

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

24-3724

|   |  |   |  |  |  |                 |  |  |  |                      |  |  |  |
|---|--|---|--|--|--|-----------------|--|--|--|----------------------|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY |  | LOCAL INFORMATION<br>2882 SHARON COPLEY |  | REPORTING AGENCY NAME *<br>Montville Police Department |  | NCIC *<br>05213 |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED |  | NUMBER OF UNITS<br>2 |  | UNIT IN ERROR<br>1 98 - ANIMAL<br>1 99 - UNKNOWN |  |
|---|--|---|--|--|--|-----------------|--|--|--|----------------------|--|--|--|

|               |                |   |  |                     |
|---------------|----------------|---|--|---------------------|
| COUNTY*<br>52 | LOCALITY*<br>3 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Montville (Township of) | CRASH DATE / TIME*<br>01/19/2024 16:49 | CRASH SEVERITY<br>4 |
|---------------|----------------|---|--|---------------------|

|                  |                     |                     |   |           |   |  |
|------------------|---------------------|---------------------|---|-----------|---|--|
| ROUTE TYPE<br>SR | ROUTE NUMBER<br>162 | PREFIX<br>2 - SOUTH | LOCATION ROAD NAME                                    | ROAD TYPE | LATITUDE DECIMAL DEGREES<br>41.106354   | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
| ROUTE TYPE       | ROUTE NUMBER        | PREFIX<br>2 - SOUTH | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>2882 | ROAD TYPE | LONGITUDE DECIMAL DEGREES<br>-81.790799 |  |

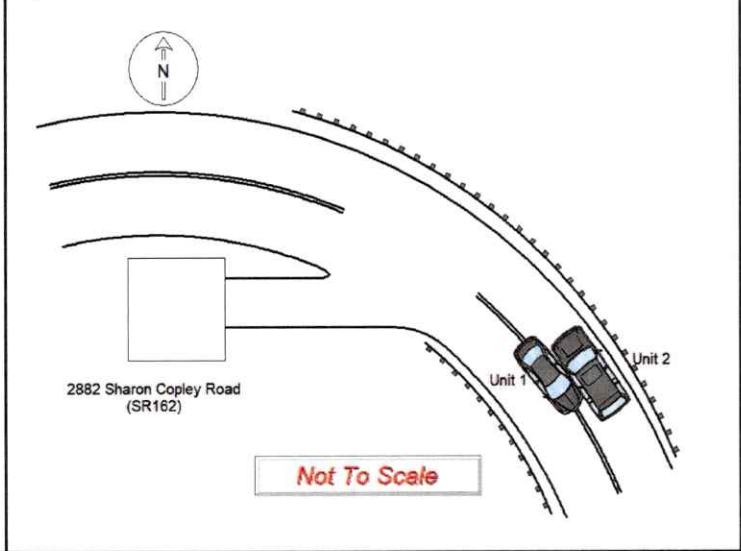
|                                  |                                      |                                |   |   |   |   |                      |
|----------------------------------|--------------------------------------|--------------------------------|---|---|---|---|----------------------|
| REFERENCE POINT<br>3             | DIRECTION FROM REFERENCE<br>2        | ROUTE TYPE<br>SR - STATE ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA | NUMBER OF APPROACHES |
| DISTANCE FROM REFERENCE<br>20.00 | DISTANCE UNIT OF MEASURE<br>2 - FEET | CR - NUMBERED COUNTY ROUTE     | TR - NUMBERED TOWNSHIP ROUTE  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |   |   |                      |

|                                      |                                       |                                 |   |
|--------------------------------------|---------------------------------------|---------------------------------|---|
| LOCATION OF FIRST HARMFUL EVENT<br>1 | MANNER OF CRASH COLLISION/IMPACT<br>8 | DIRECTION OF TRAVEL<br>3 - EAST | MEDIAN TYPE<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET) |
|--------------------------------------|---------------------------------------|---------------------------------|---|

|   |   |   |  |   |   |              |                 |              |
|---|---|---|--|---|---|--------------|-----------------|--------------|
| WORK ZONE RELATED<br><input type="checkbox"/> | WORKERS PRESENT<br><input type="checkbox"/> | LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> | ACTIVE SCHOOL ZONE<br><input type="checkbox"/> | 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>4 | CONDITIONS<br>3 | SURFACE<br>2 |
|---|---|---|--|---|---|--------------|-----------------|--------------|

|                      |              |                                |                                   |                                |
|----------------------|--------------|--------------------------------|-----------------------------------|--------------------------------|
| LIGHT CONDITION<br>1 | WEATHER<br>6 | CONTOUR<br>9 - OTHER / UNKNOWN | CONDITIONS<br>9 - OTHER / UNKNOWN | SURFACE<br>9 - OTHER / UNKNOWN |
|----------------------|--------------|--------------------------------|-----------------------------------|--------------------------------|

NARRATIVE  
Unit 1 was traveling east on Sharon Copley Road and approached a sharp curve near 2882 Sharon Copley Road. The road was snow covered and Unit 1 slid on the slick road and crossed the center line. Unit 1 side-swiped Unit 2, which was traveling west in the same area. Unit 2 was towed by Action Towing and Unit 1 was towed by World Truck. The driver of Unit 1 complained of upper chest pain and was checked by LST. The driver refused transport.



|  |  |   |   |   |
|--|--|---|---|---|
| CRASH REPORTED DATE / TIME<br>01/19/2024 17:00 | DISPATCH DATE / TIME<br>01/19/2024 17:12 | ARRIVAL DATE / TIME<br>01/19/2024 17:12 | SCENE CLEARED DATE / TIME<br>01/19/2024 18:22 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED                      | OTHER INVESTIGATION TIME                 | TOTAL MINUTES<br>70                     | OFFICER'S NAME*<br>Harrison, Brett            | CHECKED BY OFFICER'S NAME*<br>LaFond, Christopher   |
|  |  |   | OFFICER'S BADGE NUMBER*<br>1606               | CHECKED BY OFFICER'S BADGE NUMBER*<br>1602  |
|  |  |   |   | <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP) |

**OWNER**

UNIT # **1** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**PATEL, MAYURI, KUMAR**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**1266 SPAFFORD DR, COPLEY, OH, 44321**

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

**LP STATE** OH **LICENSE PLATE #** HOD2966 **VEHICLE IDENTIFICATION #** JM1G1V50F1214396 **VEHICLE YEAR** 2015 **VEHICLE MAKE** MAZDA

**INSURANCE VERIFIED** **INSURANCE COMPANY** PROGRESSIVE **INSURANCE POLICY #** 904572872 **COLOR** LBL **VEHICLE MODEL** MAZDA6

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** \_\_\_\_\_ **TOWED BY: COMPANY NAME** WORLD TRUCK

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

**MATERIAL**  **RELEASED**  **PLACARD** **HAZARDOUS MATERIAL CLASS #** \_\_\_\_\_ **PLACARD ID #** \_\_\_\_\_

**UNIT TYPE**  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  
 99 - UNKNOWN OR HIT/SKIP

**# OF TRAILING UNITS**  0

**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 - 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  19 - TOWING  
 4 - SCHOOL TRANSPORT  9 - BUS - OTHER  15 - CONSTRUCTION EQUIP.  20 - SAFETY SERVICE PATROL  
 5 - BUS - TRANSIT/COMMUTER  10 - AMBULANCE

**CARGO BODY TYPE**  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  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  12 - FIRST RESPONDER AT INCIDENT SCENE  
 3 - INTERSECTION - OTHER  6 - BICYCLE LANE  9 - MEDIAN/CROSSING ISLAND

**ACTION**  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  19 - STANDING  20 - OTHER NON-MOTORIST  
 9 - OTHER / UNKNOWN  6 - MAKING LEFT TURN  8 - ENTERING TRAFFIC LANE  14 - ENTERING OR CROSSING SPECIFIED LOCATION

**CONTRIBUTING CIRCUMSTANCES**  1 - NONE  8 - FOLLOWING TOO CLOSE / JACDA  13 - IMPROPER START FROM A PARKED POSITION  18 - OPERATING DEFECTIVE EQUIPMENT  23 - OPENING DOOR INTO ROADWAY  99 - OTHER IMPROPER ACTION  
 2 - FAILURE TO YIELD  9 - IMPROPER LANE CHANGE  14 - STOPPED OR PARKED ILLEGALLY  19 - LOAD SHIFTING / FALLING/SPILLING  20 - IMPROPER CROSSING  21 - LYING IN ROADWAY  22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT  10 - IMPROPER PASSING  15 - SWERVING TO AVOID  16 - WRONG WAY  17 - VISION OBSTRUCTION

**SEQUENCE OF EVENTS**

**EVENTS**

1  11  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  14 - PEDESTRIAN  21 - PARKED MOTOR VEHICLE  24 - OTHER MOVABLE OBJECT  
 3 - IMMERSION  9 - RAN OFF ROAD LEFT  15 - PEDALCYCLE  16 - RAILWAY VEHICLE  17 - ANIMAL - FARM  18 - ANIMAL - DEER

**COLLISION WITH FIXED OBJECT - STRUCK**

4  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  99 - OTHER / UNKNOWN  
 28 - BRIDGE PARAPET  34 - MEDIAN GUARDRAIL BARRIER  41 - OTHER POST, POLE OR SUPPORT  48 - TREE  49 - FIRE HYDRANT  50 - WORK ZONE MAINTENANCE EQUIPMENT  51 - WALL  
 29 - BRIDGE RAIL  35 - MEDIAN CONCRETE BARRIER  42 - CULVERT  43 - CURB  44 - DITCH

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

**LOCAL REPORT NUMBER** 24-3724

**DAMAGE**

**DAMAGE SCALE**  
 1 - NONE  3 - FUNCTIONAL DAMAGE  
 4 - 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  
 9  1-12 - REFER TO UNIT DIAGRAM  15 - VEHICLE NOT AT SCENE  
 13 - TOP  99 - UNKNOWN

**TRAFFIC**

**TRAFFICWAY FLOW**  2 **TRAFFIC CONTROL**  6

**# 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  4  TO  3

**UNIT SPEED**  15 **DETECTED SPEED**  1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

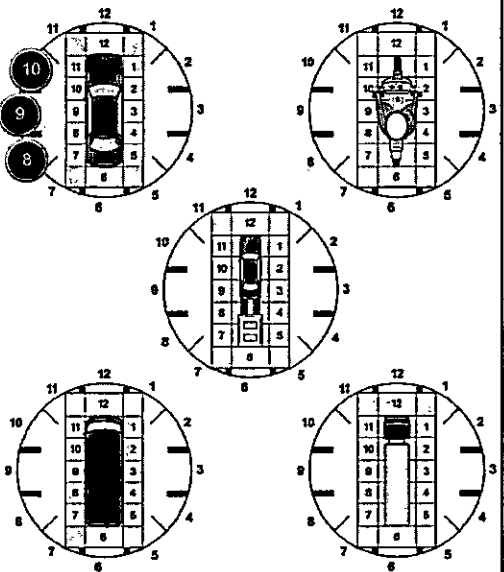
**POSTED SPEED**  45

**UNIT #** 2 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**OWNER PHONE:** INCLUDE AREA CODE (  SAME AS DRIVER )  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 5740 COLUMBIA ROAD, MEDINA, OH, 44256  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

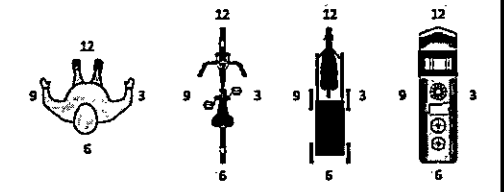
**DAMAGE**  
**DAMAGE SCALE**  
 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN  
 [ 4 ]

**LP STATE** OH **LICENSE PLATE #** KAF9007 **VEHICLE IDENTIFICATION #** 5TDDKRFH4FS208966 **VEHICLE YEAR** 2015 **VEHICLE MAKE** TOYOTA  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** GARRISON PROP AND CASUALTY **INSURANCE POLICY #** GAR0136695657101 **COLOR** SIL **VEHICLE MODEL** HIGHLANDER  
 **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #**  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** **VEHICLE WEIGHT GVWR/GCWR**  
 1 - ≤10K LBS.  
 2 - 10.001 - 26K LBS.  
 3 - > 26K LBS.  
**TOWED BY:** COMPANY NAME **ACTION TOWING**  
 **MATERIAL RELEASED** **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**  
 **PLACARD**

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY



**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 - 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?** [ 2 ]  
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS 2 - MODE LEVEL** 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]  
 - TOP [ 13 ]  - ALL AREAS [ 15 ]  
 - UNIT NOT AT SCENE [ 16 ]

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

**INITIAL POINT OF CONTACT**  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**CONTRIBUTING CIRCUMSTANCES** [ 1 ]  
 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

**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

**SEQUENCE OF EVENTS**  
 [ 1 ] [ 20 ]

**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  
 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 24 - OTHER MOVABLE OBJECT  
 6 - EQUIPMENT FAILURE 12 - IMPROPER PASSING 17 - ANIMAL - FARM 18 - ANIMAL - DEER

**# OF THROUGH LANES ON ROAD** [ 2 ] **RAIL GRADE CROSSING**  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**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  
 37 - TRAFFIC SIGN POST 44 - DITCH

**UNIT / NON-MOTORIST DIRECTION**  
 FROM [ 3 ] TO [ 4 ]  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

**UNIT SPEED** [ 25 ] **DETECTED SPEED**  
 1 - STATED / ESTIMATED SPEED  
**POSTED SPEED** [ 45 ] 2 - CALCULATED / EDR  
 3 - UNDETERMINED

[ 1 ] **FIRST HARMFUL EVENT** [ 1 ] **MOST HARMFUL EVENT**



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

24-3724

| UNIT #                                | NAME: LAST, FIRST, MIDDLE |                            |   |   | DATE OF BIRTH                     |                                | AGE              | GENDER          |              |         |      |                        |
|---------------------------------------|---------------------------|----------------------------|---|---|-----------------------------------|--------------------------------|------------------|-----------------|--------------|---------|------|------------------------|
| 1                                     | PATEL, DARPAN, KUMAR      |                            |   |   | 12/21/1998                        |                                | 25               | M               |              |         |      |                        |
| ADDRESS: STREET, CITY, STATE, ZIP     |                           |                            |   |   | CONTACT PHONE - INCLUDE AREA CODE |                                |                  |                 |              |         |      |                        |
| 1266 SPAFFORD DR, COPLEY, OH, 44321   |                           |                            |   |   | [REDACTED]                        |                                |                  |                 |              |         |      |                        |
| INJURIES                              | INJURED TAKEN BY          | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |   | SAFETY EQUIPMENT USED             | DOT-COMPLIANT MC HELMET        | SEATING POSITION | AIR BAG USAGE   | EJECTION     | TRAPPED |      |                        |
| 4                                     | [1]                       | LST                        |   |   | 4                                 | <input type="checkbox"/>       | 1                | 3               | 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 |                  | Y43727          |              |         |      |                        |
| OL CLASS                              | ENDORSEMENT               | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED  |                                   | CONDITION                      | ALCOHOL TEST     |                 | DRUG TEST(S) |         |      |                        |
| 4                                     |                           |                            | 1   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |                                   | 1                              | STATUS           | TYPE            | VALUE        | STATUS  | TYPE | RESULTS SELECT UP TO 4 |
|                                       |                           |                            |   |   |                                   |                                | 1                | 1               | .            | 1       | 1    |                        |
| 2                                     | MOSS, BARBARA, E          |                            |   |   | 04/10/1963                        |                                | 60               | F               |              |         |      |                        |
| ADDRESS: STREET, CITY, STATE, ZIP     |                           |                            |   |   | CONTACT PHONE - INCLUDE AREA CODE |                                |                  |                 |              |         |      |                        |
| 5740 COLUMBIA ROAD, MEDINA, OH, 44256 |                           |                            |   |   | [REDACTED]                        |                                |                  |                 |              |         |      |                        |
| INJURIES                              | INJURED TAKEN BY          | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |   | SAFETY EQUIPMENT USED             | 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]                |                            |   |   | <input type="checkbox"/>          |                                |                  |                 |              |         |      |                        |
| OL CLASS                              | ENDORSEMENT               | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED  |                                   | CONDITION                      | ALCOHOL TEST     |                 | DRUG TEST(S) |         |      |                        |
| 4                                     |                           |                            | 1   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |                                   | 1                              | STATUS           | TYPE            | VALUE        | STATUS  | TYPE | RESULTS SELECT UP TO 4 |
|                                       |                           |                            |   |   |                                   |                                | 1                | 1               | .            | 1       | 1    |                        |
| 3                                     | [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 USED             | 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 |              |         |      |                        |
|                                       | [REDACTED]                |                            |   |   | <input type="checkbox"/>          |                                |                  |                 |              |         |      |                        |
| OL CLASS                              | ENDORSEMENT               | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED  |                                   | CONDITION                      | ALCOHOL TEST     |                 | DRUG TEST(S) |         |      |                        |
|                                       |                           |                            |   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |                                   |                                | STATUS           | TYPE            | VALUE        | STATUS  | TYPE | RESULTS SELECT UP TO 4 |
|                                       |                           |                            |   |   |                                   |                                |                  |                 |              |         |      |                        |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

24-3724

|                 |                                   |                           |                   |   |                                   |  |                  |               |          |         |
|-----------------|-----------------------------------|---------------------------|-------------------|---|-----------------------------------|--|------------------|---------------|----------|---------|
| <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 |
| <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<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 GAR)<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<br><b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE<br><b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN        |   |   |   |
| <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - 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 |  |     |        |