

CWC 1-31-22



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

22MPD0184

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH -2	<input checked="" type="checkbox"/> OH -3	LOCAL INFORMATION			
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME * Millersburg			
<input type="checkbox"/> PRIVATE PROPERTY	NCIC * 03801			HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 1	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN

COUNTY* 38	LOCALITY* 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* Millersburg	CRASH DATE / TIME* 01/30/2022 08:51	CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
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ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Washington	ROAD TYPE SQ	LATITUDE DECIMAL DEGREES 40.544895
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 800 S. Washington St	ROAD TYPE	LONGITUDE DECIMAL DEGREES -81.917152

REFERENCE POINT 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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 AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES
DISTANCE FROM REFERENCE 0.00	DISTANCE UNIT OF MEASURE 2 1 - MILES 2 - FEET 3 - YARDS	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED					

LOCATION OF FIRST HARMFUL EVENT 1 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	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	MANNER OF CRASH COLLISION/IMPACT 9 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 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 3 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	CONDITIONS 7 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN
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LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER 2 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
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NARRATIVE

Unit 1 was traveling southbound on S. Washington St. when the brakes on the vehicle went out. To avoid striking another vehicle Unit 1 swerved off the road and drove through the grass, running into a telephone pole and crashing into a ditch. The driver of Unit 1 was issued a citation for failure to control.

CRASH REPORTED DATE / TIME 01/30/2022 08:51	DISPATCH DATE / TIME 01/30/2022 08:53	ARRIVAL DATE / TIME 01/30/2022 08:57	SCENE CLEARED DATE / TIME 01/30/2022 10:43	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 20	TOTAL MINUTES 130	OFFICER'S NAME* Bailey, Connor	CHECKED BY OFFICER'S NAME*
			OFFICER'S BADGE NUMBER* 106	CHECKED BY OFFICER'S BADGE NUMBER*

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

22MPD0184

OWNER

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
REICHMAN, TERRY, A.

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
330-413-5387

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
276 W. CLINTON ST., MILLERSBURG, OH, 44654

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

DAMAGE

DAMAGE SCALE

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

VEHICLE

LP STATE OH LICENSE PLATE # 864YZL VEHICLE IDENTIFICATION # SHSRD78806U438762 VEHICLE YEAR 2006 VEHICLE MAKE HONDA

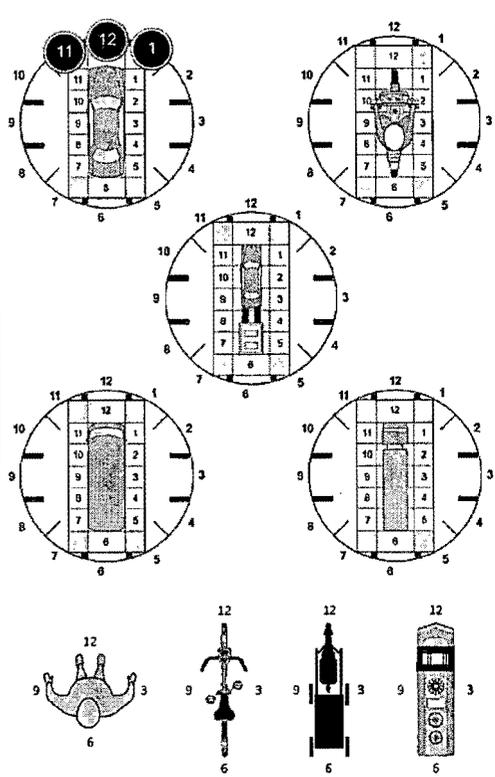
INSURANCE VERIFIED INSURANCE COMPANY USAA INSURANCE POLICY # 0186195367101 COLOR WHI VEHICLE MODEL CR-V

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME RIGZ

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS _____ VEHICLE WEIGHT GVWR/GCWR
 1 - <10K LBS.
 2 - 10,001 - 26K LBS.
 3 - > 26K LBS.

MATERIAL CLASS # _____ HAZARDOUS MATERIAL PLACARD ID # _____

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY



UNIT TYPE 3

OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

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

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

SPECIAL FUNCTION 1

CARGO BODY TYPE 1

VEHICLE DEFECTS 4

NON-MOTORIST LOCATION 1

ACTION 3

CONTRIBUTING CIRCUMSTANCES 11

INITIAL POINT OF CONTACT

12 0 - NO DAMAGE 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 99 - OTHER / UNKNOWN
 13 - TOP

SEQUENCE OF EVENTS

EVENTS

1 6 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

2 8 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT

3 40 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

4 44 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

5 27 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 24 - OTHER MOVABLE OBJECT

6 1 6 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 17 - ANIMAL - FARM 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING

7 28 7 - JACKKNIFE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 18 - ANIMAL - DEER 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL

8 44 8 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 19 - ANIMAL - FARM 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT

9 27 9 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 20 - MOTOR VEHICLE IN TRANSPORT 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 55 - OTHER / UNKNOWN

10 28 10 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 21 - PARKED MOTOR VEHICLE 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 56 - OTHER / UNKNOWN

11 29 11 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 22 - WORK ZONE MAINTENANCE EQUIPMENT 36 - MEDIAN OTHER BARRIER 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 57 - OTHER / UNKNOWN

12 30 12 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 37 - TRAFFIC SIGN POST 44 - DITCH 51 - WALL 58 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 3

TRAFFIC

TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY

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

OF THROUGH LANES ON ROAD 2

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

UNIT / NON-MOTORIST DIRECTION

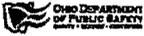
FROM 1 TO 2

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

UNIT SPEED 30

POSTED SPEED 35

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
22MPD0184

UNIT # 1	NAME: LAST, FIRST, MIDDLE NEUBERT, JONATHAN, JEREMIAH	DATE OF BIRTH 02/13/2004	AGE 17	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP 276 W. CLINTON ST., MILLERSBURG, OH, 44654	CONTACT PHONE - INCLUDE AREA CODE 330-933-4915
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INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER VC401182	OFFENSE CHARGED 4511.202	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION OPERATING VEHICLE WITHOUT REAS	CITATION NUMBER YKE4RQ
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OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST			DRUG TEST(S)		
STATUS		TYPE	VALUE	STATUS		TYPE	RESULTS SELECT UP TO 4				

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

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST			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	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, EMAILING)	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
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	4 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	6 - PASSENGER	
	8 - THIRD - MIDDLE	EJECTION		8 - INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	ALCOHOL TEST TYPE
	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	OL ENDORSEMENT	9 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	1 - NONE
	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	H - HAZMAT	10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	2 - BLOOD
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT; BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	M - MOTORCYCLE	11 - LIMITED TO EMPLOYMENT		3 - URINE
	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	P - PASSENGER	12 - LIMITED - OTHER		4 - BREATH
	13 - TRAILING UNIT		N - TANKER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		5 - OTHER
	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	TRAPPED	Q - MOTOR SCOOTER	14 - LIMITED - OTHER	CONDITION	DRUG TEST TYPE
	15 - NON-MOTORIST	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	1 - APPARENTLY NORMAL	1 - NONE
	99 - OTHER / UNKNOWN	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	16 - OUTSIDE MIRROR	2 - PHYSICAL IMPAIRMENT	2 - BLOOD
		3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	17 - PROSTHETIC AID	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - URINE
			X - TANKER / HAZMAT	18 - OTHER	4 - ILLNESS	4 - OTHER
					5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	DRUG TEST RESULT(S)
			GENDER		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	1 - AMPHETAMINES
			F - FEMALE		9 - OTHER / UNKNOWN	2 - BARBITURATES
			M - MALE			3 - BENZODIAZEPINES
			U - OTHER / UNKNOWN			4 - CANNABINOIDS
						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER 22MPD0184		
DATE OF BIRTH	AGE	GENDER

UNIT #	NAME: LAST, FIRST, MIDDLE
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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DATE OF BIRTH	AGE	GENDER
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DATE OF BIRTH	AGE	GENDER
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DATE OF BIRTH	AGE	GENDER
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DATE OF BIRTH	AGE	GENDER
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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
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BEASLY, KATHY	03/31/1971	50	F
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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800 S. WASHINGTON ST. LOT 84, MILLERSBURG, OH, 44654	330-432-5595
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NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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OHIO TRAFFIC ACCIDENT - OH2 NARRATIVE

LOCAL REPORT NUMBER 22MPD0184	REPORTING AGENCY Millersburg	DATE OF CRASH 01/30/2022
IN COUNTY OF Holmes County	ACCIDENT LOCATION Washington	

POLE OWNER, CENTURY LINK, # A34132713
\$ 1000

OFFICERS SIGNATURE 	BADGE NO. 106
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 21MPD0184	REPORTING AGENCY MILLERSBURG PD	DATE OF CRASH M 1 10 30 14 22
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kathy Beasley (PRINTED) _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO

(OFFICERS NAME)

AT 800 South Washington (LOCATION)

Slowing to turn in lane with signal on, I heard impact behind me and looking in rearview mirror I saw white vehicle go across lane and nose first in ditch.

[Large handwritten scribble covering the middle section of the form]

ADDRESS OF WITNESS 800 South Washington	LOT 84	PHONE 330-432-5595
SIGNATURE OF WITNESS Kathy Beasley	OFFICERS SIGNATURE [Signature]	

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>21MPD 0184</u>	REPORTING AGENCY <u>MILLERSBURG PD</u>	DATE OF CRASH <u>M 1 10 30 1982</u>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jonathan Neubeck (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

(OFFICERS NAME) AT (LOCATION)

I was holding my breaks, the car would not stop, I attempted to avoid hitting a car. F with the pole

ADDRESS OF WITNESS <u>206 W Clinton St</u>	PHONE <u>330-933448</u>
SIGNATURE OF WITNESS <u>[Signature]</u>	OFFICERS SIGNATURE <u>[Signature]</u>