE   10 - IMPROPER PASSING   11 - DROVE OFF ROAD   12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION   14 - STOPPED OR PARKED ILLEGALLY   15 - SWERVING TO AVOID   16 - WRONG WAY   17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT   19 - LOAD SHIFTING /FALLING/SPILLING   20 - IMPROPER CROSSING   21 - LYING IN ROADWAY   22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY   99 - OTHER IMPROPER ACTION			

<b>SEQUENCE OF EVENTS</b>	<b>EVENTS</b> 1 43 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			
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>	25 - IMPACT ATTENUATOR / CRASH CUSHION   26 - BRIDGE OVERHEAD STRUCTURE   27 - BRIDGE PIER OR ABUTMENT   28 - BRIDGE PARAPET   29 - BRIDGE RAIL   30 - GUARDRAIL FACE 31 - GUARDRAIL END   32 - PORTABLE BARRIER   33 - MEDIAN CABLE BARRIER   34 - MEDIAN GUARDRAIL BARRIER   35 - MEDIAN CONCRETE BARRIER   36 - MEDIAN OTHER BARRIER   37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST   39 - LIGHT / LUMINARIES SUPPORT   40 - UTILITY POLE   41 - OTHER POST, POLE OR SUPPORT   42 - CULVERT   43 - CURB   44 - DITCH 45 - EMBANKMENT   46 - FENCE   47 - MAILBOX   48 - TREE   49 - FIRE HYDRANT   50 - WORK ZONE MAINTENANCE EQUIPMENT   51 - WALL 52 - BUILDING   53 - TUNNEL   54 - OTHER FIXED OBJECT   99 - OTHER / UNKNOWN			
<b>FIRST HARMFUL EVENT</b> 1	<b>MOST HARMFUL EVENT</b> 2			

<b>LOCAL REPORT NUMBER</b> 23-50633	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
1 - NONE	3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE	4 - DISABLING DAMAGE
9 - UNKNOWN	
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<input checked="" type="checkbox"/> <b>NO DAMAGE</b> [ 0 ] <input type="checkbox"/> <b>UNDERCARRIAGE</b> [ 14 ] <input type="checkbox"/> <b>TOP</b> [ 13 ] <input type="checkbox"/> <b>ALL AREAS</b> [ 15 ] <input type="checkbox"/> <b>UNIT NOT AT SCENE</b> [ 16 ]	
<b>INITIAL POINT OF CONTACT</b>	
0 - NO DAMAGE   14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM   15 - VEHICLE NOT AT SCENE 13 - TOP   99 - UNKNOWN	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> 2	<b>TRAFFIC CONTROL</b> 6
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT   4 - STOP SIGN 2 - SIGNAL   5 - YIELD SIGN 3 - FLASHER   6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b> 1	<b>RAIL GRADE CROSSING</b> 3
	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM 8 TO 5 1 - NORTH   5 - NORTHEAST 2 - SOUTH   6 - NORTHWEST 3 - EAST   7 - SOUTHEAST 4 - WEST   8 - SOUTHWEST 9 - OTHER / UNKNOWN	
<b>UNIT SPEED</b> 25	<b>DETECTED SPEED</b> 1
	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b> 25	



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

23-50633

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]				<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]					
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]					<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]								
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>		<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1		
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> [REDACTED]		<b>OFFENSE CHARGED</b> 4511.19B3		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> DUI - < 21BREATH-CONCENTRATION			<b>CITATION NUMBER</b> Y43530				
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b> 7	<b>ALCOHOL / DRUG SUSPECTED</b> <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 6	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
								<b>STATUS</b> 4	<b>TYPE</b> 4	<b>VALUE</b> .053	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULTS SELECT UP TO 4</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 USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>		
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>				
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
								<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS SELECT UP TO 4</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 USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>		
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>				
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
								<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS SELECT UP TO 4</b>

<b>INJURIES</b>	<b>SEATING POSITION</b>	<b>AIR BAG</b>	<b>OL CLASS</b>	<b>OL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>	<b>TEST STATUS</b>
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS & CLASS B BUS 6 - EXCEPT CLASS A 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, dialing) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 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 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b>		<b>TRAPPED</b>	<b>GENDER</b>			<b>DRUG TEST TYPE</b>
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						<b>DRUG TEST RESULT(S)</b>
						1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
23-50633

<b>OCCUPANT</b>	UNIT # 1	NAME: LAST, FIRST, MIDDLE [REDACTED]			DATE OF BIRTH [REDACTED]	AGE [REDACTED]	GENDER [REDACTED]		
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]				
	INJURIES 2	INJURED TAKEN BY 9	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 2	AIR BAG USAGE 1	EJECTION 1
<b>OCCUPANT</b>	UNIT # 1	NAME: LAST, FIRST, MIDDLE [REDACTED]			DATE OF BIRTH [REDACTED]	AGE [REDACTED]	GENDER [REDACTED]		
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]				
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 3	AIR BAG USAGE 1	EJECTION 1
<b>OCCUPANT</b>	UNIT # 1	NAME: LAST, FIRST, MIDDLE [REDACTED]			DATE OF BIRTH [REDACTED]	AGE [REDACTED]	GENDER [REDACTED]		
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]				
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 12	AIR BAG USAGE 5	EJECTION 3
<b>OCCUPANT</b>	UNIT # 1	NAME: LAST, FIRST, MIDDLE [REDACTED]			DATE OF BIRTH [REDACTED]	AGE [REDACTED]	GENDER [REDACTED]		
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]				
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 12	AIR BAG USAGE 5	EJECTION 3

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
<b>INJURED TAKEN BY</b>	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
<b>GENDER</b>	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>
M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
23-50633

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE		
[REDACTED]			[REDACTED]		

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5	[1]			1		12	5	3	1

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE		
[REDACTED]			[REDACTED]		

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5	[1]			1		12	5	3	1

<b>OCCUPANT</b>	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

<b>OCCUPANT</b>	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
<b>INJURED TAKEN BY</b>	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
<b>GENDER</b>	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>
M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	

<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	

<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	