

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

24-9066

|  |                                |   |  |  |                      |  |
|--|--------------------------------|---|--|--|----------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH-2  | <input checked="" type="checkbox"/> OH-3  | LOCAL INFORMATION<br>6300 WOOSTER PIKE                 | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED | NUMBER OF UNITS<br>2 | UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P | <input checked="" type="checkbox"/> OTHER | REPORTING AGENCY NAME *<br>Montville Police Department | NCIC *<br>05213                        |                      |  |
| <input type="checkbox"/> PRIVATE PROPERTY        |                                |   |  |  |                      |  |

|                  |                   |   |   |  |
|------------------|-------------------|---|---|--|
| COUNTY*<br>52    | LOCALITY*<br>3    | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Montville (Township of) | CRASH DATE / TIME*<br>02/14/2024 10:58                | 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<br>SR | ROUTE NUMBER<br>3 | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST         | LOCATION ROAD NAME                                    | ROAD TYPE  |
| ROUTE TYPE       | ROUTE NUMBER      | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST         | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>6302 | ROAD TYPE  |
|                  |                   |   |   | LATITUDE DECIMAL DEGREES<br>41.102336  |
|                  |                   |   |   | LONGITUDE DECIMAL DEGREES<br>-81.864174  |

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

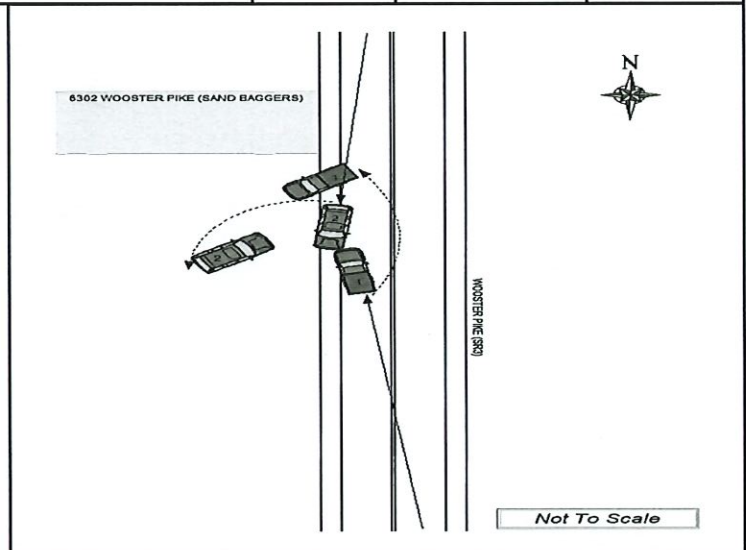
|   |  |   |   |  |
|---|--|---|---|--|
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12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

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER /UNKNOWN | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |
|---|---|---|--|--|--|

|  |   |
|--|---|
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN |
|--|---|

**NARRATIVE**

Unit #1 was northbound on Wooster Pike (State Route 3) in the 6300 block and Unit #2 was southbound in the same area. Unit #1 drove left of center and struck Unit #2's front driver's side bumper with its front driver's side bumper. Unit #1 rotated counterclockwise and came to final rest mostly off the road on the west side of the roadway. After being struck, Unit #2 was pushed off the west side of the road where it came to final rest facing east. The driver of Unit #2 sustained serious injuries and required extrication by the Medina Fire Department to be removed from the vehicle. The driver was subsequently flown via Cleveland Clinic helicopter to the Cleveland Clinic Akron General Trauma Center. The front seat passenger of Unit #1 was transported to Medina Hospital due to chest pains and being 9 weeks pregnant. The driver of Unit #1 was suspected to be under the influence of a controlled substance, was arrested, and submitted to a urine sample. The urine results showed that the driver of Unit #1 had 171.51 ng/ml +/- 15.43 ng/ml of THC metabolite in his urine. The urine also tested positive for Norfentanyl, N-Phenethyl-4-Piperidinone, and Fentanyl, with no specific levels provided. The driver of Unit #1 was indicted on charges by the Medina County Grand Jury for aggravated vehicular assault (F-3) and improper handling firearms in a motor vehicle (F-4) and arrested on 8/2/2024.



|  |  |   |   |   |
|--|--|---|---|---|
| CRASH REPORTED DATE / TIME<br>02/14/2024 10:58 | DISPATCH DATE / TIME<br>02/14/2024 10:59 | ARRIVAL DATE / TIME<br>02/14/2024 11:04 | SCENE CLEARED DATE / TIME<br>02/14/2024 14:26 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST     |
| TOTAL TIME ROADWAY CLOSED<br>207               | OTHER INVESTIGATION TIME<br>87           | TOTAL MINUTES<br>294                    | OFFICER'S NAME*<br>Gaede, Seth                | CHECKED BY OFFICER'S NAME*<br>LaFond, Christopher   |
|  |  |   | OFFICER'S BADGE NUMBER*<br>1608               | CHECKED BY OFFICER'S BADGE NUMBER*<br>1602  |
|  |  |   |   | <input checked="" type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) |

**UNIT #** 1 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAVE AS DRIVER )  
**DUNLAP, KENNETH, W**

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAVE AS DRIVER )  
**10870 LAWDALE DR., PARMA HEIGHTS, OH, 44130**

**OWNER PHONE:** INCLUDE AREA CODE (  SAVE AS DRIVER )

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

**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** JIR6556 **VEHICLE IDENTIFICATION #** 1GTR9CED3KZ270221 **VEHICLE YEAR** 2019 **VEHICLE MAKE** GMC

**INSURANCE VERIFIED** **INSURANCE COMPANY** NATIONWIDE **INSURANCE POLICY #** 9234J151142 **COLOR** WHI **VEHICLE MODEL** SIERRA

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #**

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

**TOWED BY:** COMPANY NAME **BEAR'S TOWING**

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

**UNIT TYPE** 4

|                             |                                    |                        |  |                            |
|-----------------------------|------------------------------------|------------------------|--|----------------------------|
| 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                       |                            |

**# OF TRAILING UNITS** 0

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

**AUTONOMOUS MODE LEVEL** 0

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** 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** 9

|                            |                           |  |   |  |
|----------------------------|---------------------------|--|---|--|
| 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** 7

|                      |                               |  |                                      |                                |
|----------------------|-------------------------------|--|--------------------------------------|--------------------------------|
| 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**

**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 **20** 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 23 - OPENING DOOR INTO ROADWAY

6 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 17 - ANIMAL - FARM 24 - OTHER MOVABLE OBJECT

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                            |

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

**LOCAL REPORT NUMBER**

24-9066

**DAMAGE**

**DAMAGE SCALE**

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

4

**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

11

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 2 TO 1

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

**UNIT SPEED** 47

**POSTED SPEED** 45

**DETECTED SPEED** 2

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

**UNIT #** 2 **OWNER NAME:** LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) **OWNER PHONE:** INCLUDE AREA CODE (☐ SAME AS DRIVER)  
**EMRICK, DAVID**

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
 537 SIESTA DR., LODI, OH, 44254

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

**LP STATE** OH **LICENSE PLATE #** HZP3575 **VEHICLE IDENTIFICATION #** 3C4NJDCB2NT130668 **VEHICLE YEAR** 2022 **VEHICLE MAKE** JEEP

**INSURANCE VERIFIED** **INSURANCE COMPANY** GEICO **INSURANCE POLICY #** 4397626435 **COLOR** BLK **VEHICLE MODEL** COMPASS

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

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** **HAZARDOUS MATERIAL**  **MATERIAL RELEASED**  **PLACARD**  **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                 |
|                             | 11 - ALL TERRAIN VEHICLE (ATV/UTV) | 17 - MOTORHOME         | 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  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

2

**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

|                            |                        |  |   |  |
|----------------------------|------------------------|--|---|--|
| 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                 |  |

**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   |                               |  |                                      |                                |

**SEQUENCE OF EVENTS**

**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                      | 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                    |                         |
| 30 - GUARORAIL FACE                    | 36 - MEDIAN OTHER BARRIER     | 43 - CURB                        | 50 - WORK ZONE MAINTENANCE EQUIPMENT |                         |
|  | 37 - TRAFFIC SIGN POST        | 44 - DITCH                       | 51 - WALL                            |                         |

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

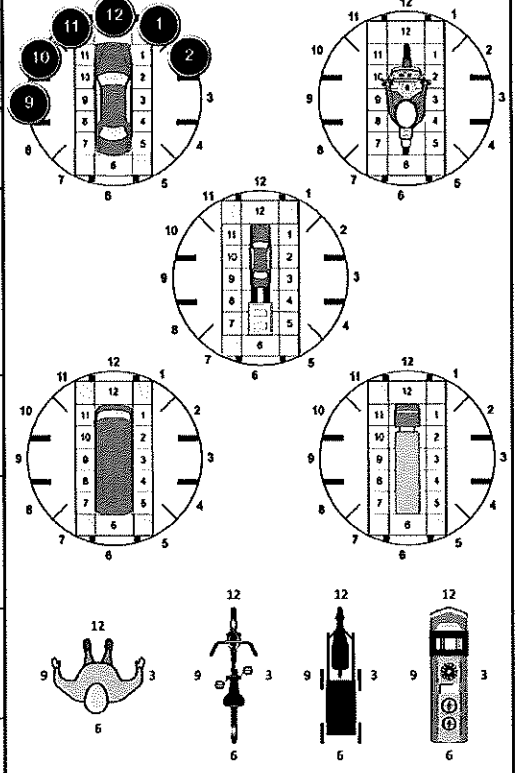
**LOCAL REPORT NUMBER**  
24-9066

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

11

**TRAFFIC**

|  |   |
|--|---|
| <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br>2 - TWO-WAY | <b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
|--|---|

2

**# OF THROUGH LANES ON ROAD** 2

**RAIL GRADE CROSSING**

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

**UNIT / NON-MOTORIST DIRECTION**

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

FROM 1 TO 2

**UNIT SPEED** 43

**DETECTED SPEED**

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

**POSTED SPEED** 45





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
24-9066

|  |   |                            |   |  |  |   |                    |  |              |
|--|---|----------------------------|---|--|--|---|--------------------|--|--------------|
| UNIT #<br>1  | NAME: LAST, FIRST, MIDDLE<br>DUNLAP, KENNETH, W |                            |   |  | DATE OF BIRTH<br>11/28/1989  |   | AGE<br>34          | GENDER<br>M  |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>10870 LAWNSDALE DR., PARMA HEIGHTS, OH, 44130 |   |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>[REDACTED]                              |   |                    |  |              |
| INJURIES<br>5  | INJURED TAKEN BY<br>1                           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>4   | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | SEATING POSITION<br>1                       | AIR BAG USAGE<br>4 | EJECTION<br>1  | TRAPPED<br>1 |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER                         |                            | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION  |   |                    | CITATION NUMBER  |              |
| OL CLASS<br>4  | ENDORSEMENT                                     | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>7                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> MARIJUANA<br><input checked="" type="checkbox"/> OTHER DRUG | CONDITION<br>6   | ALCOHOL TEST<br>STATUS: 4 TYPE: 4 VALUE: .0 |                    | DRUG TEST(S)<br>STATUS: 4 TYPE: 3 RESULTS SELECT UP TO 4: 4, 6 |              |

|  |   |                                 |   |  |  |  |                    |  |              |
|--|---|---------------------------------|---|--|--|--|--------------------|--|--------------|
| UNIT #<br>2  | NAME: LAST, FIRST, MIDDLE<br>EMRICK, DEBORAH, L |                                 |   |  | DATE OF BIRTH<br>12/24/1953  |  | AGE<br>70          | GENDER<br>F  |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>537 SIESTA DR., LODI, OH, 44254 |   |                                 |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>[REDACTED]                              |  |                    |  |              |
| INJURIES<br>2  | INJURED TAKEN BY<br>2                           | EMS AGENCY (NAME)<br>MEDINA LST | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>AKRON GENERAL TRAUMA | SAFETY EQUIPMENT USED<br>4   | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | SEATING POSITION<br>1                      | AIR BAG USAGE<br>4 | EJECTION<br>1  | TRAPPED<br>2 |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER                         |                                 | OFFENSE CHARGED   | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION  |  |                    | CITATION NUMBER  |              |
| OL CLASS<br>4  | ENDORSEMENT                                     | RESTRICTION SELECT UP TO 3      | DRIVER DISTRACTED BY<br>1   | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1   | ALCOHOL TEST<br>STATUS: 1 TYPE: 1 VALUE: . |                    | DRUG TEST(S)<br>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<br><input type="checkbox"/> 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<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL   | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS & CLASS B BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                   |
| <b>INJURIES TAKEN BY</b><br>1 - NOT TRANSPORTED /TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |   | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                    | <b>OL ENDORSEMENT</b><br>H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   |  | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |
| <b>SAFETY EQUIPMENT</b><br>1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |   | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                |  |   | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN   | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |
|   |   |   | <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   |  | <b>DRUG TEST RESULT(S)</b><br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |

**OHIO DEPARTMENT OF PUBLIC SAFETY** **OCCUPANT / WITNESS ADDENDUM**

LOCAL REPORT NUMBER  
24-9066

|                 |        |                           |               |     |        |
|-----------------|--------|---------------------------|---------------|-----|--------|
| <b>OCCUPANT</b> | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|                 | 1      | DUNLAP, AMY, C            | 06/27/1990    | 33  | F      |

|                 |   |  |  |                                   |  |
|-----------------|---|--|--|-----------------------------------|--|
| <b>OCCUPANT</b> | ADDRESS: STREET, CITY, STATE, ZIP             |  |  | CONTACT PHONE - INCLUDE AREA CODE |  |
|                 | 10870 LAWNSDALE DR., PARMA HEIGHTS, OH, 44130 |  |  |                                   |  |

|                 |          |                  |                   |   |                  |                          |                  |               |          |         |
|-----------------|----------|------------------|-------------------|---|------------------|--------------------------|------------------|---------------|----------|---------|
| <b>OCCUPANT</b> | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|                 | 3        | 2                | MEDINA LST        | MEDINA HOSPITAL                                 | 4                | <input type="checkbox"/> | 3                | 4             | 1        | 1       |

|                 |        |                           |               |     |        |
|-----------------|--------|---------------------------|---------------|-----|--------|
| <b>OCCUPANT</b> | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|                 |        |                           |               |     |        |

|                 |                                   |  |  |                                   |  |
|-----------------|-----------------------------------|--|--|-----------------------------------|--|
| <b>OCCUPANT</b> | ADDRESS: STREET, CITY, STATE, ZIP |  |  | CONTACT PHONE - INCLUDE AREA CODE |  |
|                 |                                   |  |  |                                   |  |

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

|                 |        |                           |               |     |        |
|-----------------|--------|---------------------------|---------------|-----|--------|
| <b>OCCUPANT</b> | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|                 |        |                           |               |     |        |

|                 |                                   |  |  |                                   |  |
|-----------------|-----------------------------------|--|--|-----------------------------------|--|
| <b>OCCUPANT</b> | ADDRESS: STREET, CITY, STATE, ZIP |  |  | CONTACT PHONE - INCLUDE AREA CODE |  |
|                 |                                   |  |  |                                   |  |

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

|                 |        |                           |               |     |        |
|-----------------|--------|---------------------------|---------------|-----|--------|
| <b>OCCUPANT</b> | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|                 |        |                           |               |     |        |

|                 |                                   |  |  |                                   |  |
|-----------------|-----------------------------------|--|--|-----------------------------------|--|
| <b>OCCUPANT</b> | ADDRESS: STREET, CITY, STATE, ZIP |  |  | CONTACT PHONE - INCLUDE AREA CODE |  |
|                 |                                   |  |  |                                   |  |

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

| 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 |
|                |                           |               |     |        |

|                |                                   |  |  |                                   |  |
|----------------|-----------------------------------|--|--|-----------------------------------|--|
| <b>WITNESS</b> | ADDRESS: STREET, CITY, STATE, ZIP |  |  | CONTACT PHONE - INCLUDE AREA CODE |  |
|                |                                   |  |  |                                   |  |

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

|                |                                   |  |  |                                   |  |
|----------------|-----------------------------------|--|--|-----------------------------------|--|
| <b>WITNESS</b> | ADDRESS: STREET, CITY, STATE, ZIP |  |  | CONTACT PHONE - INCLUDE AREA CODE |  |
|                |                                   |  |  |                                   |  |

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

|                |                                   |  |  |                                   |  |
|----------------|-----------------------------------|--|--|-----------------------------------|--|
| <b>WITNESS</b> | ADDRESS: STREET, CITY, STATE, ZIP |  |  | CONTACT PHONE - INCLUDE AREA CODE |  |
|                |                                   |  |  |                                   |  |