

MM 8-22



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

22MPD1314

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

|               |                |   |  |                     |
|---------------|----------------|---|--|---------------------|
| COUNTY*<br>38 | LOCALITY*<br>2 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Millersburg | CRASH DATE / TIME*<br>08/08/2022 18:05 | CRASH SEVERITY<br>5 |
|---------------|----------------|---|--|---------------------|

|           |            |              |        |  |  |                 |   |
|-----------|------------|--------------|--------|--|--|-----------------|---|
| LOCATION  | ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME<br>Jackson St                                 | ROAD TYPE<br>ST | LATITUDE DECIMAL DEGREES<br>40.554044   |
| REFERENCE | ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Port Washington | ROAD TYPE<br>RD | LONGITUDE DECIMAL DEGREES<br>-81.912505 |

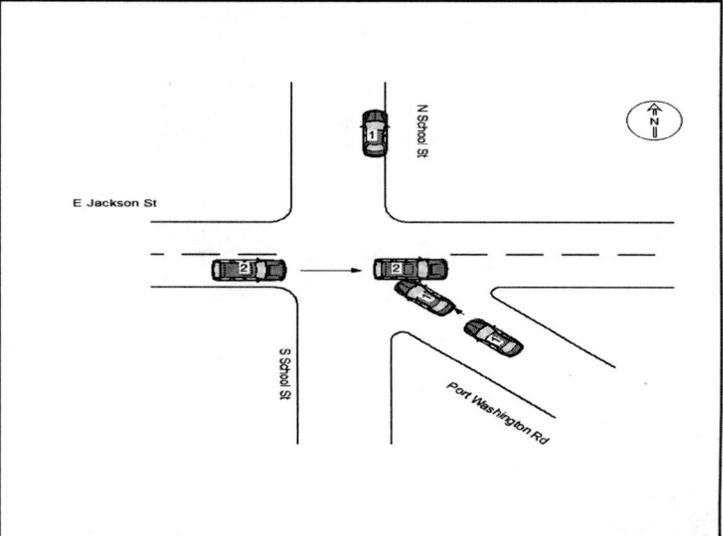
|   |  |   |   |  |   |  |                           |
|---|--|---|---|--|---|--|---------------------------|
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE # | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA | NUMBER OF APPROACHES<br>5 |
| DISTANCE FROM REFERENCE   | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS             |   |   |  |   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |                           |

|   |  |   |   |  |
|---|--|---|---|--|
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |
|---|--|---|---|--|

|   |   |   |              |                 |              |
|---|---|---|--------------|-----------------|--------------|
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR<br>2 | CONDITIONS<br>1 | SURFACE<br>2 |
|---|---|---|--------------|-----------------|--------------|

|  |   |  |  |   |   |
|--|---|--|--|---|---|
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN | CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN | CONDITIONS<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN | SURFACE<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |
|--|---|--|--|---|---|

NARRATIVE  
Unit #1 was stopped at stop sign on Port Washington Rd. facing north bound and driver of uninvolved vehicle waved her out in front of it and Unit #1 pulled out striking Unit #2 which was east bound on E. Jackson St. Witness is driver of vehicle that waved Unit #1 out into roadway, he advised he was just waving her out once traffic was clear and he saw Unit #2 coming so he thought Unit #1 would wait for Unit 2. Unit #1 was towed from scene by Finney's Towing with heavy front end damage. Unit #2 Rigz Towing came and changed the tire.



|  |  |   |   |   |
|--|--|---|---|---|
| CRASH REPORTED DATE / TIME<br>08/08/2022 18:06 | DISPATCH DATE / TIME<br>08/08/2022 18:07 | ARRIVAL DATE / TIME<br>08/08/2022 18:08 | SCENE CLEARED DATE / TIME<br>08/08/2022 19:24 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED                      | OTHER INVESTIGATION TIME<br>30           | TOTAL MINUTES<br>107                    | OFFICER'S NAME*<br>Lay, Jeffrey               | CHECKED BY OFFICER'S NAME*  |
|  |  |   | OFFICER'S BADGE NUMBER*<br>109                | CHECKED BY OFFICER'S BADGE NUMBER*  |
|  |  |   |   | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)                                 |

**OWNER**

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**CONNER, TERISSA**

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER )  
**216-256-1017**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**520 E 226TH ST, EUCLID, OH, 44117**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # HXG5026 VEHICLE IDENTIFICATION # 5NPE34AF0KH810175 VEHICLE YEAR 2019 VEHICLE MAKE HYUNDAI

INSURANCE VERIFIED INSURANCE COMPANY GEICO INSURANCE POLICY # 6007287961 COLOR GRY VEHICLE MODEL SONATA

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD

UNIT TYPE: 1

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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: 0

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION: 1

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

CARGO BODY TYPE: 1

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

VEHICLE DEFECTS: \_\_\_\_\_

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT

NON-MOTORIST LOCATION: \_\_\_\_\_

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

ACTION: 3 PRE-CRASH ACTIONS: 1

1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN  
 3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE  
 4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 19 - STANDING 20 - OTHER NON-MOTORIST  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION 20 - OTHER NON-MOTORIST  
 9 - OTHER / UNKNOWN 8 - ENTERING TRAFFIC LANE

CONTRIBUTING CIRCUMSTANCES: 2

1 - NONE 8 - FOLLOWING TOO CLOSE / ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY  
 2 - FAILURE TO YIELD 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING / FALLING/SPILLING 99 - OTHER IMPROPER ACTION  
 3 - RAN RED LIGHT 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING 24 - OTHER MOVABLE OBJECT  
 4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - LYING IN ROADWAY  
 5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE  
 6 - IMPROPER TURN 7 - LEFT OF CENTER

SEQUENCE OF EVENTS

1 20 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 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT  
 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE  
 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 43 - CURB  
 6 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 18 - ANIMAL - DEER 44 - DITCH 51 - WALL

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL  
 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 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL

FIRST HARMFUL EVENT: 1 MOST HARMFUL EVENT: 1

LOCAL REPORT NUMBER  
**22MPD1314**

**DAMAGE**

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE  
4 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  
1 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**TRAFFIC**

TRAFFICWAY FLOW: 2 (1 - ONE-WAY, 2 - TWO-WAY)

TRAFFIC CONTROL: 4 (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 (1 - NOT INVOLVED, 2 - INVOLVED-ACTIVE CROSSING, 3 - INVOLVED-PASSIVE CROSSING)

**UNIT / NON-MOTORIST DIRECTION**

FROM 7 TO 1

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

POSTED SPEED: 35

DETECTED SPEED: 1 (1 - STATED / ESTIMATED SPEED, 2 - CALCULATED / EDR, 3 - UNDETERMINED)

**UNIT #** 2 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 649 BOB WHITE LANE, NEW PHILADELPHIA, OH, 44663  
**OWNER PHONE:** INCLUDE AREA CODE (  SAME AS DRIVER )  
 330-987-5916  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP  
**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** HXZ5839 **VEHICLE IDENTIFICATION #** 1GNEK13Z72J321120 **VEHICLE YEAR** 2002 **VEHICLE MAKE** CHEVROLET  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** WAYNE MUTUAL **INSURANCE POLICY #** PAP0282539 **COLOR** DGR **VEHICLE MODEL** TAHOE  
 **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #**  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** **VEHICLE WEIGHT GVWR/GCWR**  
 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS. **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**  
 **MATERIAL RELEASED**  **PLACARD**  
**TYPE OF USE**  
 **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE**  
**TOWED BY:** COMPANY NAME  
**UNIT TYPE** 3  
 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  
**# OF TRAILING UNITS**

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

**SPECIAL FUNCTION** 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

**CARGO BODY TYPE** 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

**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 AT IMPACT**  
 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** 4 **PRE-CRASH ACTIONS** 1  
 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING & STRUCK 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

**CONTRIBUTING CIRCUMSTANCES** 1  
 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

**SEQUENCE OF EVENTS**  
 1 20  
 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 **MOST HARMFUL EVENT** 1

**LOCAL REPORT NUMBER**  
 22MPD1314  
**DAMAGE**  
**DAMAGE SCALE**  
 4 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**  
 3 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP  
**TRAFFIC**  
**TRAFFICWAY FLOW** 2 1 - ONE-WAY 2 - TWO-WAY  
**TRAFFIC CONTROL** 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL  
**# OF THROUGH LANES ON ROAD** 2 **RAIL GRADE CROSSING** 1 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  
**UNIT SPEED** 30 **DETECTED SPEED** 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED  
**POSTED SPEED** 35



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

22MPD1314

|   |   |  |  |   |  |  |                              |                           |                        |                        |
|---|---|--|--|---|--|--|------------------------------|---------------------------|------------------------|------------------------|
| <b>UNIT #</b><br>1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>CONNER, TERISSA |  |  |   | <b>DATE OF BIRTH</b><br>01/07/1965                       |  | <b>AGE</b><br>57             | <b>GENDER</b><br>F        |                        |                        |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>520 E 226TH ST, EUCLID, OH, 44117 |   |  |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>216-256-1017 |  |                              |                           |                        |                        |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b><br>1                        | <b>EMS AGENCY (NAME)</b>               | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>4                        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>2 | <b>EJECTION</b><br>1   | <b>TRAPPED</b><br>1    |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b><br>RH006784          |  | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/>            | <b>OFFENSE DESCRIPTION</b>                       |                              |                           | <b>CITATION NUMBER</b> |                        |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b>                                  | <b>RESTRICTION SELECT UP TO 3</b><br>3 | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1                            | <b>ALCOHOL TEST</b>          |                           | <b>DRUG TEST(S)</b>    |                        |
|   |   |  |  |   |  | STATUS   |                              | TYPE                      |                        | RESULTS SELECT UP TO 4 |
|   |   |  |  |   |  | 1  | 1                            | 1                         | 1                      | 1                      |

|   |   |                                   |  |   |  |  |                              |                           |                        |                        |
|---|---|-----------------------------------|--|---|--|--|------------------------------|---------------------------|------------------------|------------------------|
| <b>UNIT #</b><br>2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>SCHLABAUGH, RUTH, A |                                   |  |   | <b>DATE OF BIRTH</b><br>07/28/1982                       |  | <b>AGE</b><br>40             | <b>GENDER</b><br>F        |                        |                        |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>577 MAY VALLEY RD SW, NEW PHILADELPHIA, OH, 44663 |   |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>330-987-5916 |  |                              |                           |                        |                        |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b><br>1                            | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>4                        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1   | <b>TRAPPED</b><br>1    |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b><br>SC559989              |                                   | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/>            | <b>OFFENSE DESCRIPTION</b>                       |                              |                           | <b>CITATION NUMBER</b> |                        |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b>                                      | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1                            | <b>ALCOHOL TEST</b>          |                           | <b>DRUG TEST(S)</b>    |                        |
|   |   |                                   |  |   |  | STATUS   |                              | TYPE                      |                        | RESULTS SELECT UP TO 4 |
|   |   |                                   |  |   |  | 1  | 1                            | 1                         | 1                      | 1                      |

|  |                                  |                                   |  |                                 |  |  |                         |                      |                        |                        |
|--|----------------------------------|-----------------------------------|--|---------------------------------|--|--|-------------------------|----------------------|------------------------|------------------------|
| <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 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   |                         | TYPE                 |                        | RESULTS SELECT UP TO 4 |
|  |                                  |                                   |  |                                 |  |  |                         |                      |                        |                        |

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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

22MPD1314

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

|                |  |                      |  |            |  |  |
|----------------|--|----------------------|--|------------|--|--|
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b>             | <b>DATE OF BIRTH</b> |  | <b>AGE</b> | <b>GENDER</b>                            |  |
|                | YODER, BRIAN, L                              | 01/28/2004           |  | 18         | M  |  |
| <b>WITNESS</b> | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>     |                      |  |            | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |
|                | 903 SMOKEY LANE RD NW, SUGARCREEK, OH, 44681 |                      |  |            | 330-473-7790                             |  |
| <b>WITNESS</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>WITNESS</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> |  |