

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

24-35162

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION	24-35162			
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME *	NCIC *	HIT/SKIP	NUMBER OF UNITS	
<input type="checkbox"/> PRIVATE PROPERTY			Montville Police Department	05213	1 - SOLVED	2	UNIT IN ERROR
					2 - UNSOLVED		99 98 - ANIMAL 99 - UNKNOWN

COUNTY* 52	LOCALITY* 3	LOCATION: CITY, VILLAGE, TOWNSHIP* Montville (Township of)	CRASH DATE / TIME* 06/23/2024 13:50	CRASH SEVERITY 5
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ROUTE TYPE SR	ROUTE NUMBER 18	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 41.136117	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
ROUTE TYPE TR	ROUTE NUMBER 349	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES -81.792719	

REFERENCE POINT 1 - INTERSECTION 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	ROAD TYPE 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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES 2
DISTANCE FROM REFERENCE 3.00	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS					ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED	

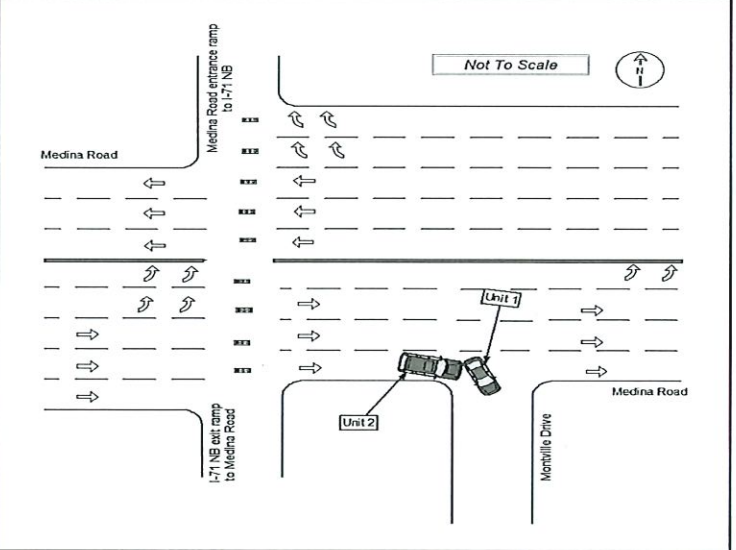
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	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
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<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	CONDITIONS 2	SURFACE 2
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LIGHT CONDITION 1 - DAYLIGHT 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	
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**NARRATIVE**

Units 1 and 2 were eastbound on Medina Road approaching Montville Drive. As the driver of Unit 1 turned south onto Montville Drive, the driver of Unit 2 stated that the driver's side front fender and wheel well struck the passenger side rear fender of Unit 1. The driver of Unit 2 stated that the driver of Unit 1 was in the lane immediately to his north (2nd lane from the southern most lane), failed to signal, slowed abruptly, and turned in front of him to go south onto Montville Drive. The driver of Unit 1 stated that he signaled and turned south in a normal manner from the appropriate southern most lane and was then struck by Unit #2. OH-3 witness statements completed by both drivers and their passengers. A request for ODOT camera footage of the intersection has been submitted. After review of the footage, the camera angle does not show the crash nor the preceding events leading to the crash. There were no other witnesses to the crash and no injuries. The cause of the crash is undetermined.



CRASH REPORTED DATE / TIME 06/23/2024 14:00	DISPATCH DATE / TIME 06/23/2024 14:01	ARRIVAL DATE / TIME 06/23/2024 14:02	SCENE CLEARED DATE / TIME 06/23/2024 15:14	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 45	TOTAL MINUTES 118	OFFICER'S NAME* Woodruff, Bruce	CHECKED BY OFFICER'S NAME* Searle, Cory
			OFFICER'S BADGE NUMBER* 1632	CHECKED BY OFFICER'S BADGE NUMBER* 1605
				<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

**OWNER**

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**DOLGOSH, ALEX, F**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**12943 HAMPTON CLUB DR., APT. 102, NORTH ROYALTON, OH, 44133**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # ADTEAM VEHICLE IDENTIFICATION # 4T1BF1FK1EU730730 VEHICLE YEAR 2014 VEHICLE MAKE TOYOTA

INSURANCE VERIFIED INSURANCE COMPANY HARTFORD INSURANCE POLICY # 4T1BF1FK1EU730730 COLOR BLK VEHICLE MODEL CAMRY

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 1 VEHICLE WEIGHT GVWR/GCWR  
1 - ≤ 10K LBS.  
2 - 10,001 - 26K LBS.  
3 - > 26K LBS.

HAZARDOUS MATERIAL  
 MATERIAL RELEASED  PLACARD CLASS # PLACARD ID #

UNIT TYPE 1 # OF TRAILING UNITS 0

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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL  
0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 1

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

CARGO BODY TYPE 1

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

VEHICLE DEFECTS 1

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

NON-MOTORIST LOCATION 1

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

ACTION 9 PRE-CRASH ACTIONS 5

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

CONTRIBUTING CIRCUMSTANCES 22

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	
4 - RAN STOP SIGN	11 - DROVE OFF ROAD	16 - WRONG WAY	21 - LYING IN ROADWAY	
5 - UNSAFE SPEED	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NOT DISCERNIBLE	
6 - IMPROPER TURN				
7 - LEFT OF CENTER				

SEQUENCE OF EVENTS

1 20 1 - OVERTURN/ROLLOVER  
2 - FIRE/EXPLOSION  
3 - IMMERSION  
4 - JACKKNIFE  
5 - CARGO / EQUIPMENT LOSS OR SHIFT  
6 - EQUIPMENT FAILURE

2 1 7 - SEPARATION OF UNITS  
8 - RAN OFF ROAD RIGHT  
9 - RAN OFF ROAD LEFT  
10 - CROSS MEDIAN  
11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL

3 1 12 - DOWNHILL RUNAWAY  
13 - OTHER NON-COLLISION  
14 - PEDESTRIAN  
15 - PEDALCYCLE  
16 - RAILWAY VEHICLE  
17 - ANIMAL - FARM  
18 - ANIMAL - DEER

4 1 25 - IMPACT ATTENUATOR / CRASH CUSHION  
26 - BRIDGE OVERHEAD STRUCTURE  
27 - BRIDGE PIER OR ABUTMENT  
28 - BRIDGE PARAPET  
29 - BRIDGE RAIL  
30 - GUARDRAIL FACE

5 1 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

6 1 38 - OVERHEAD SIGN POST  
39 - LIGHT / LUMINARIES SUPPORT  
40 - UTILITY POLE  
41 - OTHER POST, POLE OR SUPPORT  
42 - CULVERT  
43 - CURB  
44 - DITCH

7 1 45 - EMBANKMENT  
46 - FENCE  
47 - MAILBOX  
48 - TREE  
49 - FIRE HYDRANT  
50 - WORK ZONE MAINTENANCE EQUIPMENT  
51 - WALL

8 1 52 - BUILDING  
53 - TUNNEL  
54 - OTHER FIXED OBJECT  
55 - OTHER / UNKNOWN

9 1 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
24 - OTHER MOVABLE OBJECT

**COLLISION WITH FIXED OBJECT - STRUCK**

1 1 FIRST HARMFUL EVENT 1 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
**24-35162**

**DAMAGE**

DAMAGE SCALE  
1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN  
2

**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  
5 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**TRAFFIC**

TRAFFICWAY FLOW  
1 - ONE-WAY 2 - TWO-WAY  
1

TRAFFIC CONTROL  
1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL  
6

# OF THROUGH LANES ON ROAD  
3

RAIL GRADE CROSSING  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM 4 TO 7

1 - NORTH 5 - NORTHEAST  
2 - SOUTH 6 - NORTHWEST  
3 - EAST 7 - SOUTHEAST  
4 - WEST 8 - SOUTHWEST  
9 - OTHER / UNKNOWN

**UNIT SPEED**  
5

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

**POSTED SPEED**  
40

**OWNER**

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
 ANGELINA, MARIA

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 1255 SHARON COPLEY RD. P.O. BOX 22, SHARON CENTER, OH, 44274

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

**VEHICLE**

LP STATE OH LICENSE PLATE # KFW4978 VEHICLE IDENTIFICATION # 3GYFNAE39DS600271 VEHICLE YEAR 2013 VEHICLE MAKE CADILLAC

INSURANCE VERIFIED  INSURANCE COMPANY GEICO INSURANCE POLICY # 6047-77-68-58 COLOR SIL VEHICLE MODEL SRX

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 3 US DOT #          TOWED BY: COMPANY NAME         

MATERIAL  HAZARDOUS MATERIAL CLASS #          PLACARD ID #         

UNIT TYPE 3

# OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

SPECIAL FUNCTION 1

CARGO BODY TYPE 1

VEHICLE DEFECTS         

NON-MOTORIST LOCATION         

ACTION 9

PRE-CRASH ACTIONS 1

CONTRIBUTING CIRCUMSTANCES 22

SEQUENCE OF EVENTS

EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER  
 24-35162

**DAMAGE**

DAMAGE SCALE

3 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

11 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**TRAFFIC**

TRAFFICWAY FLOW 1 TRAFFIC CONTROL 6

# OF THROUGH LANES ON ROAD 3 RAIL GRADE CROSSING         

UNIT / NON-MOTORIST DIRECTION  
 FROM 4 TO 3

UNIT SPEED 28 DETECTED SPEED 1

POSTED SPEED 40

- |                                       |                                  |  |   |  |
|---------------------------------------|----------------------------------|--|---|--|
| 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  |  |
| 1 - NON-CONTACT                       | 1 - STRAIGHT AHEAD               | 9 - LEAVING TRAFFIC LANE                     | 15 - WALKING, RUNNING, JOGGING, PLAYING | 21 - STANDING OUTSIDE DISABLED VEHICLE |
| 2 - NON-COLLISION                     | 2 - BACKING                      | 10 - PARKED                                  | 16 - WORKING                            | 99 - OTHER / UNKNOWN                   |
| 3 - STRIKING                          | 3 - CHANGING LANES               | 11 - SLOWING OR STOPPED IN TRAFFIC           | 17 - PUSHING VEHICLE                    |  |
| 4 - STRUCK                            | 4 - OVERTAKING/PASSING           | 12 - DRIVERLESS                              | 18 - APPROACHING OR LEAVING VEHICLE     |  |
| 5 - BOTH STRIKING & STRUCK            | 5 - MAKING RIGHT TURN            | 13 - NEGOTIATING A CURVE                     | 19 - STANDING                           |  |
| 9 - OTHER / UNKNOWN                   | 6 - MAKING LEFT TURN             | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 20 - OTHER NON-MOTORIST                 |  |
| 1 - NONE                              | 8 - FOLLOWING TOO CLOSE /ACOA    | 13 - IMPROPER START FROM A PARKED POSITION   | 18 - OPERATING DEFECTIVE EQUIPMENT      | 23 - OPENING DOOR INTO ROADWAY         |
| 2 - FAILURE TO YIELD                  | 9 - IMPROPER LANE CHANGE         | 14 - STOPPED OR PARKED ILLEGALLY             | 19 - LOAD SHIFTING /FALLING/SPILLING    | 99 - OTHER IMPROPER ACTION             |
| 3 - RAN RED LIGHT                     | 10 - IMPROPER PASSING            | 15 - SWERVING TO AVOID                       | 20 - IMPROPER CROSSING                  |  |
| 4 - RAN STOP SIGN                     | 11 - DROVE OFF ROAD              | 16 - WRONG WAY                               | 21 - LYING IN ROADWAY                   |  |
| 5 - UNSAFE SPEED                      | 12 - IMPROPER BACKING            | 17 - VISION OBSTRUCTION                      | 22 - NOT DISCERNIBLE                    |  |
| 6 - IMPROPER TURN                     |                                  |  |   |  |
| 7 - LEFT OF CENTER                    |                                  |  |   |  |

- EVENTS**
- |                                     |  |                          |                                      |   |
|-------------------------------------|--|--------------------------|--------------------------------------|---|
| 1 - OVERTURN/ROLLOVER               | 7 - SEPARATION OF UNITS                              | 12 - DOWNHILL RUNAWAY    | 19 - ANIMAL - OTHER                  | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 2 - FIRE/EXPLOSION                  | 8 - RAN OFF ROAD RIGHT                               | 13 - OTHER NON-COLLISION | 20 - MOTOR VEHICLE IN TRANSPORT      | 24 - OTHER MOVABLE OBJECT   |
| 3 - IMMERSION                       | 9 - RAN OFF ROAD LEFT                                | 14 - PEDESTRIAN          | 21 - PARKED MOTOR VEHICLE            |   |
| 4 - JACKKNIFE                       | 10 - CROSS MEDIAN                                    | 15 - PEDALCYCLE          | 22 - WORK ZONE MAINTENANCE EQUIPMENT |   |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE     |                                      |   |
| 6 - EQUIPMENT FAILURE               |  | 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                      |
| 26 - BRIDGE OVERHEAD STRUCTURE         | 32 - PORTABLE BARRIER         | 39 - LIGHT / LUMINARIES SUPPORT  | 46 - FENCE                           |
| 27 - BRIDGE PIER OR ABUTMENT           | 33 - MEDIAN CABLE BARRIER     | 40 - UTILITY POLE                | 47 - MAILBOX                         |
| 28 - BRIDGE PARAPET                    | 34 - MEDIAN GUARDRAIL BARRIER | 41 - OTHER POST, POLE OR SUPPORT | 48 - TREE                            |
| 29 - BRIDGE RAIL                       | 35 - MEDIAN CONCRETE BARRIER  | 42 - CULVERT                     | 49 - FIRE HYDRANT                    |
| 30 - GUARDRAIL FACE                    | 36 - MEDIAN OTHER BARRIER     | 43 - CURB                        | 50 - WORK ZONE MAINTENANCE EQUIPMENT |
|  | 37 - TRAFFIC SIGN POST        | 44 - DITCH                       | 51 - WALL                            |
|  |                               |                                  | 52 - BUILDING                        |
|  |                               |                                  | 53 - TUNNEL                          |
|  |                               |                                  | 54 - OTHER FIXED OBJECT              |
|  |                               |                                  | 99 - OTHER / UNKNOWN                 |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER 24-35162		
DATE OF BIRTH 01/13/1942	AGE 82	GENDER M

UNIT # 1	NAME: LAST, FIRST, MIDDLE DOLGOSH, ALEX, F				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]				
ADDRESS: STREET, CITY, STATE, ZIP 12943 HAMPTON CLUB DR., APT. 102, NORTH ROYALTON, OH, 44133									
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4	

UNIT # 2	NAME: LAST, FIRST, MIDDLE VANN, KALEEM, M				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]				
ADDRESS: STREET, CITY, STATE, ZIP 712 PEARL ROAD, BRUNSWICK, OH, 44212									
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED 4510.11	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION DRIVING UNDER SUSPENSION OR IN			CITATION NUMBER Y43796	
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE				CONTACT PHONE - INCLUDE AREA CODE				
ADDRESS: STREET, CITY, STATE, ZIP									
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	
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
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 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 - COL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	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 24-35162		
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<b>OCCUPANT</b>	UNIT # 1	NAME: LAST, FIRST, MIDDLE DOLGOSH, ALICE, M			DATE OF BIRTH 10/03/1941		AGE 82	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 12943 HAMPTON CLUB DR., APT. 102, NORTH ROYALTON, OH, 44133				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]				
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 3	AIR BAG USAGE 1	EJECTION 1

<b>OCCUPANT</b>	UNIT # 2	NAME: LAST, FIRST, MIDDLE ANGELINA, MARIA			DATE OF BIRTH 03/08/1992		AGE 32	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP P. O. BOX 22 1299 SHARON COPLEY RD., SHARON CENTER, OH, 44274				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]				
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 3	AIR BAG USAGE 1	EJECTION 1

<b>OCCUPANT</b>	UNIT # 2	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 5	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 4	AIR BAG USAGE 1	EJECTION 1

<b>OCCUPANT</b>	UNIT # 2	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 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 6	AIR BAG USAGE 1	EJECTION 1

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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		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		