

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

25-59831

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		<input type="checkbox"/> OH -2 <input type="checkbox"/> OH -1P <input checked="" type="checkbox"/> OTHER	<input checked="" type="checkbox"/> OH -3 <input checked="" type="checkbox"/> LOCAL INFORMATION COBBLEFILED	REPORTING AGENCY NAME * Montville Police Department	NCIC * 05213	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 1
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COUNTY* 52	LOCALITY* 3	LOCATION: CITY, VILLAGE, TOWNSHIP* Montville (Township of)	CRASH DATE / TIME* 10/24/2025 15:05	CRASH SEVERITY 5
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ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Cobblefield	ROAD TYPE DR	LATITUDE DECIMAL DEGREES 41.094480	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Ridgestone	ROAD TYPE WA	LONGITUDE DECIMAL DEGREES -81.851480	

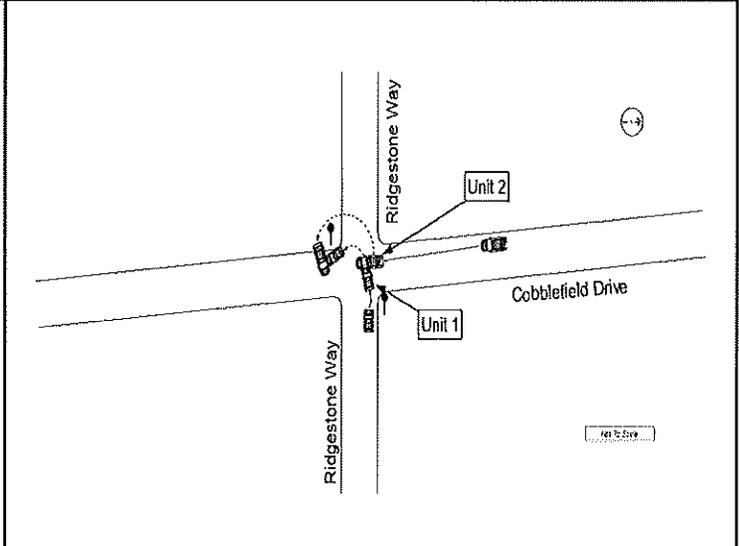
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4	ROUTE TYPE IR - INTERSTATE ROUTE (1P) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES
DISTANCE FROM REFERENCE 10.00	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 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 1	LOCATION OF FIRST HARMFUL EVENT 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 9	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
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<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 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN	SURFACE 1 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN
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LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 2	WEATHER 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN
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NARRATIVE
Unit 1 was traveling west on Ridgestone Way and stopped for a stop sign at Cobblefield Drive. Unit 2 was traveling south on Cobblefield Drive. Unit 1 ran into the driver's side of Unit 2, causing Unit 2 to rotate approximately 140 degrees. No injuries were reported. Unit 1 sustained disabling damage to the front of the vehicle. Unit 2 sustained disabling damage to the driver-side front and rear doors and had driver-side airbag deployment. Heidi's Towing recovered Unit 1, and Jon's Towing recovered Unit 2. The driver of Unit 1 was issued a citation for right-of-way at an intersection.



CRASH REPORTED DATE / TIME 10/24/2025 15:05	DISPATCH DATE / TIME 10/24/2025 15:05	ARRIVAL DATE / TIME 10/24/2025 15:11	SCENE CLEARED DATE / TIME 10/24/2025 16:05	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 90	OFFICER'S NAME* Eckstine, Joel	CHECKED BY OFFICER'S NAME* Harrison, Brett
			OFFICER'S BADGE NUMBER* 1618	CHECKED BY OFFICER'S BADGE NUMBER* 1606
				<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

OWNER

UNIT # **1** OWNER NAME: LAST, FIRST, MIDDLE (SAVE AS DRIVER)
HARTMAN, RICHARD

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAVE AS DRIVER)
2630 LIVERPOOL CT, TOLEDO, OH, 43601

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

VEHICLE

LP STATE **OH** LICENSE PLATE # **KRH1749** VEHICLE IDENTIFICATION # **7FART6H85ME030120** VEHICLE YEAR **2021** VEHICLE MAKE **HONDA**

INSURANCE VERIFIED INSURANCE COMPANY **ERIE INSURANCE** INSURANCE POLICY # **Q760012087** COLOR **DBL** VEHICLE MODEL **CR-V**

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS

US DOT # **HEIDIS TOWING** TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL CLASS # **PLACARD ID #**

UNIT TYPE

3

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

OF TRAILING UNITS

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

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

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 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER

6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE

11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP.

16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL

21 - MAIL CARRIER 99 - OTHER / UNKNOWN

CARGO BODY TYPE

1

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE

4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN / ENCLOSED BOX

7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED

11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE

99 - OTHER / UNKNOWN

VEHICLE DEFECTS

1

1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS

4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT

7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE

9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT

99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION

1

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER

4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE

7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND

10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE

99 - OTHER / UNKNOWN

ACTION

3

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

PRE-CRASH ACTIONS

1

1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE

9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION

15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST

21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES

2

1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER

8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION

18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE

23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS

1

20

1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE

7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL

EVENTS

12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER

19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE

31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN 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

LOCAL REPORT NUMBER

25-59831

DAMAGE

DAMAGE SCALE

1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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

12

0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

1-12 - REFER TO UNIT DIAGRAM 13 - TOP

TRAFFIC

TRAFFICWAY FLOW

1 - ONE-WAY 2 - TWO-WAY

2

TRAFFIC CONTROL

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

4

OF THROUGH LANES ON ROAD

2

RAIL GRADE CROSSING

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

UNIT / NON-MOTORIST DIRECTION

FROM **4** TO **3**

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

UNIT SPEED

5

POSTED SPEED

25

DETECTED SPEED

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

1

OWNER

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (SAVE AS DRIVER)
WEIDRICK, ZACHARY, A

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAVE AS DRIVER)
7900 BEACH RD, WADSWORTH, OH, 44281

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

LP STATE OH LICENSE PLATE # JAJ8643 VEHICLE IDENTIFICATION # 5J6RW6H30KL006299 VEHICLE YEAR 2023 VEHICLE MAKE HONDA

INSURANCE VERIFIED INSURANCE COMPANY CINCINNATI INSURANCE POLICY # A01 0910958 COLOR BLU VEHICLE MODEL ODYSSEY

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS US DOT # TOWED BY: COMPANY NAME JON'S TOWING

HAZARDOUS MATERIAL CLASS # PLACARD ID #

UNIT TYPE 2

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 - SNOW/MOBILE	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 BICYCLE
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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

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

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

ACTION 4 PRE-CRASH ACTIONS 1

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

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

1 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	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
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	46 - FENCE
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIUM CABLE BARRIER	40 - UTILITY POLE	47 - MAILBOX
28 - BRIDGE PARAPET	34 - MEDIUM GUARDRAIL BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE
29 - BRIDGE RAIL	35 - MEDIUM CONCRETE BARRIER	42 - CULVERT	49 - FIRE HYDRANT
30 - GUARDRAIL FACE	36 - MEDIUM OTHER BARRIER	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	37 - TRAFFIC SIGN POST	44 - DITCH	51 - WALL
			52 - BUILDING
			53 - TUNNEL
			54 - OTHER FIXED OBJECT
			99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER
25-59831

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

9

TRAFFIC

TRAFFICWAY FLOW

1 - ONE-WAY
 2 - TWO-WAY

TRAFFIC CONTROL 6

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

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING

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

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

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

UNIT SPEED 15

POSTED SPEED 25

DETECTED SPEED 1

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
25-59831

UNIT # 1	NAME: LAST, FIRST, MIDDLE HARTMAN, DAWN, J				DATE OF BIRTH 09/10/1956		AGE 69	GENDER F	
ADDRESS: STREET, CITY, STATE, ZIP 2630 LIVERPOOL CT, TOLEDO, OH, 43601					CONTACT PHONE - INCLUDE AREA CODE [REDACTED]				
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.41	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION RIGHT OF WAY AT INTERSECTIONS - V			CITATION NUMBER Y45712	
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS: 1 TYPE: 1 VALUE: .		DRUG TEST(S) STATUS: 1 TYPE: 1 RESULTS SELECT UP TO 4	

UNIT # 2	NAME: LAST, FIRST, MIDDLE WEIDRICK, ZACHARY, A				DATE OF BIRTH 06/03/1991		AGE 34	GENDER M	
ADDRESS: STREET, CITY, STATE, ZIP 7900 BEACH RD, WADSWORTH, OH, 44281					CONTACT PHONE - INCLUDE AREA CODE [REDACTED]				
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 3	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS: 1 TYPE: 1 VALUE: .		DRUG TEST(S) STATUS: 1 TYPE: 1 RESULTS SELECT UP TO 4	

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



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

25-59831

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

INJURED TAKEN BY	EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED
2 - EMS	2 - PARTIALLY EJECTED
3 - POLICE	3 - TOTALLY EJECTED
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE

GENDER	TRAPPED
F - FEMALE	1 - NOT TRAPPED
M - MALE	2 - EXTRICATED BY MECHANICAL MEANS
U - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

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