

# 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  | LOCAL INFORMATION<br><b>7479 RIVER STYX ROAD</b>       | LOCAL REPORT NUMBER *<br><b>25-59670</b> |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME *<br>Montville Police Department | NCIC *<br>05213                          |
| <input type="checkbox"/> PRIVATE PROPERTY        |                                |                                | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                 | NUMBER OF UNITS<br>1                     |
|  |                                |                                | UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN         |  |

|               |                |   |  |                     |
|---------------|----------------|---|--|---------------------|
| COUNTY*<br>52 | LOCALITY*<br>3 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Montville (Township of) | CRASH DATE / TIME*<br>10/23/2025 21:03 | CRASH SEVERITY<br>5 |
|---------------|----------------|---|--|---------------------|

|           |                  |                    |  |   |                 |   |  |
|-----------|------------------|--------------------|--|---|-----------------|---|--|
| LOCATION  | ROUTE TYPE<br>SR | ROUTE NUMBER<br>57 | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME  | ROAD TYPE       | LATITUDE DECIMAL DEGREES<br>41.070289   | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
| REFERENCE | ROUTE TYPE       | ROUTE NUMBER       | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>River Styx | ROAD TYPE<br>RD | LONGITUDE DECIMAL DEGREES<br>-81.805178 |  |

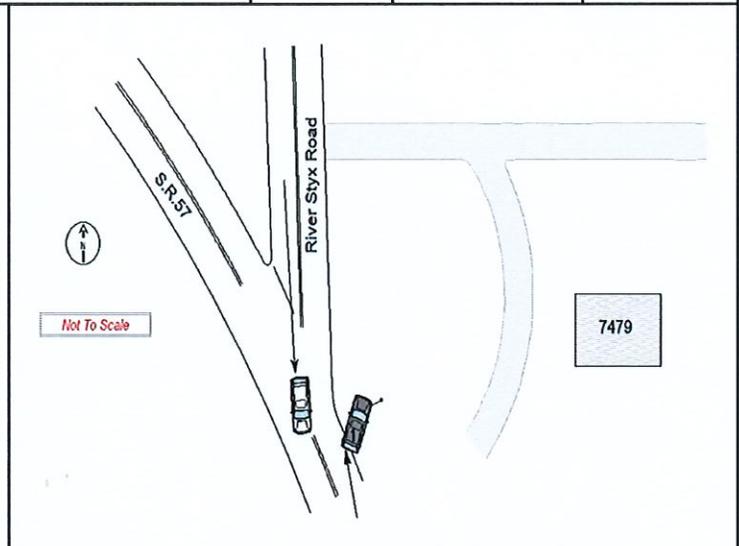
|   |  |   |   |   |   |   |
|---|--|---|---|---|---|---|
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE # | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - 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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>3 |
| 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 | 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>4 | CONDITIONS<br>1 | SURFACE<br>2 |
|---|---|---|--------------|-----------------|--------------|

|                      |              |                                |                                   |                                |
|----------------------|--------------|--------------------------------|-----------------------------------|--------------------------------|
| LIGHT CONDITION<br>3 | WEATHER<br>2 | CONTOUR<br>9 - OTHER / UNKNOWN | CONDITIONS<br>9 - OTHER / UNKNOWN | SURFACE<br>9 - OTHER / UNKNOWN |
|----------------------|--------------|--------------------------------|-----------------------------------|--------------------------------|

**NARRATIVE**  
Unit 1 was traveling northbound on S.R. 57 when an unidentified unit ran the stop sign at River Styx Road heading southbound, causing Unit 1 to go off the roadway to the right and into the ditch of 7479 River Styx Road, where Unit 1 struck a guy-wire pole causing damage to the front bumper of Unit 1. Unit 1 denied needing a tow and denied needing medical. No damage was observed to the guy-wire.



|   |  |   |   |   |
|---|--|---|---|---|
| CRASH REPORTED DATE / TIME<br>10/23/2025 21:03  | DISPATCH DATE / TIME<br>10/23/2025 21:05 | ARRIVAL DATE / TIME<br>10/23/2025 21:14 | SCENE CLEARED DATE / TIME<br>10/23/2025 21:39 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED<br>0  | OTHER INVESTIGATION TIME<br>0            | TOTAL MINUTES<br>34                     | OFFICER'S NAME*<br>Sheers, Christian          | CHECKED BY OFFICER'S NAME*<br>Gaede, Seth   |
|   |  | OFFICER'S BADGE NUMBER*<br>1617         | CHECKED BY OFFICER'S BADGE NUMBER*<br>1608    |   |
| <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  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP ( ) SAVE AS DRIVER  
 4068 FOREST RUN CIR, MEDINA, OH, 44256  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP  
**OWNER PHONE:** INCLUDE AREA CODE ( ) SAME AS DRIVER  
**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LOCAL REPORT NUMBER**  
 25-59670  
**DAMAGE**  
**DAMAGE SCALE**  
 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**LP STATE** OH **LICENSE PLATE #** HWS5652 **VEHICLE IDENTIFICATION #** 5XYZDLB7HG439976 **VEHICLE YEAR** 2014 **VEHICLE MAKE** HYUNDAI  
**INSURANCE VERIFIED**  **INSURANCE COMPANY** GRANGE **INSURANCE POLICY #** 4160964 **COLOR** GRY **VEHICLE MODEL** SANTA FE  
**TYPE OF USE**  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
**US DOT #** **TOWED BY:** COMPANY NAME  
**HAZARDOUS MATERIAL**  
 MATERIAL RELEASED  PLACARD  CLASS #  PLACARD ID #

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

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

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

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**  
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL**  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

**SPECIAL FUNCTION**  
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 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 - 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

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

**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**  
 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 13 - NEGOTIATING A CURVE 19 - STANDING  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION 20 - OTHER NON-MOTORIST  
 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE  
 9 - OTHER / UNKNOWN 8 - FOLLOWING TOO CLOSE /ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY  
 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER

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

**CONTRIBUTING CIRCUMSTANCES**  
 1 - 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

**TRAFFICWAY FLOW**  
 1 - ONE-WAY 2 - TWO-WAY  
**TRAFFIC CONTROL**  
 1 - ROUNDABOUT 4 - STOP SIGN 5 - YIELD SIGN  
 2 - SIGNAL 3 - FLASHER 6 - NO CONTROL

**SEQUENCE OF 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 - IMMERISION 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 41 - OTHER POST, POLE OR SUPPORT  
 6 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 17 - ANIMAL - FARM 18 - ANIMAL - DEER

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

**COLLISION WITH FIXED OBJECT - STRUCK**  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL

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

**UNIT SPEED** 35  
**POSTED SPEED** 55  
**DETECTED SPEED**  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
25-59670

|             |  |                             |           |             |
|-------------|--|-----------------------------|-----------|-------------|
| UNIT #<br>1 | NAME: LAST, FIRST, MIDDLE<br>EPHLIN, ALAN, C | DATE OF BIRTH<br>08/03/1963 | AGE<br>62 | GENDER<br>M |
|-------------|--|-----------------------------|-----------|-------------|

|   |   |
|---|---|
| ADDRESS: STREET, CITY, STATE, ZIP<br>4068 FOREST RUN CIR, MEDINA, OH, 44256 | CONTACT PHONE - INCLUDE AREA CODE<br>[REDACTED] |
|---|---|

|               |                                |                   |   |                            |  |                       |                    |               |              |
|---------------|--------------------------------|-------------------|---|----------------------------|--|-----------------------|--------------------|---------------|--------------|
| INJURIES<br>5 | INJURED TAKEN BY<br>[REDACTED] | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>1 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
|---------------|--------------------------------|-------------------|---|----------------------------|--|-----------------------|--------------------|---------------|--------------|

|                |                                       |                 |  |                     |                 |
|----------------|---------------------------------------|-----------------|--|---------------------|-----------------|
| OL STATE<br>OH | OPERATOR LICENSE NUMBER<br>[REDACTED] | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------------|---------------------------------------|-----------------|--|---------------------|-----------------|

|               |             |                                 |                           |  |                |  |  |  |   |  |  |
|---------------|-------------|---------------------------------|---------------------------|--|----------------|--|--|--|---|--|--|
| OL CLASS<br>4 | ENDORSEMENT | RESTRICTION SELECT UP TO 3<br>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 TYPE VALUE<br>1 1 . |  |  | DRUG TEST(S)<br>STATUS TYPE RESULTS SELECT UP TO 4<br>1 1 |  |  |
|---------------|-------------|---------------------------------|---------------------------|--|----------------|--|--|--|---|--|--|

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

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| ADDRESS: STREET, CITY, STATE, ZIP | 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 |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

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

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

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

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

| 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<br><b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE<br><b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS | 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<br><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<br><b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN | 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<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<br><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 | 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<br><b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER<br><b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER<br><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 |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
25-59670

|                 |                                   |                           |                   |   |                                   |  |                  |               |          |         |
|-----------------|-----------------------------------|---------------------------|-------------------|---|-----------------------------------|--|------------------|---------------|----------|---------|
| <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  | <b>EJECTION</b>                    |
|                              | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 9 - THIRD - RIGHT SIDE  | 1 - NOT EJECTED                    |
|                              | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB   | 2 - PARTIALLY EJECTED              |
|                              | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                |
|                              | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA   | 4 - NOT APPLICABLE                 |
| <b>GENDER</b>                |   | 13 - TRAILING UNIT  | <b>TRAPPED</b>                     |
| F - FEMALE                   |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)   | 1 - NOT TRAPPED                    |
| M - MALE                     |   | 15 - NON-MOTORIST   | 2 - EXTRICATED BY MECHANICAL MEANS |
| U - OTHER / UNKNOWN          |   | 99 - OTHER / UNKNOWN  | 3 - FREED BY NON-MECHANICAL MEANS  |

|                |                                   |                                   |     |        |
|----------------|-----------------------------------|-----------------------------------|-----|--------|
| <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 |     |        |