

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

MKIM7-1-22

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION 22MPD1030		LOCAL REPORT NUMBER * 22MPD1030	
<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		REPORTING AGENCY NAME * Millersburg		NCIC * 03801	
HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR 1 98 - ANIMAL 1 99 - UNKNOWN	
COUNTY* 38	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 2	LOCATION: CITY, VILLAGE, TOWNSHIP* Millersburg		CRASH DATE / TIME* 06/27/2022 17:21	
CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		CRASH DATE / TIME* 06/27/2022 17:21		CRASH SEVERITY 5	
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3		LOCATION ROAD NAME Jackson		ROAD TYPE ST	
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Monroe		ROAD TYPE ST	
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3		LOCATION ROAD NAME Jackson		ROAD TYPE ST	
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Monroe		ROAD TYPE ST	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 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	
DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS		DIRECTION FROM REFERENCE 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	
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		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 6		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	
MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN		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	
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		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN	
SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN		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 1 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	
NARRATIVE Unit 02 was at the stop light on Monroe St at Jackson St intersection southbound. Unit 02 states her light changed to green and proceeded through the intersection. Unit 01 was eastbound on Jackson St through Monroe St intersection and struck Unit 02 in the passenger side rear door. Unit 01 states she is unsure if her stop light was green or red.					
CRASH REPORTED DATE / TIME 06/27/2022 17:21		DISPATCH DATE / TIME 06/27/2022 17:25		ARRIVAL DATE / TIME 06/27/2022 17:26	
SCENE CLEARED DATE / TIME 06/27/2022 18:06		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 71	
OFFICER'S NAME* Genet, Stephanie		OFFICER'S BADGE NUMBER* 107		CHECKED BY OFFICER'S NAME* CHECKED BY OFFICER'S BADGE NUMBER*	

<b>UNIT #</b> 1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) ROBB, KAYANN	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) 330-674-9158
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 6985 SR 39, MILLERSBURG, OH, 44654		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> AD62TN	<b>VEHICLE IDENTIFICATION #</b> 3FAHP0HAXCR16511	<b>VEHICLE YEAR</b> 2012	<b>VEHICLE MAKE</b> FORD
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> GOODVILLE MUTUAL CASUALTY	<b>INSURANCE POLICY #</b> PA794332	<b>COLOR</b> BRO	<b>VEHICLE MODEL</b> FUSION
<input type="checkbox"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>GOVERNMENT</b>	<input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>	<b>US DOT #</b>	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b>	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤ 10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.	
<b>TYPE OF USE</b>		<b>TOWED BY:</b> COMPANY NAME FINNYS		
<b>HAZARDOUS MATERIAL</b>		<b>CLASS #</b> <b>PLACARD ID #</b>		
<input type="checkbox"/> <b>MATERIAL</b>		<input type="checkbox"/> <b>RELEASED</b>		
<input type="checkbox"/> <b>PLACARD</b>				

<b>UNIT TYPE</b>	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
<b># of TRAILING UNITS</b>					

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

<b>SPECIAL FUNCTION</b>	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
-------------------------	---	---	--	--	---

<b>CARGO BODY TYPE</b>	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
------------------------	--	---	---	--	----------------------

<b>VEHICLE DEFECTS</b>	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
------------------------	--	--	--	--	----------------------

<b>NON-MOTORIST LOCATION</b>	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
------------------------------	--	---	---	---	----------------------

<b>ACTION</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	<b>PRE-CRASH ACTIONS</b>	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
---------------	---	--------------------------	--	--	--	--

<b>CONTRIBUTING CIRCUMSTANCES</b>	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER	8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION	18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
-----------------------------------	---	--	---	---	--

<b>SEQUENCE OF EVENTS</b>	1 [20] 2 3	<b>EVENTS</b>	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
---------------------------	------------------	---------------	--	---	---	--	--

<b>COLLISION WITH FIXED OBJECT - STRUCK</b>	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
---	--	--	--	--	---

<b>FIRST HARMFUL EVENT</b>	[1]	<b>MOST HARMFUL EVENT</b>	[1]
----------------------------	-----	---------------------------	-----

**LOCAL REPORT NUMBER**  
22MPD1030

**DAMAGE**

**DAMAGE SCALE**

1 - NONE  
2 - MINOR DAMAGE  
3 - FUNCTIONAL 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  
1-12 - REFER TO UNIT DIAGRAM  
13 - TOP  
14 - UNDERCARRIAGE  
15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN

**TRAFFIC**

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

<b># of THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
[2]	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM [4] TO [3]

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

<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
[25]	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b>	[25]

<b>UNIT #</b> 2	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) ACAR LEASING LTD,	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER) 235 E JACKSON ST, MILLERSBURG, OH, 44654		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> JLA1676	<b>VEHICLE IDENTIFICATION #</b> KL4MMBS28MB138132	<b>VEHICLE YEAR</b> 2021	<b>VEHICLE MAKE</b> BUICK
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> SAFCO INSURANCE	<b>INSURANCE POLICY #</b> K2103886	<b>COLOR</b> RED	<b>VEHICLE MODEL</b> ENCLAVE
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME	

<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b>	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤ 10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.	<b>HAZARDOUS MATERIAL</b> CLASS #   PLACARD ID # <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
<b>UNIT TYPE</b> 1 - PASSENGER CAR   6 - VAN (9-15 SEATS)   12 - GOLF CART   18 - LIMO (LIVERY VEHICLE)   23 - PEDESTRIAN/SKATER 2 - PASSENGER VAN (MINIVAN)   7 - MOTORCYCLE 2-WHEELED   13 - SNOWMOBILE   19 - BUS (16+ PASSENGERS)   24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE   8 - MOTORCYCLE 3-WHEELED   14 - SINGLE UNIT TRUCK   20 - OTHER VEHICLE   25 - OTHER NON-MOTORIST 4 - PICK UP   9 - AUTOCYCLE   15 - SEMI-TRACTOR   21 - HEAVY EQUIPMENT   26 - BICYCLE 5 - CARGO VAN   10 - MOPED OR MOTORIZED BICYCLE   16 - FARM EQUIPMENT   22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE   27 - TRAIN 11 - ALL TERRAIN VEHICLE (ATV/UTV)   17 - MOTORHOME   99 - UNKNOWN OR HIT/SKIP					

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

<b>SPECIAL FUNCTION</b> 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
--	---	--	--	--

<b>CARGO BODY TYPE</b> 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
--	--	--	---	----------------------

<b>VEHICLE DEFECTS</b> 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
--	--	---	---	----------------------

<b>NON-MOTORIST LOCATION</b> 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 OR TRAILS   11 - SHARED USE PATHS   12 - FIRST RESPONDER AT INCIDENT SCENE	99 - OTHER / UNKNOWN
--	---	---	---	----------------------

<b>ACTION</b> 4 - STRUCK	<b>PRE-CRASH ACTIONS</b> 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
-----------------------------	---	---	---	---

<b>CONTRIBUTING CIRCUMSTANCES</b> 1 - NONE   2 - FAILURE TO YIELD   3 - RAN RED LIGHT   4 - RAN STOP SIGN   5 - UNSAFE SPEED   6 - IMPROPER TURN   7 - LEFT OF CENTER	8 - FOLLOWING TOO CLOSE / ACDA   9 - IMPROPER LANE CHANGE   10 - IMPROPER PASSING   11 - DROVE OFF ROAD   12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION   14 - STOPPED OR PARKED ILLEGALLY   15 - SWERVING TO AVOID   16 - WRONG WAY   17 - VISION OBSTRUCTION	18 - OPERATING DEFECTIVE EQUIPMENT   19 - LOAD SHIFTING / FALLING/SPILLING   20 - IMPROPER CROSSING   21 - LYING IN ROADWAY   22 - NOT DISCERNIBLE	23 - OPENING DOOR INTO ROADWAY   99 - OTHER IMPROPER ACTION
--	---	---	--	---

<b>SEQUENCE OF EVENTS</b> 1 - 20	<b>EVENTS</b> 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
-------------------------------------	---	---	---	--	---

<b>COLLISION WITH FIXED OBJECT - STRUCK</b>				
4 - 25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	38 - OVERHEAD SIGN POST	45 - EMBANKMENT	52 - BUILDING
5 - 26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	46 - FENCE	53 - TUNNEL
6 - 27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	40 - UTILITY POLE	47 - MAILBOX	54 - OTHER FIXED OBJECT
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE	99 - OTHER / UNKNOWN
29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	42 - CULVERT	49 - FIRE HYDRANT	
30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT	
1 - <b>FIRST HARMFUL EVENT</b>	1 - <b>MOST HARMFUL EVENT</b>	44 - DITCH	51 - WALL	

**LOCAL REPORT NUMBER**  
22MPD1030

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

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

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

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

**TRAFFIC**

<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY   2 - TWO-WAY	<b>TRAFFIC CONTROL</b> 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**  
10

**POSTED SPEED**  
25

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

22MPD1030

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> ROBB, KAYANN				<b>DATE OF BIRTH</b> 11/07/1941		<b>AGE</b> 80	<b>GENDER</b> F			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 6985 SR 39, MILLERSBURG, OH, 44654					<b>CONTACT PHONE - INCLUDE AREA CODE</b> 330-674-9158						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-Compliant <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> RF379748		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>		
						STATUS 1 TYPE 1 VALUE .		STATUS 1 TYPE 1		RESULTS SELECT UP TO 4	

<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> SCHAFFTER, LEAH, C				<b>DATE OF BIRTH</b> 08/30/1976		<b>AGE</b> 45	<b>GENDER</b> F			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 235 E JACKSON ST, MILLERSBURG, OH, 44654					<b>CONTACT PHONE - INCLUDE AREA CODE</b> 330-473-7407						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-Compliant <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 3	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> RS295750		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>		
						STATUS 1 TYPE 1 VALUE .		STATUS 1 TYPE 1		RESULTS SELECT UP TO 4	

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