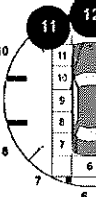
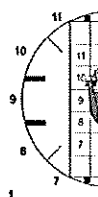
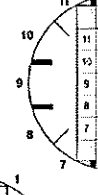
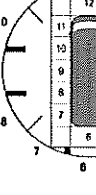
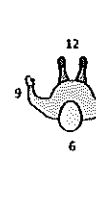
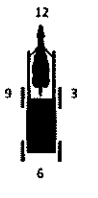


| Ohio Department of Public Safety                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TRAFFIC CRASH REPORT                                                                                         |                                                                                                                                                                                                                                            | *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT                                                                                                                                                                                    |                                                                                                                                                                             | LOCAL REPORT NUMBER *                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY | <input checked="" type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER                                                                                                                                                                 | LOCAL INFORMATION<br>18/Normandy Park Dr                                                                                                                                                                                          |                                                                                                                                                                             | 26-39316                               |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |  |
| REPORTING AGENCY NAME *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              |                                                                                                                                                                                                                                            | NCIC *                                                                                                                                                                                                                            |                                                                                                                                                                             | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED | NUMBER OF UNITS                                                                                                                                                                                                                                                                                                | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN                                                                                                      |  |
| COUNTY*<br>52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              |                                                                                                                                                                                                                                            | LOCALITY*<br>3<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP                                                                                                                                                                         | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Montville (Township of)                                                                                                               |                                        | CRASH DATE / TIME*<br>07/08/2026 19:27                                                                                                                                                                                                                                                                         | CRASH SEVERITY<br>5<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |  |
| LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ROUTE TYPE<br>SR                                                                                             | ROUTE NUMBER<br>18                                                                                                                                                                                                                         | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                          | LOCATION ROAD NAME<br>Medina                                                                                                                                                |                                        | ROAD TYPE<br>RD                                                                                                                                                                                                                                                                                                | LATITUDE DECIMAL DEGREES<br>41.136070                                                                                                             |  |
| REFERENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ROUTE TYPE<br>TR                                                                                             | ROUTE NUMBER<br>409                                                                                                                                                                                                                        | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                          | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Normandy Park                                                                                                              |                                        | ROAD TYPE<br>DR                                                                                                                                                                                                                                                                                                | LONGITUDE DECIMAL DEGREES<br>-81.798350                                                                                                           |  |
| 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<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                                                                                                                                                   |  |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                                                                                             |                                                                                                                                                                                                                                   | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA                                     |                                        | NUMBER OF APPROACHES                                                                                                                                                                                                                                                                                           |                                                                                                                                                   |  |
| ROADWAY<br><input checked="" 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<br>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<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>3<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                     |                                                                                                                                                   |  |
| MEDIAN TYPE<br>4<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>=4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)<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<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<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<br>Unit #1 was eastbound on State Route 18 (Medina Road) in the southernmost lane. Unit #2 was also eastbound on State Route 18, traveling in the lane immediately to the north, or to the left, and slightly ahead, of Unit #1. Unit #2 changed lanes to the south or right, crossing over the lane marker line, and into the lane occupied by Unit #1, and striking Unit #1. This action caused minor damage to Unit #1, and little to no damage to Unit #2. After the collision, both vehicles pulled to the right and came to a stop. |                                                                                                              |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                             |                                        |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |  |
| CRASH REPORTED DATE / TIME<br>07/08/2026 19:27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              | DISPATCH DATE / TIME<br>07/08/2026 19:29                                                                                                                                                                                                   |                                                                                                                                                                                                                                   | ARRIVAL DATE / TIME<br>07/08/2026 19:33                                                                                                                                     |                                        | SCENE CLEARED DATE / TIME<br>07/08/2026 20:26                                                                                                                                                                                                                                                                  |                                                                                                                                                   |  |
| TOTAL TIME ROADWAY CLOSED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              | OTHER INVESTIGATION TIME                                                                                                                                                                                                                   |                                                                                                                                                                                                                                   | TOTAL MINUTES                                                                                                                                                               |                                        | OFFICER'S NAME*<br>Percy, Richard                                                                                                                                                                                                                                                                              |                                                                                                                                                   |  |
| 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              | 107                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                   | OFFICER'S BADGE NUMBER*<br>1611                                                                                                                                             |                                        | CHECKED BY OFFICER'S NAME*<br>Gaede, Seth                                                                                                                                                                                                                                                                      |                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                   | OFFICER'S BADGE NUMBER*<br>1608                                                                                                                                             |                                        | CHECKED BY OFFICER'S BADGE NUMBER*<br>1608                                                                                                                                                                                                                                                                     |                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                             |                                        | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                                                                                                                                                      |                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                             |                                        | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs)                                                                                                                                                                                                                                      |                                                                                                                                                   |  |

|                                      |                                                                                                                        |                                                                                                                                                                            |                                                                                                               |  |                  |                                                                                                                                                                                                  |                                                                                                                                                                        |  |                        |                                                                                                                                                                              |                                                                                                                           |  |                                                                                                                                                                                                |                                                                                                                                                                    |                                                                                                                                                         |  |  |                                                                                                                             |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------|--|--|--|
| OWNER                                | UNIT # 1<br>OWNER NAME: LAST, FIRST, MIDDLE ( ) SAVE AS DRIVER<br>FREEMAN, LISA, A                                     |                                                                                                                                                                            |                                                                                                               |  |                  |                                                                                                                                                                                                  | OWNER PHONE: ( ) INCLUDE AREA CODE ( ) SAVE AS DRIVER                                                                                                                  |  |                        |                                                                                                                                                                              |                                                                                                                           |  |                                                                                                                                                                                                |                                                                                                                                                                    |                                                                                                                                                         |  |  |                                                                                                                             |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
|                                      | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAVE AS DRIVER<br>228 JANICE ST , LODI, OH, 44254-1223                     |                                                                                                                                                                            |                                                                                                               |  |                  |                                                                                                                                                                                                  |                                                                                                                                                                        |  |                        |                                                                                                                                                                              |                                                                                                                           |  | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                            |                                                                                                                                                                    |                                                                                                                                                         |  |  |                                                                                                                             | COMMERCIAL CARRIER PHONE: ( ) INCLUDE AREA CODE                                                                                           |  |  |                                                                                                                  |  |  |  |
| VEHICLE                              | LP STATE<br>OH                                                                                                         |                                                                                                                                                                            | LICENSE PLATE #<br>KTX7935                                                                                    |  |                  |                                                                                                                                                                                                  | VEHICLE IDENTIFICATION #<br>1C4RDJAG8EC466083                                                                                                                          |  |                        |                                                                                                                                                                              |                                                                                                                           |  | VEHICLE YEAR<br>2014                                                                                                                                                                           |                                                                                                                                                                    | VEHICLE MAKE<br>DODGE                                                                                                                                   |  |  |                                                                                                                             |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
|                                      | <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                 |                                                                                                                                                                            | INSURANCE COMPANY<br>STATE FARM                                                                               |  |                  |                                                                                                                                                                                                  | INSURANCE POLICY #<br>3637337SPF35                                                                                                                                     |  |                        |                                                                                                                                                                              |                                                                                                                           |  | COLOR<br>WHI                                                                                                                                                                                   |                                                                                                                                                                    | VEHICLE MODEL<br>DURANGO                                                                                                                                |  |  |                                                                                                                             |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
|                                      | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                                                                                            |                                                                                                               |  | US DOT #         |                                                                                                                                                                                                  |                                                                                                                                                                        |  | TOWED BY: COMPANY NAME |                                                                                                                                                                              |                                                                                                                           |  |                                                                                                                                                                                                |                                                                                                                                                                    |                                                                                                                                                         |  |  |                                                                                                                             |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
|                                      | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED                                                                     |                                                                                                                                                                            | <input type="checkbox"/> HIT/SKIP UNIT                                                                        |  | # OCCUPANTS<br>1 |                                                                                                                                                                                                  | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - > 26K LBS.                                                                                   |  |                        |                                                                                                                                                                              | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS #<br><input type="checkbox"/> RELEASED PLACARD ID #         |  |                                                                                                                                                                                                |                                                                                                                                                                    |                                                                                                                                                         |  |  |                                                                                                                             |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
|                                      | UNIT TYPE<br>3                                                                                                         |                                                                                                                                                                            | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN |  |                  |                                                                                                                                                                                                  | 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPEL OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) |  |                        |                                                                                                                                                                              | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME |  |                                                                                                                                                                                                |                                                                                                                                                                    | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE |  |  |                                                                                                                             | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |  |  |                                                                                                                  |  |  |  |
|                                      | # OF TRAILING UNITS<br>0                                                                                               |                                                                                                                                                                            |                                                                                                               |  |                  |                                                                                                                                                                                                  |                                                                                                                                                                        |  |                        |                                                                                                                                                                              |                                                                                                                           |  |                                                                                                                                                                                                |                                                                                                                                                                    |                                                                                                                                                         |  |  |                                                                                                                             |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
|                                      | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES    2 - NO    9 - OTHER / UNKNOWN              |                                                                                                                                                                            |                                                                                                               |  |                  |                                                                                                                                                                                                  |                                                                                                                                                                        |  |                        |                                                                                                                                                                              |                                                                                                                           |  | AUTONOMOUS MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - OTHER/UNKNOWN |                                                                                                                                                                    |                                                                                                                                                         |  |  |                                                                                                                             |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
| SPECIAL FUNCTION<br>1                |                                                                                                                        | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER                                                                  |                                                                                                               |  |                  | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE                                                                                          |                                                                                                                                                                        |  |                        | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP.                                                                                 |                                                                                                                           |  |                                                                                                                                                                                                | 16 - FARM<br>17 - MOVING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL                                                                         |                                                                                                                                                         |  |  | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN                                                                                   |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
| CARGO BODY TYPE<br>1                 |                                                                                                                        | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE                                                                             |                                                                                                               |  |                  | 4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN /ENCLOSED BOX                                                                                                                    |                                                                                                                                                                        |  |                        | 7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED                                                                                                        |                                                                                                                           |  |                                                                                                                                                                                                | 11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE                                                                                   |                                                                                                                                                         |  |  | 99 - OTHER / UNKNOWN                                                                                                        |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
| VEHICLE DEFECTS                      |                                                                                                                        | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                                                                                                                       |                                                                                                               |  |                  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT                                                                                                                                                   |                                                                                                                                                                        |  |                        | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE                                                                                                                   |                                                                                                                           |  |                                                                                                                                                                                                | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT                                                                                                             |                                                                                                                                                         |  |  | 99 - OTHER / UNKNOWN                                                                                                        |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
| NON-MOTORIST LOCATION                |                                                                                                                        | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER                                                                   |                                                                                                               |  |                  | 4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE                                                                                                          |                                                                                                                                                                        |  |                        | 7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND                                                                                                          |                                                                                                                           |  |                                                                                                                                                                                                | 10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE                                                                  |                                                                                                                                                         |  |  | 99 - OTHER / UNKNOWN                                                                                                        |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
| ACTION<br>4                          |                                                                                                                        | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN                                                    |                                                                                                               |  |                  | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE             |                                                                                                                                                                        |  |                        | 9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION |                                                                                                                           |  |                                                                                                                                                                                                | 15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST |                                                                                                                                                         |  |  | 21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN                                                              |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
| CONTRIBUTING CIRCUMSTANCES<br>1      |                                                                                                                        | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER                                  |                                                                                                               |  |                  | 8 - FOLLOWING TOO CLOSE /ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING                                                               |                                                                                                                                                                        |  |                        | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION                        |                                                                                                                           |  |                                                                                                                                                                                                | 18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING /FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE              |                                                                                                                                                         |  |  | 23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
| SEQUENCE OF EVENTS                   |                                                                                                                        |                                                                                                                                                                            |                                                                                                               |  |                  |                                                                                                                                                                                                  |                                                                                                                                                                        |  |                        |                                                                                                                                                                              |                                                                                                                           |  |                                                                                                                                                                                                |                                                                                                                                                                    |                                                                                                                                                         |  |  |                                                                                                                             |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
| EVENTS                               |                                                                                                                        |                                                                                                                                                                            |                                                                                                               |  |                  |                                                                                                                                                                                                  |                                                                                                                                                                        |  |                        |                                                                                                                                                                              |                                                                                                                           |  |                                                                                                                                                                                                |                                                                                                                                                                    |                                                                                                                                                         |  |  |                                                                                                                             |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
| 1                                    |                                                                                                                        | 20                                                                                                                                                                         |                                                                                                               |  |                  | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE                                                    |                                                                                                                                                                        |  |                        | 7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL                      |                                                                                                                           |  |                                                                                                                                                                                                | 12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER        |                                                                                                                                                         |  |  | 19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT |                                                                                                                                           |  |  | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |  |  |  |
| COLLISION WITH FIXED OBJECT - STRUCK |                                                                                                                        |                                                                                                                                                                            |                                                                                                               |  |                  |                                                                                                                                                                                                  |                                                                                                                                                                        |  |                        |                                                                                                                                                                              |                                                                                                                           |  |                                                                                                                                                                                                |                                                                                                                                                                    |                                                                                                                                                         |  |  |                                                                                                                             |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
| 4                                    |                                                                                                                        | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE |                                                                                                               |  |                  | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST |                                                                                                                                                                        |  |                        | 38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH               |                                                                                                                           |  |                                                                                                                                                                                                | 45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL                               |                                                                                                                                                         |  |  | 52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN                                             |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |
| FIRST HARMFUL EVENT                  |                                                                                                                        | 1                                                                                                                                                                          |                                                                                                               |  |                  | MOST HARMFUL EVENT                                                                                                                                                                               |                                                                                                                                                                        |  |                        |                                                                                                                                                                              |                                                                                                                           |  |                                                                                                                                                                                                |                                                                                                                                                                    |                                                                                                                                                         |  |  |                                                                                                                             |                                                                                                                                           |  |  |                                                                                                                  |  |  |  |

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| <b>LOCAL REPORT NUMBER</b><br><div style="font-size: 24px; font-weight: bold; margin: 5px 0;">26-39316</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                            |
| <b>DAMAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                            |
| <b>DAMAGE SCALE</b><br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> 1 - NONE<br/> 2 - MINOR DAMAGE<br/> 9 - UNKNOWN </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE<br/> 4 - DISABLING DAMAGE </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                            |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                            |
| <div style="display: grid; grid-template-columns: 1fr 1fr; gap: 20px;">          </div> |                                                                                                                                                                                                                                            |
| <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> NO DAMAGE [ 0 ] </div> <div style="text-align: center;"> <input type="checkbox"/> UNDERCARRIAGE [ 14 ] </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> TOP [ 13 ] </div> <div style="text-align: center;"> <input type="checkbox"/> ALL AREAS [ 15 ] </div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> UNIT NOT AT SCENE [ 16 ] </div>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                            |
| <b>INITIAL POINT OF CONTACT</b><br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> 0 - NO DAMAGE<br/> 11-12 - REFER TO UNIT DIAGRAM<br/> 13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE<br/> 15 - VEHICLE NOT AT SCENE<br/> 99 - UNKNOWN </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                            |
| <b>TRAFFIC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                            |
| <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br>2 - TWO-WAY<br><div style="margin-top: 10px; font-size: 24px; font-weight: bold; text-align: center;">1</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT    4 - STOP SIGN<br>2 - SIGNAL            5 - YIELD SIGN<br>3 - FLASHER          6 - NO CONTROL<br><div style="margin-top: 10px; font-size: 24px; font-weight: bold; text-align: center;">6</div> |
| <b># OF THROUGH LANES ON ROAD</b><br><div style="margin-top: 10px; font-size: 24px; font-weight: bold; text-align: center;">3</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING<br><div style="margin-top: 10px; font-size: 24px; font-weight: bold; text-align: center;">1</div>                          |
| <b>UNIT / NON-MOTORIST DIRECTION</b><br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> 1 - NORTH<br/> 2 - SOUTH<br/> 3 - EAST<br/> 4 - WEST </div> <div style="width: 45%;"> 5 - NORTHEAST<br/> 6 - NORTHWEST<br/> 7 - SOUTHEAST<br/> 8 - SOUTHWEST<br/> 9 - OTHER / UNKNOWN </div> </div> <div style="margin-top: 10px;"> FROM <div style="font-size: 24px; font-weight: bold; text-align: center;">4</div> TO <div style="font-size: 24px; font-weight: bold; text-align: center;">3</div> </div>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                            |
| <b>UNIT SPEED</b><br><div style="margin-top: 10px; font-size: 24px; font-weight: bold; text-align: center;">40</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DETECTED SPEED</b><br>1 - STATED / ESTIMATED SPEED<br><div style="margin-top: 10px; font-size: 24px; font-weight: bold; text-align: center;">1</div>                                                                                    |
| <b>POSTED SPEED</b><br><div style="margin-top: 10px; font-size: 24px; font-weight: bold; text-align: center;">40</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 - CALCULATED / EDR<br>3 - UNDETERMINED                                                                                                                                                                                                   |

|                                                     |                                                            |                                                    |                                                   |
|-----------------------------------------------------|------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| OWNER                                               | UNIT #                                                     | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) |
|                                                     | 2                                                          | ANTILL, STEVEN, W                                  |                                                   |
|                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) |                                                    |                                                   |
|                                                     | 3777 HUNTING RUN ROAD, MEDINA, OH, 44256                   |                                                    |                                                   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |                                                            | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE        |                                                   |

|                                                                                                                        |                   |                                                          |                                                                                                                   |               |
|------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------|
| LP STATE                                                                                                               | LICENSE PLATE #   | VEHICLE IDENTIFICATION #                                 | VEHICLE YEAR                                                                                                      | VEHICLE MAKE  |
| OH                                                                                                                     | KTG8077           | 1FMEE5DPXNLB68449                                        | 2022                                                                                                              | FORD          |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                 | INSURANCE COMPANY | INSURANCE POLICY #                                       | COLOR                                                                                                             | VEHICLE MODEL |
|                                                                                                                        | STATE FARM        | 27321335FP35                                             | BLU                                                                                                               | BRONCO        |
| TYPE OF USE                                                                                                            |                   | US DOT #                                                 | TOWED BY: COMPANY NAME                                                                                            |               |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                   |                                                          |                                                                                                                   |               |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                              | # OCCUPANTS       | VEHICLE WEIGHT GVWR/GCWR                                 | HAZARDOUS MATERIAL                                                                                                |               |
|                                                                                                                        | 1                 | 1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS. | <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD ID # |               |

|         |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
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| VEHICLE | UNIT TYPE                                                                                                                                                                                                                                                                                                                                                                                        | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |  |  |  |
|         | # OF TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                              | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|         | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <input type="checkbox"/> 0 - NO AUTOMATION <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 2 - PARTIAL AUTOMATION <input type="checkbox"/> 3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION <input type="checkbox"/> 9 - OTHER/UNKNOWN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |

|         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
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| VEHICLE | SPECIAL FUNCTION | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP.<br>16 - FARM<br>17 - MOVING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN |  |  |  |
|         | CARGO BODY TYPE  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN /ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN                                                                                            |  |  |  |
|         | VEHICLE DEFECTS  | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                          |  |  |  |

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| EVENTS | NON-MOTORIST LOCATION      | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|        | ACTION                     | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - SLOWING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |  |  |  |
|        | CONTRIBUTING CIRCUMSTANCES | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE /JACO<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING /FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                       |  |  |  |

|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
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| EVENTS | SEQUENCE OF EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |  |  |  |
|        | COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|        | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |

|        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
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| EVENTS | TRAFFICWAY FLOW            | 1 - ONE-WAY<br>2 - TWO-WAY<br>3 - ONE-WAY<br>4 - TWO-WAY<br>5 - ONE-WAY<br>6 - TWO-WAY<br>7 - ONE-WAY<br>8 - TWO-WAY<br>9 - ONE-WAY<br>10 - TWO-WAY<br>11 - ONE-WAY<br>12 - TWO-WAY<br>13 - ONE-WAY<br>14 - TWO-WAY<br>15 - ONE-WAY<br>16 - TWO-WAY<br>17 - ONE-WAY<br>18 - TWO-WAY<br>19 - ONE-WAY<br>20 - TWO-WAY<br>21 - ONE-WAY<br>22 - TWO-WAY<br>23 - ONE-WAY<br>24 - TWO-WAY<br>25 - ONE-WAY<br>26 - TWO-WAY<br>27 - ONE-WAY<br>28 - TWO-WAY<br>29 - ONE-WAY<br>30 - TWO-WAY<br>31 - ONE-WAY<br>32 - TWO-WAY<br>33 - ONE-WAY<br>34 - TWO-WAY<br>35 - ONE-WAY<br>36 - TWO-WAY<br>37 - ONE-WAY<br>38 - TWO-WAY<br>39 - ONE-WAY<br>40 - TWO-WAY<br>41 - ONE-WAY<br>42 - TWO-WAY<br>43 - ONE-WAY<br>44 - TWO-WAY<br>45 - ONE-WAY<br>46 - TWO-WAY<br>47 - ONE-WAY<br>48 - TWO-WAY<br>49 - ONE-WAY<br>50 - TWO-WAY<br>51 - ONE-WAY<br>52 - TWO-WAY<br>53 - ONE-WAY<br>54 - TWO-WAY<br>55 - ONE-WAY<br>56 - TWO-WAY<br>57 - ONE-WAY<br>58 - TWO-WAY<br>59 - ONE-WAY<br>60 - TWO-WAY<br>61 - ONE-WAY<br>62 - TWO-WAY<br>63 - ONE-WAY<br>64 - TWO-WAY<br>65 - ONE-WAY<br>66 - TWO-WAY<br>67 - ONE-WAY<br>68 - TWO-WAY<br>69 - ONE-WAY<br>70 - TWO-WAY<br>71 - ONE-WAY<br>72 - TWO-WAY<br>73 - ONE-WAY<br>74 - TWO-WAY<br>75 - ONE-WAY<br>76 - TWO-WAY<br>77 - ONE-WAY<br>78 - TWO-WAY<br>79 - ONE-WAY<br>80 - TWO-WAY<br>81 - ONE-WAY<br>82 - TWO-WAY<br>83 - ONE-WAY<br>84 - TWO-WAY<br>85 - ONE-WAY<br>86 - TWO-WAY<br>87 - ONE-WAY<br>88 - TWO-WAY<br>89 - ONE-WAY<br>90 - TWO-WAY<br>91 - ONE-WAY<br>92 - TWO-WAY<br>93 - ONE-WAY<br>94 - TWO-WAY<br>95 - ONE-WAY<br>96 - TWO-WAY<br>97 - ONE-WAY<br>98 - TWO-WAY<br>99 - ONE-WAY<br>100 - TWO-WAY |  |  |  |
|        | # OF THROUGH LANES ON ROAD | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
|        | RAIL GRADE CROSSING        | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |

|        |                               |                                                                                                                                           |  |  |  |
|--------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| EVENTS | UNIT / NON-MOTORIST DIRECTION | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN |  |  |  |
|        | UNIT SPEED                    | 35                                                                                                                                        |  |  |  |
|        | POSTED SPEED                  | 40                                                                                                                                        |  |  |  |

|        |                     |                                                                          |  |  |  |
|--------|---------------------|--------------------------------------------------------------------------|--|--|--|
| EVENTS | DETECTED SPEED      | 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED |  |  |  |
|        | FIRST HARMFUL EVENT | 1                                                                        |  |  |  |
|        | MOST HARMFUL EVENT  | 1                                                                        |  |  |  |

|                                                                                                                                                                                                                    |                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER                                                                                                                                                                                                |                                                                                                  |
| 26-39316                                                                                                                                                                                                           |                                                                                                  |
| DAMAGE                                                                                                                                                                                                             |                                                                                                  |
| DAMAGE SCALE                                                                                                                                                                                                       |                                                                                                  |
| 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                                       |                                                                                                  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                                                                                                                                         |                                                                                                  |
|                                                                                                                                                                                                                    |                                                                                                  |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]<br><input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15]<br><input type="checkbox"/> UNIT NOT AT SCENE [16] |                                                                                                  |
| INITIAL POINT OF CONTACT                                                                                                                                                                                           |                                                                                                  |
| 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN                                                                                       |                                                                                                  |
| TRAFFIC                                                                                                                                                                                                            |                                                                                                  |
| TRAFFICWAY FLOW                                                                                                                                                                                                    | TRAFFIC CONTROL                                                                                  |
| 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                                                                         | 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD                                                                                                                                                                                         | RAIL GRADE CROSSING                                                                              |
| 3                                                                                                                                                                                                                  | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING                |
| UNIT / NON-MOTORIST DIRECTION                                                                                                                                                                                      |                                                                                                  |
| 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                                                          |                                                                                                  |
| UNIT SPEED                                                                                                                                                                                                         | DETECTED SPEED                                                                                   |
| 35                                                                                                                                                                                                                 | 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                         |
| POSTED SPEED                                                                                                                                                                                                       |                                                                                                  |
| 40                                                                                                                                                                                                                 |                                                                                                  |

|                                                                                   |  |                                                                                        |  |                                    |  |                                                 |  |                                                                                                                                        |  |                                                                                      |  |                                                |  |                                                           |  |               |  |              |  |
|-----------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|------------------------------------|--|-------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|------------------------------------------------|--|-----------------------------------------------------------|--|---------------|--|--------------|--|
| Ohio Department of Public Safety                                                  |  | Motorist / Non-Motorist                                                                |  |                                    |  | LOCAL REPORT NUMBER<br>26-39316                 |  |                                                                                                                                        |  |                                                                                      |  |                                                |  |                                                           |  |               |  |              |  |
| UNIT #<br>1                                                                       |  | NAME: LAST, FIRST, MIDDLE<br>FREEMAN, LISA, A                                          |  |                                    |  | DATE OF BIRTH<br>06/08/1967                     |  | AGE<br>59                                                                                                                              |  | GENDER<br>F                                                                          |  |                                                |  |                                                           |  |               |  |              |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>228 JANICE ST , LODI, OH, 44254-1223         |  | 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         |  | DRIVER DISTRACTED BY<br>3                       |  | 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 #<br>2                                                                       |  | NAME: LAST, FIRST, MIDDLE<br>ANTILL, ETHAN, W                                          |  |                                    |  | DATE OF BIRTH<br>09/13/2009                     |  | AGE<br>16                                                                                                                              |  | GENDER<br>M                                                                          |  |                                                |  |                                                           |  |               |  |              |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3777 HUNTING RUN RD , MEDINA, OH, 44256-9310 |  | 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<br>4511.33A1       |  | LOCAL CODE<br><input type="checkbox"/>          |  | OFFENSE DESCRIPTION<br>RULES FOR DRIVING IN MARKED LANE                                                                                |  |                                                                                      |  | CITATION NUMBER<br>Y46010                      |  |                                                           |  |               |  |              |  |
| 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 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                                                      |  |                                    |  |                                                 |  |                                                                                                                                        |  |                                                                                      |  |                                                |  |                                                           |  |               |  |              |  |
| 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)                                              |  |               |  |              |  |
|                                                                                   |  |                                                                                        |  |                                    |  |                                                 |  |                                                                                                                                        |  |                                                                                      |  | STATUS TYPE VALUE                              |  | STATUS TYPE RESULTS SELECT UP TO 4                        |  |               |  |              |  |
| INJURIES                                                                          |  | SEATING POSITION                                                                       |  | AIR BAG                            |  | OL CLASS                                        |  | OL RESTRICTION(S)                                                                                                                      |  | DRIVER DISTRACTION                                                                   |  | TEST STATUS                                    |  |                                                           |  |               |  |              |  |
| 1 - FATAL                                                                         |  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                              |  | 1 - NOT DEPLOYED                   |  | 1 - CLASS A                                     |  | 1 - ALCOHOL INTERLOCK DEVICE                                                                                                           |  | 1 - NOT DISTRACTED                                                                   |  | 1 - NONE GIVEN                                 |  |                                                           |  |               |  |              |  |
| 2 - SUSPECTED SERIOUS INJURY                                                      |  | 2 - FRONT - MIDDLE                                                                     |  | 2 - DEPLOYED FRONT                 |  | 2 - CLASS B                                     |  | 2 - CDL 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 HANDS-FREE 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                |  |                                                           |  |               |  |              |  |
| INJURIES TAKEN BY                                                                 |  | 6 - SECOND - RIGHT SIDE                                                                |  | 9 - DEPLOYMENT UNKNOWN             |  | 6 - NO VALID OL                                 |  | 6 - EXCEPT CLASS A                                                                                                                     |  | 6 - PASSENGER                                                                        |  | ALCOHOL TEST TYPE                              |  |                                                           |  |               |  |              |  |
| 1 - NOT TRANSPORTED /TREATED AT SCENE                                             |  | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            |  | EJECTION                           |  | H - HAZMAT                                      |  | 7 - EXCEPT TRACTOR-TRAILER                                                                                                             |  | 7 - OTHER DISTRACTION INSIDE THE VEHICLE                                             |  | 1 - NONE                                       |  |                                                           |  |               |  |              |  |
| 2 - EMS                                                                           |  | 8 - THIRD - MIDDLE                                                                     |  | 1 - NOT EJECTED                    |  | M - MOTORCYCLE                                  |  | 8 - INTERMEDIATE LICENSE RESTRICTIONS                                                                                                  |  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE                                            |  | 2 - BLOOD                                      |  |                                                           |  |               |  |              |  |
| 3 - POLICE                                                                        |  | 9 - THIRD - RIGHT SIDE                                                                 |  | 2 - PARTIALLY EJECTED              |  | P - PASSENGER                                   |  | 9 - LEARNER'S PERMIT RESTRICTIONS                                                                                                      |  | 9 - OTHER / UNKNOWN                                                                  |  | 3 - URINE                                      |  |                                                           |  |               |  |              |  |
| 9 - OTHER / UNKNOWN                                                               |  | 10 - SLEEPER SECTION OF TRUCK CAB                                                      |  | 3 - TOTALLY EJECTED                |  | N - TANKER                                      |  | 10 - LIMITED TO DAYLIGHT ONLY                                                                                                          |  | CONDITION                                                                            |  | 4 - BREATH                                     |  |                                                           |  |               |  |              |  |
| SAFETY EQUIPMENT                                                                  |  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |  | 4 - NOT APPLICABLE                 |  | Q - MOTOR SCOOTER                               |  | 11 - LIMITED TO EMPLOYMENT                                                                                                             |  | 1 - APPARENTLY NORMAL                                                                |  | 5 - OTHER                                      |  |                                                           |  |               |  |              |  |
| 1 - NONE USED                                                                     |  | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                |  | TRAPPED                            |  | R - THREE-WHEEL MOTORCYCLE                      |  | 12 - LIMITED - OTHER                                                                                                                   |  | 2 - PHYSICAL IMPAIRMENT                                                              |  | DRUG TEST TYPE                                 |  |                                                           |  |               |  |              |  |
| 2 - SHOULDER BELT ONLY USED                                                       |  | 13 - TRAILING UNIT                                                                     |  | 1 - NOT TRAPPED                    |  | S - SCHOOL BUS                                  |  | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)                                                     |  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    |  | 1 - NONE                                       |  |                                                           |  |               |  |              |  |
| 3 - LAP BELT ONLY USED                                                            |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |  | 2 - EXTRICATED BY MECHANICAL MEANS |  | T - DOUBLE & TRIPLE TRAILERS                    |  | 14 - MILITARY VEHICLES ONLY                                                                                                            |  | 4 - ILLNESS                                                                          |  | 2 - BLOOD                                      |  |                                                           |  |               |  |              |  |
| 4 - SHOULDER & LAP BELT USED                                                      |  | 15 - NON-MOTORIST                                                                      |  | 3 - FREED BY NON-MECHANICAL MEANS  |  | X - TANKER / HAZMAT                             |  | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES                                                                                                 |  | 5 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             |  | 3 - URINE                                      |  |                                                           |  |               |  |              |  |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING                                       |  | 99 - OTHER / UNKNOWN                                                                   |  |                                    |  | GENDER                                          |  | 16 - OUTSIDE MIRROR                                                                                                                    |  | 9 - OTHER / UNKNOWN                                                                  |  | 4 - OTHER                                      |  |                                                           |  |               |  |              |  |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING                                          |  |                                                                                        |  |                                    |  | F - FEMALE                                      |  | 17 - PROSTHETIC AID                                                                                                                    |  |                                                                                      |  | DRUG TEST RESULT(S)                            |  |                                                           |  |               |  |              |  |
| 7 - BOOSTER SEAT                                                                  |  |                                                                                        |  |                                    |  | M - MALE                                        |  | 18 - OTHER                                                                                                                             |  |                                                                                      |  | 1 - AMPHETAMINES                               |  |                                                           |  |               |  |              |  |
| 8 - HELMET USED                                                                   |  |                                                                                        |  |                                    |  | U - OTHER / UNKNOWN                             |  |                                                                                                                                        |  |                                                                                      |  | 2 - BARBITURATES                               |  |                                                           |  |               |  |              |  |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)                                     |  |                                                                                        |  |                                    |  |                                                 |  |                                                                                                                                        |  |                                                                                      |  | 3 - BENZODIAZEPINES                            |  |                                                           |  |               |  |              |  |
| 10 - REFLECTIVE CLOTHING                                                          |  |                                                                                        |  |                                    |  |                                                 |  |                                                                                                                                        |  |                                                                                      |  |                                                |  |                                                           |  |               |  |              |  |

|                                   |                  |                   |                                                 |                  |                                                  |                  |               |          |         |
|-----------------------------------|------------------|-------------------|-------------------------------------------------|------------------|--------------------------------------------------|------------------|---------------|----------|---------|
| LOCAL REPORT NUMBER<br>26-39316   |                  |                   |                                                 |                  |                                                  |                  |               |          |         |
| UNIT # NAME: LAST, FIRST, MIDDLE  |                  |                   |                                                 |                  | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |
| ADDRESS: STREET, CITY, STATE, ZIP |                  |                   |                                                 |                  | CONTACT PHONE - INCLUDE AREA CODE                |                  |               |          |         |
| INJURIES                          | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

|                                   |                  |                   |                                                 |                  |                                                  |                  |               |          |         |
|-----------------------------------|------------------|-------------------|-------------------------------------------------|------------------|--------------------------------------------------|------------------|---------------|----------|---------|
| UNIT # NAME: LAST, FIRST, MIDDLE  |                  |                   |                                                 |                  | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |
| ADDRESS: STREET, CITY, STATE, ZIP |                  |                   |                                                 |                  | CONTACT PHONE - INCLUDE AREA CODE                |                  |               |          |         |
| INJURIES                          | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

|                                   |                  |                   |                                                 |                  |                                                  |                  |               |          |         |
|-----------------------------------|------------------|-------------------|-------------------------------------------------|------------------|--------------------------------------------------|------------------|---------------|----------|---------|
| UNIT # NAME: LAST, FIRST, MIDDLE  |                  |                   |                                                 |                  | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |
| ADDRESS: STREET, CITY, STATE, ZIP |                  |                   |                                                 |                  | CONTACT PHONE - INCLUDE AREA CODE                |                  |               |          |         |
| INJURIES                          | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

|                                   |                  |                   |                                                 |                  |                                                  |                  |               |          |         |
|-----------------------------------|------------------|-------------------|-------------------------------------------------|------------------|--------------------------------------------------|------------------|---------------|----------|---------|
| UNIT # NAME: LAST, FIRST, MIDDLE  |                  |                   |                                                 |                  | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |
| ADDRESS: STREET, CITY, STATE, ZIP |                  |                   |                                                 |                  | CONTACT PHONE - INCLUDE AREA CODE                |                  |               |          |         |
| INJURIES                          | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

|                                        |  |                                               |  |                                                                                                 |  |                                    |  |
|----------------------------------------|--|-----------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|------------------------------------|--|
| <b>INJURIES</b>                        |  | <b>SAFETY EQUIPMENT USED</b>                  |  | <b>SEATING POSITION</b>                                                                         |  | <b>AIR BAG USAGE</b>               |  |
| 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                 |  |
| <b>INJURED TAKEN BY</b>                |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  | 6 - SECOND - RIGHT SIDE                                                                         |  | 9 - DEPLOYMENT UNKNOWN             |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE |  | 7 - BOOSTER SEAT                              |  | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                                     |  | <b>EJECTION</b>                    |  |
| 2 - EMS                                |  | 8 - HELMET USED                               |  | 8 - THIRD - MIDDLE                                                                              |  | 1 - NOT EJECTED                    |  |
| 3 - POLICE                             |  | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) |  | 9 - THIRD - RIGHT SIDE                                                                          |  | 2 - PARTIALLY EJECTED              |  |
| 9 - OTHER / UNKNOWN                    |  | 10 - REFLECTIVE CLOTHING                      |  | 10 - SLEEPER SECTION OF TRUCK CAB                                                               |  | 3 - TOTALLY EJECTED                |  |
| <b>GENDER</b>                          |  | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) |  | 4 - NOT APPLICABLE                 |  |
| F - FEMALE                             |  | 99 - OTHER / UNKNOWN                          |  | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                         |  | <b>TRAPPED</b>                     |  |
| M - MALE                               |  |                                               |  | 13 - TRAILING UNIT                                                                              |  | 1 - NOT TRAPPED                    |  |
| U - OTHER / UNKNOWN                    |  |                                               |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                             |  | 2 - EXTRICATED BY MECHANICAL MEANS |  |
|                                        |  |                                               |  | 15 - NON-MOTORIST                                                                               |  | 3 - FREED BY NON-MECHANICAL MEANS  |  |
|                                        |  |                                               |  | 99 - OTHER / UNKNOWN                                                                            |  |                                    |  |

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