

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION 6505 RIVER STYX ROAD		LOCAL REPORT NUMBER * 24-68470		
REPORTING AGENCY NAME * Montville Police Department				NCIC * 05213		HIT/SKIP 1 - SOLVED 2 - UNSOLVED <input type="checkbox"/> 1 <input type="checkbox"/> 2	NUMBER OF UNITS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 1	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN <input type="checkbox"/> 98 <input type="checkbox"/> 99
COUNTY* 52	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3	LOCATION: CITY, VILLAGE, TOWNSHIP* Montville (Township of)				CRASH DATE / TIME* 12/12/2024 00:14		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY 3 - MINOR INJURY 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 5
ROUTE TYPE <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST	ROUTE NUMBER <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME River Styx		ROAD TYPE RD	LATITUDE DECIMAL DEGREES 41.097102		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY 3 - MINOR INJURY 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
ROUTE TYPE <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST	ROUTE NUMBER <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6505		ROAD TYPE RD	LONGITUDE DECIMAL DEGREES -81.803766		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	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 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
DISTANCE FROM REFERENCE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	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	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 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	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 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	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	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 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	CONDITIONS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	CONDITIONS 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 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN			
NARRATIVE Unit 1 was traveling south on River Styx Road when a tree fell into the roadway in front of it. Unit 1 was unable to slow due to icy and snowy conditions and therefore went through the downed tree causing damage to the front end of Unit 1. The driver was uninjured and denied medical services. Unit 1 did not require a tow and was able to driven from the scene. The roadway was cleared of all major branches and limbs.								
CRASH REPORTED DATE / TIME 12/12/2024 00:14		DISPATCH DATE / TIME 12/12/2024 00:17		ARRIVAL DATE / TIME 12/12/2024 00:19		SCENE CLEARED DATE / TIME 12/12/2024 00:40		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 25	OTHER INVESTIGATION TIME 10	TOTAL MINUTES 33	OFFICER'S NAME* Sheers, Christian		CHECKED BY OFFICER'S NAME* Harrison, Brett		<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPF)	
			OFFICER'S BADGE NUMBER* 1617		CHECKED BY OFFICER'S BADGE NUMBER* 1606			

OWNER

UNIT # **1** OWNER NAME: LAST, FIRST, MIDDLE (SAVE AS DRIVER)
HOFSTETTER, PATRICIA, C

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAVE AS DRIVER)
7014 RIVER STYX ROAD, MEDINA, OH, 44256

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (SAVE AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE **OH** LICENSE PLATE # **PJCH1** VEHICLE IDENTIFICATION # **JN8AZ1MW1EW526354** VEHICLE YEAR **2014** VEHICLE MAKE **NISSAN**

INSURANCE VERIFIED INSURANCE COMPANY **WESTFIELD NATIONAL INSURA** INSURANCE POLICY # **WNP 7008047** COLOR **SIL** VEHICLE MODEL **ROGUE**

COMMERCIAL TYPE OF USE 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.

HAZARDOUS MATERIAL CLASS # PLACARD ID #

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
 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION **1**

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 24 - WHEELCHAIR (ANY TYPE)
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 25 - OTHER NON-MOTORIST
 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

EVENTS

NON-MOTORIST LOCATION **3**

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

ACTION **3** PRE-CRASH ACTIONS **1**

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

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

SEQUENCE OF EVENTS

1 **48** 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
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 6 - EQUIPMENT FAILURE

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 55 - OTHER / UNKNOWN
 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

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

LOCAL REPORT NUMBER
24-68470

DAMAGE

DAMAGE SCALE

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

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

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

INITIAL POINT OF CONTACT

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

TRAFFIC

TRAFFICWAY FLOW **2**

1 - ONE-WAY
 2 - TWO-WAY

TRAFFIC CONTROL **6**

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

OF THROUGH LANES ON ROAD **2**

RAIL GRADE CROSSING

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

UNIT / NON-MOTORIST DIRECTION

FROM **1** TO **2**

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

UNIT SPEED **40**

DETECTED SPEED

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

POSTED SPEED **45**



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

24-68470

UNIT # 1	NAME: LAST, FIRST, MIDDLE HOFSTETTER, SCOTT, ALAN	DATE OF BIRTH 03/08/1959	AGE 65	GENDER M
-------------	--	-----------------------------	-----------	-------------

ADDRESS: STREET, CITY, STATE, ZIP 135 STURBRIDGE DRIVE, MEDINA, OH, 44256	CONTACT PHONE - INCLUDE AREA CODE [REDACTED]
--	---

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	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: 1, TYPE: 1, VALUE: .			DRUG TEST(S) STATUS: 1, TYPE: 1, RESULTS SELECT UP TO 4		
---------------	-------------	----------------------------	---------------------------	--	----------------	--	--	--	--	--	--

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
--------	---------------------------	---------------	-----	--------

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

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

OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
----------	-------------------------	-----------------	--	---------------------	-----------------

OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS: , TYPE: , VALUE: .			DRUG TEST(S) STATUS: , TYPE: , RESULTS SELECT UP TO 4		
----------	-------------	----------------------------	----------------------	--	-----------	--	--	--	--	--	--

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
--------	---------------------------	---------------	-----	--------

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

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

OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
----------	-------------------------	-----------------	--	---------------------	-----------------

OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS: , TYPE: , VALUE: .			DRUG TEST(S) STATUS: , TYPE: , RESULTS SELECT UP TO 4		
----------	-------------	----------------------------	----------------------	--	-----------	--	--	--	--	--	--

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



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

24-68470

OCCUPANT	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
OCCUPANT	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
OCCUPANT	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
OCCUPANT	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

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 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 - 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 SUCH AS A 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
INJURED TAKEN BY			EJECTION
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
GENDER			TRAPPED
F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

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