

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER

22MPD1142

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION	22MPD1142	HIT/SKIP	1 - SOLVED	NUMBER OF UNITS	2	UNIT IN ERROR	1	98 - ANIMAL	99 - UNKNOWN
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME *	Millersburg	NCIC *	03801						
<input checked="" type="checkbox"/> PRIVATE PROPERTY												

COUNTY*	38	LOCALITY*	2	LOCATION: CITY, VILLAGE, TOWNSHIP*	Millersburg	CRASH DATE / TIME*	07/11/2022 16:23	CRASH SEVERITY	5
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ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	Private Property	ROAD TYPE	ST	LATITUDE DECIMAL DEGREES	40.555348
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	75 Clinton St	ROAD TYPE		LONGITUDE DECIMAL DEGREES	-81.916416

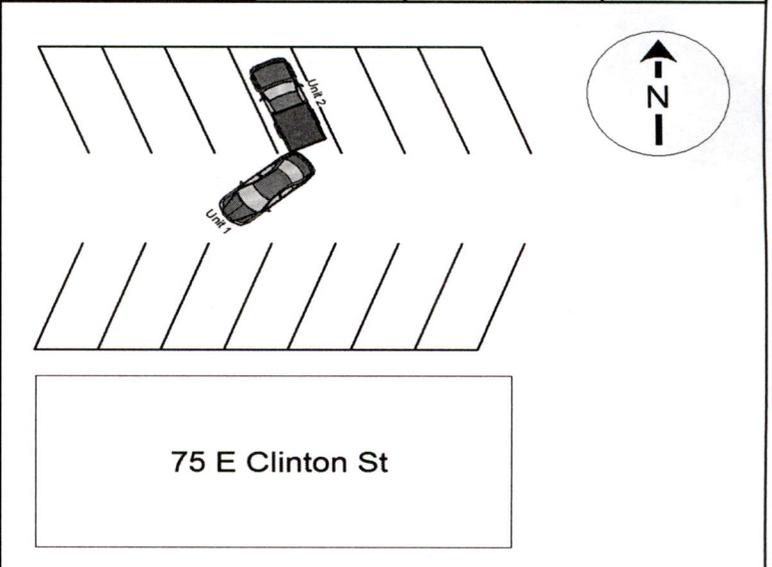
REFERENCE POINT	1 - INTERSECTION	2 - MILE POST	3 - HOUSE #	DIRECTION FROM REFERENCE	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	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		DISTANCE UNIT OF MEASURE	1 - MILES 2 - FEET 3 - YARDS	ROADWAY												
													<input type="checkbox"/> ROADWAY DIVIDED			

LOCATION OF FIRST HARMFUL EVENT	1 - ON ROADWAY	2 - ON SHOULDER	3 - IN MEDIAN	4 - ON ROADSIDE	5 - ON GORE	6 - OUTSIDE TRAFFIC WAY	7 - ON RAMP	8 - OFF RAMP	9 - CROSSOVER	10 - DRIVEWAY/ALLEY ACCESS	11 - RAILWAY GRADE CROSSING	12 - SHARED USE PATHS OR TRAILS	13 - BIKE LANE	14 - TOLL BOOTH	99 - OTHER / UNKNOWN	MANNER OF CRASH COLLISION/IMPACT	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	2 - REAR-END	3 - HEAD-ON	4 - REAR-TO-REAR	5 - BACKING	6 - ANGLE	7 - SIDESWIPE, SAME DIRECTION	8 - SIDESWIPE, OPPOSITE DIRECTION	9 - OTHER / UNKNOWN	DIRECTION OF TRAVEL	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE	1 - DIVIDED FLUSH MEDIAN (<4 FEET)	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)	3 - DIVIDED, DEPRESSED MEDIAN	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)	9 - OTHER / UNKNOWN
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<input type="checkbox"/> WORK ZONE RELATED	<input type="checkbox"/> WORKERS PRESENT	<input type="checkbox"/> LAW ENFORCEMENT PRESENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE	1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR	2	CONDITIONS	1	SURFACE	1
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LIGHT CONDITION	1 - DAYLIGHT	2 - DAWN/DUSK	3 - DARK - LIGHTED ROADWAY	4 - DARK - ROADWAY NOT LIGHTED	5 - DARK - UNKNOWN ROADWAY LIGHTING	9 - OTHER / UNKNOWN	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
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NARRATIVE  
Unit 02 was parked in the parking lot of 75 Clinton St. Unit 01 was backing out of a parking space. Unit 01 backed into Unit 02. Unit 02 was sitting in his vehicle at the time.



CRASH REPORTED DATE / TIME	07/11/2022 16:25	DISPATCH DATE / TIME	07/11/2022 16:27	ARRIVAL DATE / TIME	07/11/2022 16:28	SCENE CLEARED DATE / TIME	07/11/2022 16:37	REPORT TAKEN BY	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	0	OTHER INVESTIGATION TIME	20	TOTAL MINUTES	30	OFFICER'S NAME*	Genet, Stephanie	CHECKED BY OFFICER'S NAME*	
				OFFICER'S BADGE NUMBER*	107			CHECKED BY OFFICER'S BADGE NUMBER*	
									<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)

<b>UNIT #</b> 1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) LOWE, CASEY, LYNN	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) 330-231-5901
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 12576 CR 330, BIG PRAIRIE, OH, 44611		
<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> HOP8271	<b>VEHICLE IDENTIFICATION #</b> 1G1BC5SM5J7229224	<b>VEHICLE YEAR</b> 2018	<b>VEHICLE MAKE</b> CHEVROLET
<input type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b>	<b>INSURANCE POLICY #</b>	<b>COLOR</b> LBL	<b>VEHICLE MODEL</b> CRUZE
<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> 2	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD ID #	

<b>UNIT TYPE</b> 1	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> 2	1 - YES 2 - NO 9 - OTHER / UNKNOWN	<b>AUTONOMOUS MODE LEVEL</b> 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
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<b>SPECIAL FUNCTION</b> 1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP.	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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<b>CARGO BODY TYPE</b> 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN /ENCLOSED BOX	7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED	11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE	99 - OTHER / UNKNOWN
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<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
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<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 12 - FIRST RESPONDER AT INCIDENT SCENE	10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE	99 - OTHER / UNKNOWN
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<b>ACTION</b> 3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	<b>PRE-CRASH ACTIONS</b> 2	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
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<b>CONTRIBUTING CIRCUMSTANCES</b> 12	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
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<b>SEQUENCE OF EVENTS</b>	1 [ 21 ] 2 3	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	<b>EVENTS</b> 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
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<b>COLLISION WITH FIXED OBJECT - STRUCK</b>					
4	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
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LOCAL REPORT NUMBER

22MPD1142

**DAMAGE**

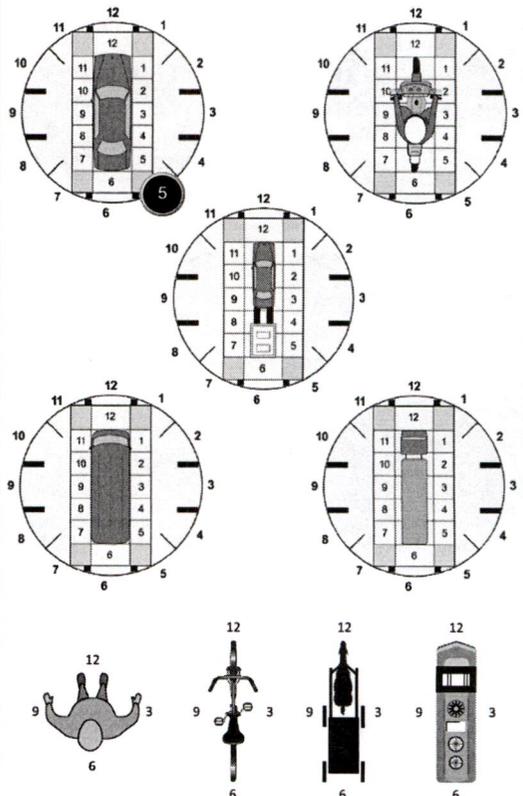
**DAMAGE SCALE**

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

[ 2 ]

**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

[ 5 ]

**TRAFFIC**

<b>TRAFFICWAY FLOW</b> 2	1 - ONE-WAY 2 - TWO-WAY	<b>TRAFFIC CONTROL</b> 6	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
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<b># OF THROUGH LANES ON ROAD</b> 2	<b>RAIL GRADE CROSSING</b> 3	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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**UNIT / NON-MOTORIST DIRECTION**

FROM [ 2 ] TO [ 1 ]

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

**UNIT SPEED**

[ 5 ]

**POSTED SPEED**

[ 25 ]

**DETECTED SPEED**

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

<b>UNIT #</b>	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
2	MULLET, DRAKE, JEFFREY	330-473-8278
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )		
4980 CR 22, GLENMONT, OH, 44628		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b>	<b>LICENSE PLATE #</b>	<b>VEHICLE IDENTIFICATION #</b>	<b>VEHICLE YEAR</b>	<b>VEHICLE MAKE</b>
PA	724-899	1FTZR15X6WTA31334	1998	FORD
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b>	<b>INSURANCE POLICY #</b>	<b>COLOR</b>	<b>VEHICLE MODEL</b>
	PROGRESSIVE	928003278	BLU	RANGER
<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>VEHICLE WEIGHT GVWR/GCWR</b>	<b>HAZARDOUS MATERIAL CLASS #</b> <b>PLACARD ID #</b>	
# <b>OCCUPANTS</b>		1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.		

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

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

<b>SPECIAL FUNCTION</b>	<input type="checkbox"/> 1 - NONE	<input type="checkbox"/> 6 - BUS - CHARTER/TOUR	<input type="checkbox"/> 11 - FIRE	<input type="checkbox"/> 16 - FARM	<input type="checkbox"/> 21 - MAIL CARRIER
1	<input type="checkbox"/> 2 - TAXI	<input type="checkbox"/> 7 - BUS - INTERCITY	<input type="checkbox"/> 12 - MILITARY	<input type="checkbox"/> 17 - MOWING	<input type="checkbox"/> 99 - OTHER / UNKNOWN
	<input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING	<input type="checkbox"/> 8 - BUS - SHUTTLE	<input type="checkbox"/> 13 - POLICE	<input type="checkbox"/> 18 - SNOW REMOVAL	
	<input type="checkbox"/> 4 - SCHOOL TRANSPORT	<input type="checkbox"/> 9 - BUS - OTHER	<input type="checkbox"/> 14 - PUBLIC UTILITY	<input type="checkbox"/> 19 - TOWING	
	<input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER	<input type="checkbox"/> 10 - AMBULANCE	<input type="checkbox"/> 15 - CONSTRUCTION EQUIP.	<input type="checkbox"/> 20 - SAFETY SERVICE PATROL	

<b>CARGO BODY TYPE</b>	<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE	<input type="checkbox"/> 4 - LOGGING	<input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL	<input type="checkbox"/> 11 - DUMP	<input type="checkbox"/> 99 - OTHER / UNKNOWN
1	<input type="checkbox"/> 2 - BUS	<input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS	<input type="checkbox"/> 8 - POLE	<input type="checkbox"/> 12 - CONCRETE MIXER	
	<input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	<input type="checkbox"/> 6 - CARGO VAN / ENCLOSED BOX	<input type="checkbox"/> 9 - CARGO TANK	<input type="checkbox"/> 13 - AUTO TRANSPORTER	
			<input type="checkbox"/> 10 - FLAT BED	<input type="checkbox"/> 14 - GARBAGE/REFUSE	

<b>VEHICLE DEFECTS</b>	<input type="checkbox"/> 1 - TURN SIGNALS	<input type="checkbox"/> 4 - BRAKES	<input type="checkbox"/> 7 - WORN OR SLICK TIRES	<input type="checkbox"/> 9 - MOTOR TROUBLE	<input type="checkbox"/> 99 - OTHER / UNKNOWN
	<input type="checkbox"/> 2 - HEAD LAMPS	<input type="checkbox"/> 5 - STEERING	<input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE	<input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT	
	<input type="checkbox"/> 3 - TAIL LAMPS	<input type="checkbox"/> 6 - TIRE BLOWOUT			

<b>NON-MOTORIST LOCATION</b>	<input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK	<input type="checkbox"/> 4 - MIDBLOCK - MARKED CROSSWALK	<input type="checkbox"/> 7 - SHOULDER/ROADSIDE	<input type="checkbox"/> 10 - DRIVEWAY ACCESS	<input type="checkbox"/> 99 - OTHER / UNKNOWN
	<input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK	<input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION	<input type="checkbox"/> 8 - SIDEWALK	<input type="checkbox"/> 11 - SHARED USE PATHS OR TRAILS	
	<input type="checkbox"/> 3 - INTERSECTION - OTHER	<input type="checkbox"/> 6 - BICYCLE LANE	<input type="checkbox"/> 9 - MEDIAN/CROSSING ISLAND	<input type="checkbox"/> 12 - FIRST RESPONDER AT INCIDENT SCENE	

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

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

<b>SEQUENCE OF EVENTS</b>	<input type="checkbox"/> 1 - OVERTURN/ROLLOVER	<input type="checkbox"/> 7 - SEPARATION OF UNITS	<input type="checkbox"/> 12 - DOWNHILL RUNAWAY	<input type="checkbox"/> 19 - ANIMAL - OTHER	<input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
1	<input type="checkbox"/> 2 - FIRE/EXPLOSION	<input type="checkbox"/> 8 - RAN OFF ROAD RIGHT	<input type="checkbox"/> 13 - OTHER NON-COLLISION	<input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/> 24 - OTHER MOVABLE OBJECT
	<input type="checkbox"/> 3 - IMMERSION	<input type="checkbox"/> 9 - RAN OFF ROAD LEFT	<input type="checkbox"/> 14 - PEDESTRIAN	<input type="checkbox"/> 21 - PARKED MOTOR VEHICLE	
	<input type="checkbox"/> 4 - JACKKNIFE	<input type="checkbox"/> 10 - CROSS MEDIAN	<input type="checkbox"/> 15 - PEDALCYCLE	<input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT	
	<input type="checkbox"/> 5 - CARGO / EQUIPMENT LOSS OR SHIFT	<input type="checkbox"/> 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	<input type="checkbox"/> 16 - RAILWAY VEHICLE		
	<input type="checkbox"/> 6 - EQUIPMENT FAILURE		<input type="checkbox"/> 17 - ANIMAL - FARM		
			<input type="checkbox"/> 18 - ANIMAL - DEER		

<b>COLLISION WITH FIXED OBJECT - STRUCK</b>					
<b>SEQUENCE OF EVENTS</b>	<input type="checkbox"/> 25 - IMPACT ATTENUATOR / CRASH CUSHION	<input type="checkbox"/> 31 - GUARDRAIL END	<input type="checkbox"/> 38 - OVERHEAD SIGN POST	<input type="checkbox"/> 45 - EMBANKMENT	<input type="checkbox"/> 52 - BUILDING
4	<input type="checkbox"/> 26 - BRIDGE OVERHEAD STRUCTURE	<input type="checkbox"/> 32 - PORTABLE BARRIER	<input type="checkbox"/> 39 - LIGHT / LUMINARIES SUPPORT	<input type="checkbox"/> 46 - FENCE	<input type="checkbox"/> 53 - TUNNEL
	<input type="checkbox"/> 27 - BRIDGE PIER OR ABUTMENT	<input type="checkbox"/> 33 - MEDIAN CABLE BARRIER	<input type="checkbox"/> 40 - UTILITY POLE	<input type="checkbox"/> 47 - MAILBOX	<input type="checkbox"/> 54 - OTHER FIXED OBJECT
	<input type="checkbox"/> 28 - BRIDGE PARAPET	<input type="checkbox"/> 34 - MEDIAN GUARDRAIL BARRIER	<input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT	<input type="checkbox"/> 48 - TREE	<input type="checkbox"/> 99 - OTHER / UNKNOWN
	<input type="checkbox"/> 29 - BRIDGE RAIL	<input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER	<input type="checkbox"/> 42 - CULVERT	<input type="checkbox"/> 49 - FIRE HYDRANT	
	<input type="checkbox"/> 30 - GUARDRAIL FACE	<input type="checkbox"/> 36 - MEDIAN OTHER BARRIER	<input type="checkbox"/> 43 - CURB	<input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT	
		<input type="checkbox"/> 37 - TRAFFIC SIGN POST	<input type="checkbox"/> 44 - DITCH	<input type="checkbox"/> 51 - WALL	

<b>FIRST HARMFUL EVENT</b>	<b>MOST HARMFUL EVENT</b>
1	1

**LOCAL REPORT NUMBER**

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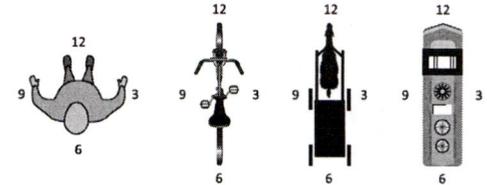
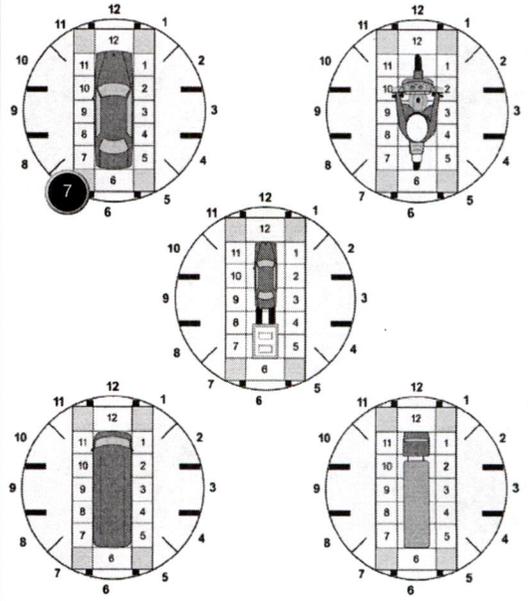
**DAMAGE**

**DAMAGE SCALE**

<input type="checkbox"/> 1 - NONE	<input type="checkbox"/> 3 - FUNCTIONAL DAMAGE
<input checked="" type="checkbox"/> 2 - MINOR DAMAGE	<input type="checkbox"/> 4 - DISABLING DAMAGE
<input type="checkbox"/> 9 - UNKNOWN	

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY



<input type="checkbox"/> - NO DAMAGE [ 0 ]	<input type="checkbox"/> - UNDERCARRIAGE [ 14 ]
<input type="checkbox"/> - TOP [ 13 ]	<input type="checkbox"/> - ALL AREAS [ 15 ]
<input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	

**INITIAL POINT OF CONTACT**

<input type="checkbox"/> 0 - NO DAMAGE	<input type="checkbox"/> 14 - UNDERCARRIAGE
<input checked="" type="checkbox"/> 7 - 1-12 - REFER TO UNIT DIAGRAM	<input type="checkbox"/> 15 - VEHICLE NOT AT SCENE
<input type="checkbox"/> 13 - TOP	<input type="checkbox"/> 99 - UNKNOWN

**TRAFFIC**

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

<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 1 - NOT INVOLVED
	<input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING
	<input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

<b>FROM</b>	<b>TO</b>
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 1
	<input type="checkbox"/> 1 - NORTH
	<input type="checkbox"/> 5 - NORTHEAST
	<input type="checkbox"/> 2 - SOUTH
	<input type="checkbox"/> 6 - NORTHWEST
	<input type="checkbox"/> 3 - EAST
	<input type="checkbox"/> 7 - SOUTHEAST
	<input type="checkbox"/> 8 - SOUTHWEST
	<input type="checkbox"/> 9 - OTHER / UNKNOWN

<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1 - STATED / ESTIMATED SPEED
<b>POSTED SPEED</b>	<input checked="" type="checkbox"/> 2 - CALCULATED / EDR
<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

22MPD1142

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> LOWE, CASEY, LYNN				<b>DATE OF BIRTH</b> 07/03/1990		<b>AGE</b> 32	<b>GENDER</b> F					
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 12576 CR 330, BIG PRAIRIE, OH, 44611					<b>CONTACT PHONE - INCLUDE AREA CODE</b> 330-231-5901								
<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> TD106223		<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>			
								<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b>	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULTS SELECT UP TO 4</b>

<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> <input type="checkbox"/>	<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> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
								<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS SELECT UP TO 4</b>

<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> <input type="checkbox"/>	<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> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
								<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS SELECT UP TO 4</b>

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	4 - DEPLOYED BOTH FRONT/SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A	6 - PASSENGER	<b>ALCOHOL TEST TYPE</b>
<b>INJURIES TAKEN BY</b>	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>		7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - THIRD - MIDDLE	1 - NOT EJECTED	<b>OL ENDORSEMENT</b>	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
2 - EMS	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	H - HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY		4 - BREATH
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	P - PASSENGER	11 - LIMITED TO EMPLOYMENT	<b>CONDITION</b>	5 - OTHER
<b>SAFETY EQUIPMENT</b>	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>	N - TANKER	12 - LIMITED - OTHER	1 - APPARENTLY NORMAL	<b>DRUG TEST TYPE</b>
1 - NONE USED	13 - TRAILING UNIT	1 - NOT TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - PHYSICAL IMPAIRMENT	1 - NONE
2 - SHOULDER BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	2 - BLOOD
3 - LAP BELT ONLY USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - ILLNESS	3 - URINE
4 - SHOULDER & LAP BELT USED	99 - OTHER / UNKNOWN		T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	5 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - BREATH
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			X - TANKER / HAZMAT	17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	5 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING			<b>GENDER</b>	18 - OTHER		<b>DRUG TEST RESULT(S)</b>
7 - BOOSTER SEAT			F - FEMALE			1 - AMPHETAMINES
8 - HELMET USED			M - MALE			2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)			U - OTHER / UNKNOWN			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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

22MPD1142

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> PARSONS, DEZTINY				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b> F	
<b>OCCUPANT</b>	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 12576 CR 330, BIG PRAIRIE, OH, 44611				<b>CONTACT PHONE - INCLUDE AREA CODE</b>				
	<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</b> 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 4	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1
<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> PARSONS, EVA				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b> F	
<b>OCCUPANT</b>	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 12576 CR 330, BIG PRAIRIE, OH, 44611				<b>CONTACT PHONE - INCLUDE AREA CODE</b>				
	<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</b> 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 6	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1
<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	
<b>OCCUPANT</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</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>
<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	
<b>OCCUPANT</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</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>

<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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

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

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

<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>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>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>			