

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION 25-41907 REPORTING AGENCY NAME * Montville Police Department		LOCAL REPORT NUMBER * 25-41907		HIT/SKIP 1 - SOLVED   2 - UNSOLVED 1   2		NUMBER OF UNITS 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 1	
COUNTY* 52   LOCALITY* 3 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Montville (Township of)		CRASH DATE / TIME* 07/28/2025 06:30		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5							
ROUTE TYPE   ROUTE NUMBER   PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Lexington Ridge		ROAD TYPE DR		LATITUDE DECIMAL DEGREES 41.113253							
ROUTE TYPE   ROUTE NUMBER   PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4399 Lexington Ridge		ROAD TYPE		LONGITUDE DECIMAL DEGREES -81.846852							
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4		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   HW - HIGHWAY   RD - ROAD AV - AVENUE   LA - LANE   SQ - SQUARE BL - BOULEVARD   MP - MILEPOST   ST - STREET CR - CIRCLE   OV - OVAL   TE - TERRACE CT - COURT   PK - PARKWAY   TL - TRAIL DR - DRIVE   PI - PIKE   WA - WAY HE - HEIGHTS   PL - PLACE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA   NUMBER OF APPROACHES					
DISTANCE FROM REFERENCE 2.00		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED									
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY   9 - CROSSOVER 2 - ON SHOULDER   10 - DRIVEWAY/ALLEY ACCESS 3 - IN MEDIAN   11 - RAILWAY GRADE CROSSING 4 - ON ROADSIDE   12 - SHARED USE PATHS OR TRAILS 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY   13 - BIKE LANE 7 - ON RAMP   14 - TOLL BOOTH 8 - OFF RAMP   99 - OTHER / UNKNOWN 10				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION   4 - REAR-TO-REAR BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END   8 - SIDESWIPE, OPPOSITE DIRECTION 3 - HEAD-ON   9 - OTHER / UNKNOWN 5				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>=4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 2		CONDITIONS 2		SURFACE 1			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 2				WEATHER 1 - CLEAR   6 - SNOW 2 - CLOUDY   7 - SEVERE CROSSWINDS 3 - FOG, SMOG, SMOKE   8 - BLOWING SAND, SOIL, DIRT, SNOW 4 - RAIN   9 - FREEZING RAIN OR FREEZING DRIZZLE 5 - SLEET, HAIL   99 - OTHER / UNKNOWN 3				DIRECTION OF TRAVEL 9 - OTHER / UNKNOWN		CONDITIONS 9 - OTHER / UNKNOWN		SURFACE 9 - OTHER / UNKNOWN	
NARRATIVE Unit 1 was backing out of a driveway at 4399 Lexington Ridge Drive, intending to travel east. The driver of Unit 1 failed to see Unit 2 behind him. Unit 2 was unoccupied, legally parked, and also facing east. As Unit 1 continued to back up, the passenger-side rear bumper/fender struck the driver's-side front bumper of Unit 2. This resulted in minor damage and no injuries.													
CRASH REPORTED DATE / TIME 07/28/2025 06:50		DISPATCH DATE / TIME 07/28/2025 06:51		ARRIVAL DATE / TIME 07/28/2025 07:01		SCENE CLEARED DATE / TIME 07/28/2025 07:12		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 51		OFFICER'S NAME* Woodruff, Bruce		CHECKED BY OFFICER'S NAME* LaFond, Christopher		<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)			
OFFICER'S BADGE NUMBER* 1632				CHECKED BY OFFICER'S BADGE NUMBER* 1602									

**UNIT #** 1 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAVE AS DRIVER )  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAVE AS DRIVER )  
 4399 LEXINGTON RIDGE DR., MEDINA, OH, 44256  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP  
**OWNER PHONE:** INCLUDE AREA CODE (  SAVE AS DRIVER )

**LP STATE** IA **LICENSE PLATE #** JYK2834 **VEHICLE IDENTIFICATION #** 3GKALVEX01L277323 **VEHICLE YEAR** 2020 **VEHICLE MAKE** GMC  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** PROGRESSIVE **INSURANCE POLICY #** 914276672 **COLOR** BLK **VEHICLE MODEL** TERRAIN

**TYPE OF USE**  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT **# OCCUPANTS** \_\_\_\_\_  
**US DOT #** \_\_\_\_\_ **VEHICLE WEIGHT GVWR/GVWR**  
 1 - ≤ 10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - > 26K LBS.  
**TOWED BY:** COMPANY NAME \_\_\_\_\_  
**HAZARDOUS MATERIAL**  
 MATERIAL RELEASED **CLASS #** \_\_\_\_\_ **PLACARD ID #** \_\_\_\_\_  
 PLACARD

**UNIT TYPE** 3  
**# of TRAILING UNITS** 0  
 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER  
 2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**  
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION  
 1 - YES 2 - NO 9 - OTHER / 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 - MOVING 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 - MEDIUM/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE

**ACTION** 3 **PRE-CRASH ACTIONS** 2  
 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  
 6 - MAKING LEFT TURN 7 - MAKING U-TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION 20 - OTHER NON-MOTORIST  
 9 - OTHER / UNKNOWN 8 - ENTERING TRAFFIC LANE

**CONTRIBUTING CIRCUMSTANCES** 12  
 1 - NONE 8 - FOLLOWING TOO CLOSE /ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY  
 2 - FAILURE TO YIELD 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING /FALLING/SPILLING 99 - OTHER IMPROPER ACTION  
 3 - RAN RED LIGHT 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING  
 4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - LYING IN ROADWAY  
 5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE  
 6 - IMPROPER TURN 7 - LEFT OF CENTER

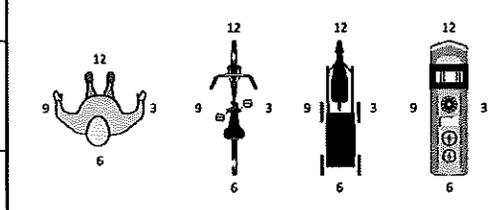
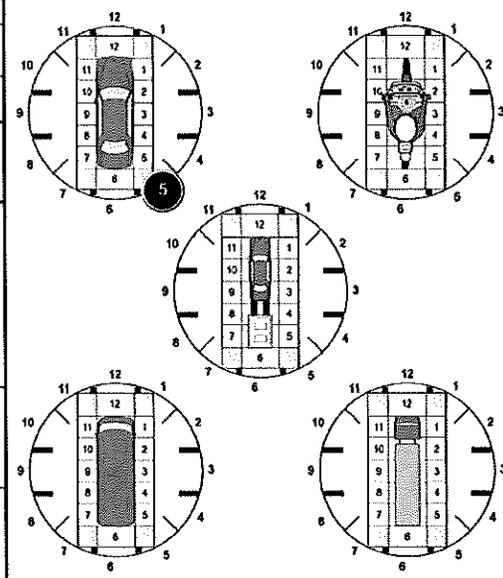
**SEQUENCE OF EVENTS**  
 1 **EVENTS** 20  
 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE 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 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 6 - EQUIPMENT FAILURE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER 35 - MEDIUM CONCRETE BARRIER 36 - MEDIUM OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1  
 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 - MEDIUM CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN  
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 43 - CURB 51 - WALL

**LOCAL REPORT NUMBER**  
 25-41907

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

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



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

**INITIAL POINT OF CONTACT**  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN  
 6

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

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

**UNIT SPEED** 5  
**POSTED SPEED** 25  
**DETECTED SPEED** 1  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

OWNER

<b>UNIT #</b> 2	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAVE AS DRIVER ) GERSPACHER, TROY, L	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAVE AS DRIVER ) [REDACTED]
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAVE AS DRIVER ) 5734 TRYSTIN TREE DR, MEDINA, OH, 44256		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

VEHICLE

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> KNY9774	<b>VEHICLE IDENTIFICATION #</b> JN8AT2MV6JW322030	<b>VEHICLE YEAR</b> 2018	<b>VEHICLE MAKE</b> NISSAN																														
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> GRANGE	<b>INSURANCE POLICY #</b> 4726311	<b>COLOR</b> BLK	<b>VEHICLE MODEL</b> ROGUE																														
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME																															
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EVENTS (S)

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<b>LOCAL REPORT NUMBER</b> 25-41907											
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<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ] <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]											
<b>INITIAL POINT OF CONTACT</b>											
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<b># OF THROUGH LANES ON ROAD</b> 2	<b>RAIL GRADE CROSSING</b> 1										
<b>UNIT / NON-MOTORIST DIRECTION</b>											
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<b>UNIT SPEED</b> 0	<b>DETECTED SPEED</b> 1										
<b>POSTED SPEED</b> 25	<table border="0"> <tr> <td>1 - STATED / ESTIMATED SPEED</td> </tr> <tr> <td>2 - CALCULATED / EDR</td> </tr> <tr> <td>3 - UNDETERMINED</td> </tr> </table>	1 - STATED / ESTIMATED SPEED	2 - CALCULATED / EDR	3 - UNDETERMINED							
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# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER 25-41907		
DATE OF BIRTH 10/05/1981	AGE 43	GENDER M

UNIT # 1	NAME: LAST, FIRST, MIDDLE ROHDE, LAWRENCE, MICHAEL
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ADDRESS: STREET, CITY, STATE, ZIP 4399 LEXINGTON RIDGE DR., MEDINA, OH, 44256
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CONTACT PHONE - INCLUDE AREA CODE [REDACTED]
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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
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OL STATE OH	OPERATOR LICENSE NUMBER [REDACTED]	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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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		
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UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP
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CONTACT PHONE - INCLUDE AREA CODE
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CONTACT PHONE - INCLUDE AREA CODE
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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
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OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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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		
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INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO - D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURIES TAKEN BY</b> 1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		<b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	<b>OL ENDORSEMENT</b> H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b> 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS				<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
			<b>GENDER</b> F - FEMALE M - MALE U - OTHER / UNKNOWN			<b>DRUG TEST RESULT(S)</b> 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
25-41907

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	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	<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					
<b>OCCUPANT</b>	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					
<b>OCCUPANT</b>	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					
<b>OCCUPANT</b>	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

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