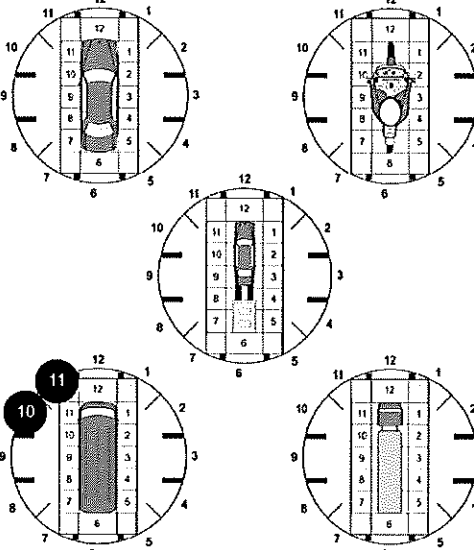


Ohio Department of Public Safety		TRAFFIC CRASH REPORT		*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT		LOCAL REPORT NUMBER *							
☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☐ OH-3 ☐ OH-1P ☐ OTHER ☐ PRIVATE PROPERTY		LOCAL INFORMATION 3426 E Smith Road REPORTING AGENCY NAME * Montville Police Department NCIC * 05213		26-43444		HIT/SKIP 1 - SOLVED 2 - UNSOLVED 2		NUMBER OF UNITS 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 1	
COUNTY * 52 LOCALITY * 3 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP * Montville (Township of)		CRASH DATE / TIME * 07/31/2026 17:32		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5							
ROUTE TYPE 3 ROUTE NUMBER 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Smith		ROAD TYPE RD		LATITUDE DECIMAL DEGREES 41.131115		LONGITUDE DECIMAL DEGREES -81.810558					
REFERENCE ROUTE TYPE 3 ROUTE NUMBER 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3426		ROAD TYPE RD		LONGITUDE DECIMAL DEGREES -81.810558		INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE		INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
DISTANCE FROM REFERENCE 3		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 3		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE		INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 1		LOCATION OF FIRST HARMFUL EVENT 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN 6		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN					
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER 3		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA 3		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN 1		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN 1		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN 2			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 2		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN 1		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN 1		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN 2					
NARRATIVE Unit #1 was behind unit #2 going westbound on E Smith. Unit #2 advised he used his turn signal to turn left into a driveway. Unit #1 believed unit #2 put hazards on and went to pass unit #2 as both vehicles were still moving. As unit #1 went to pass, unit #2 made the left turn and the vehicles collided. Unit #1 did not use any audible signal when passing. Both vehicles could drive from the scene and no injuries were reported. Also, no apparent damage to any other property besides the vehicles.													
CRASH REPORTED DATE / TIME 07/31/2026 17:32		DISPATCH DATE / TIME 07/31/2026 17:34		ARRIVAL DATE / TIME 07/31/2026 17:39		SCENE CLEARED DATE / TIME 07/31/2026 18:23		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST					
TOTAL TIME ROADWAY CLOSED 49		OTHER INVESTIGATION TIME 49		OFFICER'S NAME* Terrion, Daniel		CHECKED BY OFFICER'S NAME* Gaede, Seth		☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP's)					
OFFICER'S BADGE NUMBER* 1622		CHECKED BY OFFICER'S BADGE NUMBER* 1608		OFFICER'S BADGE NUMBER* 1622		CHECKED BY OFFICER'S BADGE NUMBER* 1608		OFFICER'S BADGE NUMBER* 1622					

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAVE AS DRIVER)		OWNER PHONE: (INCLUDE AREA CODE) (☐ SAVE AS DRIVER)	
	1	INC, HP			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAVE AS DRIVER) 5336 RUSTIC HILLS DR, MEDINA, OH, 44256-8783				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)	
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	OH	JIT3899	1FMCU9CZ9MUA39180	2021	FORD
	☒ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		OLD REPUBLIC INSURANCE CO	MWTB314056-25	WHI	ESCAPE
	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
	☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE				
	☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		# OCCUPANTS	HAZARDOUS MATERIAL	
			1	☐ MATERIAL RELEASED ☐ PLACARD	
	VEHICLE WEIGHT GVWR/GCWR		CLASS # PLACARD ID #		
	1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.				
EVENTS	UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP			
	# OF TRAILING UNITS				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN				
	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP. 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN				
	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN /ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN				
	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN				
	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN				
	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN				
	1 - NONE 2 - FAILURE TO YIELD 3 - RED LIGHT 4 - STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION				
	SEQUENCE OF EVENTS				
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO /EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT					
COLLISION WITH FIXED OBJECT - STRUCK					
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN					
FIRST HARMFUL EVENT 1 2 MOST HARMFUL EVENT					

LOCAL REPORT NUMBER	
26-43444	
DAMAGE	
DAMAGE SCALE	
1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
3	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
1	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
2	6
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
FROM 3 TO 4	
UNIT SPEED	DETECTED SPEED
25	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
25	1

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAVE AS DRIVER)		OWNER PHONE: (INCLUDE AREA CODE) (☐ SAVE AS DRIVER)		
	2	LOGISTICS INC, AMAZON				
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAVE AS DRIVER)					
	10575 MEMPHIS AVE, CLEVELAND, OH, 44144-2042					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)		
AMAZON, 10575 MEMPHIS AVE, CLEVELAND, OH, 44144-20						
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
	PA	VBD6094	7FCEHEB2XSN030102	2025	RIVIAN	
	☒ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
	☒	KNIGHTBROOK INSURANCE CO	KBAG0001684	BLU	RCV	
	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
	☒ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE			
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	# OCCUPANTS	HAZARDOUS MATERIAL		
			1	CLASS # PLACARD ID #		
	UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR			
	5		1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.			
1 - PASSENGER CAR		12 - GOLF CART				
2 - PASSENGER VAN (MINIVAN)		13 - SNOWMOBILE				
3 - SPORT UTILITY VEHICLE		14 - SINGLE UNIT TRUCK				
4 - PICK UP		15 - SEMI-TRACTOR				
5 - CARGO VAN		16 - FARM EQUIPMENT				
		17 - MOTORHOME				
# OF TRAILING UNITS		18 - LIMO (LIVERY VEHICLE)				
		19 - BUS (16+ PASSENGERS)				
		20 - OTHER VEHICLE				
		21 - HEAVY EQUIPMENT				
		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE				
		23 - PEDESTRIAN/SKATER				
		24 - WHEELCHAIR (ANY TYPE)				
		25 - OTHER NON-MOTORIST				
		26 - BICYCLE				
		27 - TRAIN				
		99 - UNKNOWN OR HIT/SKIP				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION				
2		1 - DRIVER ASSISTANCE				
		3 - CONDITIONAL AUTOMATION				
		4 - HIGH AUTOMATION				
		5 - FULL AUTOMATION				
SPECIAL FUNCTION		21				
1 - NONE		6 - BUS - CHARTER/TOUR				
2 - TAXI		7 - BUS - INTERCITY				
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE				
4 - SCHOOL TRANSPORT		9 - BUS - OTHER				
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE				
CARGO BODY TYPE		6				
1 - NO CARGO BODY TYPE / NOT APPLICABLE		4 - LOGGING				
2 - BUS		5 - INTERMODAL CONTAINER CHASSIS				
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		6 - CARGOVAN / ENCLOSED BOX				
VEHICLE DEFECTS		1 - TURN SIGNALS				
		2 - HEAD LAMPS				
		3 - TAIL LAMPS				
		4 - BRAKES				
		5 - STEERING				
		6 - TIRE BLOWOUT				
		7 - WORN OR SLICK TIRES				
		8 - TRAILER EQUIPMENT DEFECTIVE				
		9 - MOTOR TROUBLE				
		10 - DISABLED FROM PRIOR ACCIDENT				
		99 - OTHER / UNKNOWN				
NON-MOTORIST LOCATION		1 - INTERSECTION - MARKED CROSSWALK				
		2 - INTERSECTION - UNMARKED CROSSWALK				
		3 - INTERSECTION - OTHER				
		4 - MIDBLOCK - MARKED CROSSWALK				
		5 - TRAVEL LANE - OTHER LOCATION				
		6 - BICYCLE LANE				
		7 - SHOULDER/ROADSIDE				
		8 - SIDEWALK				
		9 - MEDIAN/CROSSING ISLAND				
		10 - DRIVEWAY ACCESS				
		11 - SHARED USE PATHS OR TRAILS				
		12 - FIRST RESPONDER AT INCIDENT SCENE				
		99 - OTHER / UNKNOWN				
ACTION		5				
1 - NON-CONTACT		1 - STRAIGHT AHEAD				
2 - NON-COLLISION		2 - BACKING				
3 - STRIKING		3 - CHANGING LANES				
4 - STRUCK		4 - OVERTAKING/PASSING				
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN				
9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN				
		7 - MAKING U-TURN				
		8 - ENTERING TRAFFIC LANE				
		9 - LEAVING TRAFFIC LANE				
		10 - PARKED				
		11 - SLOWING OR STOPPED IN TRAFFIC				
		12 - DRIVERLESS				
		13 - NEGOTIATING A CURVE				
		14 - ENTERING OR CROSSING SPECIFIED LOCATION				
		15 - WALKING, RUNNING, JOGGING, PLAYING				
		16 - WORKING				
		17 - PUSHING VEHICLE				
		18 - APPROACHING OR LEAVING VEHICLE				
		19 - STANDING				
		20 - OTHER NON-MOTORIST				
CONTRIBUTING CIRCUMSTANCES		1				
1 - NONE		8 - FOLLOWING TOO CLOSE / JCDA				
2 - FAILURE TO YIELD		9 - IMPROPER LANE CHANGE				
3 - RAN RED LIGHT		10 - IMPROPER PASSING				
4 - RAN STOP SIGN		11 - DROVE OFF ROAD				
5 - UNSAFE SPEED		12 - IMPROPER BACKING				
6 - IMPROPER TURN		13 - IMPROPER START FROM A PARKED POSITION				
7 - LEFT OF CENTER		14 - STOPPED OR PARKED ILLEGALLY				
		15 - SWERVING TO AVOID				
		16 - WRONG WAY				
		17 - VISION OBSTRUCTION				
		18 - OPERATING DEFECTIVE EQUIPMENT				
		19 - LOAD SHIFTING / FALLING/SPILLING				
		20 - IMPROPER CROSSING				
		21 - LYING IN ROADWAY				
		22 - NOT DISCERNIBLE				
		23 - OPENING DOOR INTO ROADWAY				
		99 - OTHER IMPROPER ACTION				
SEQUENCE OF EVENTS		EVENTS				
1 11		1 - OVERTURN/ROLLOVER				
2 20		2 - FIRE/EXPLOSION				
3		3 - IMMERSION				
		4 - JACKKNIFE				
		5 - CARGO / EQUIPMENT LOSS OR SHIFT				
		6 - EQUIPMENT FAILURE				
		7 - SEPARATION OF UNITS				
		8 - RAN OFF ROAD RIGHT				
		9 - RAN OFF ROAD LEFT				
		10 - CROSS MEDIAN				
		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL				
		12 - DOWNHILL RUNAWAY				
		13 - OTHER NON-COLLISION				
		14 - PEDESTRIAN				
		15 - PEDALCYCLE				
		16 - RAILWAY VEHICLE				
		17 - ANIMAL - FARM				
		18 - ANIMAL - DEER				
		19 - ANIMAL - OTHER				
		20 - MOTOR VEHICLE IN TRANSPORT				
		21 - PARKED MOTOR VEHICLE				
		22 - WORK ZONE MAINTENANCE EQUIPMENT				
		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE				
		24 - OTHER MOVABLE OBJECT				
		25 - IMPACT ATTENUATOR / CRASH CUSHION				
		26 - BRIDGE OVERHEAD STRUCTURE				
		27 - BRIDGE PIER OR ABUTMENT				
		28 - BRIDGE PARAPET				
		29 - BRIDGE RAIL				
		30 - GUARDRAIL FACE				
		31 - GUARDRAIL END				
		32 - PORTABLE BARRIER				
		33 - MEDIAN CABLE BARRIER				
		34 - MEDIAN GUARDRAIL BARRIER				
		35 - MEDIAN CONCRETE BARRIER				
		36 - MEDIAN OTHER BARRIER				
		37 - TRAFFIC SIGN POST				
		38 - OVERHEAD SIGN POST				
		39 - LIGHT / LUMINARIES SUPPORT				
		40 - UTILITY POLE				
		41 - OTHER POST, POLE OR SUPPORT				
		42 - CULVERT				
		43 - CURB				
		44 - DITCH				
		45 - EMBANKMENT				
		46 - FENCE				
		47 - MAILBOX				
		48 - TREE				
		49 - FIRE HYDRANT				
		50 - WORK ZONE MAINTENANCE EQUIPMENT				
		51 - WALL				
		52 - BUILDING				
		53 - TUNNEL				
		54 - OTHER FIXED OBJECT				
		99 - OTHER / UNKNOWN				
FIRST HARMFUL EVENT		1				
MOST HARMFUL EVENT		1				

LOCAL REPORT NUMBER	
26-43444	
DAMAGE	
DAMAGE SCALE	
1 - NONE	
3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE	
4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
	
☐ NO DAMAGE [0]	
☐ UNDERCARRIAGE [14]	
☐ TOP [13]	
☐ ALL AREAS [15]	
☐ UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE	
14 - UNDERCARRIAGE	
11	
1-12 - REFER TO UNIT DIAGRAM	
15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	4 - STOP SIGN
2	2 - SIGNAL
	5 - YIELD SIGN
	3 - FLASHER
	6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH	
5 - NORTHEAST	
2 - SOUTH	
6 - NORTHWEST	
3 - EAST	
7 - SOUTHEAST	
4 - WEST	
8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
15	1 - STATED / ESTIMATED SPEED
POSTED SPEED	2 - CALCULATED / EDR
25	3 - UNDETERMINED

Ohio Department of Public Safety		Motorist / Non-Motorist				LOCAL REPORT NUMBER 26-43444							
UNIT # 1		NAME: LAST, FIRST, MIDDLE PATTERSON, KELSEY, ELISE				DATE OF BIRTH 05/24/1990			AGE 36	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 5336 RUSTIC HILLS DR , MEDINA, OH, 44256-8783		CONTACT PHONE - INCLUDE AREA CODE [REDACTED]											
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED 4511.27		LOCAL CODE ☐	OFFENSE DESCRIPTION RULES GOVERNING OVERTAKING AN			CITATION NUMBER Y46063				
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4 1 1			
UNIT # 2		NAME: LAST, FIRST, MIDDLE BIGGINS, JACOB, PERRY				DATE OF BIRTH 01/15/2004			AGE 22	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 4501 W 172ND ST , CLEVELAND, OH, 44135-2521		CONTACT PHONE - INCLUDE AREA CODE [REDACTED]											
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED		LOCAL CODE ☐	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4 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	☐ 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)			
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	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED		1 - NONE GIVEN	
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - 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 - TALKING ON HAND-HELD COMMUNICATION DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
INJURIES TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		7 - EXCEPT TRACTOR-TRAILER		6 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED /TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		OL ENDORSEMENT		8 - INTERMEDIATE LICENSE RESTRICTIONS		6 - PASSENGER		1 - NONE	
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		H - HAZMAT		9 - LEARNER'S PERMIT RESTRICTIONS		7 - OTHER DISTRACTION INSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		M - MOTORCYCLE		10 - LIMITED TO DAYLIGHT ONLY		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		3 - URINE	
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		P - PASSENGER		11 - LIMITED TO EMPLOYMENT		9 - OTHER / UNKNOWN		4 - BREATH	
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		N - TANKER		12 - LIMITED - OTHER		CONDITION		5 - OTHER	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		Q - MOTOR SCOOTER		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - APPARENTLY NORMAL		ALCOHOL TEST RESULT(S)	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE		14 - MILITARY VEHICLES ONLY		2 - PHYSICAL IMPAIRMENT		1 - NONE	
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR		2 - EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		2 - BLOOD	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		16 - OUTSIDE MIRROR		4 - ILLNESS		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN				X - TANKER / HAZMAT		17 - PROSTHETIC AID		5 - F			

LOCAL REPORT NUMBER 26-43444									
UNIT # NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME) _____	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____	SAFETY EQUIPMENT ☐ 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				
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME) _____	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____	SAFETY EQUIPMENT ☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT # NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME) _____	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____	SAFETY EQUIPMENT ☐ 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				
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME) _____	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____	SAFETY EQUIPMENT ☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

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

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