

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

MMU 8-26-22

|   |  |  |  |   |  |  |  |   |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|---|--|--|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|
| LOCAL INFORMATION<br>22MPD1406  |  |  |  | LOCAL REPORT NUMBER *<br>22MPD1406  |  |  |  |   |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input checked="" type="checkbox"/> PRIVATE PROPERTY  |  | REPORTING AGENCY NAME *<br>Millersburg  |  | NCIC *<br>03801  |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED  |  | NUMBER OF UNITS<br>2   |  | UNIT IN ERROR<br>1 98 - ANIMAL<br>1 99 - UNKNOWN   |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| COUNTY*<br>38   |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>2  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Millersburg   |  |  |  | CRASH DATE / TIME*<br>08/22/2022 19:39  |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5                    |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| ROUTE TYPE<br>LOCATION  |  | ROUTE NUMBER<br>LOCATION   |  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | LOCATION ROAD NAME<br>Private Property   |  |   |  | ROAD TYPE<br>ST  |  | LATITUDE DECIMAL DEGREES<br>40.545576  |  | LONGITUDE DECIMAL DEGREES<br>-81.918761   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| ROUTE TYPE<br>REFERENCE   |  | ROUTE NUMBER<br>REFERENCE  |  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>800 S Washington St Lot 29  |  |   |  | ROAD TYPE  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3  |  | 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<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  |   |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES      |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| DISTANCE FROM REFERENCE   |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS   |  | 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<br>1<br>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<br>5 |  |  |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<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 (ANY TYPE)<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>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER /UNKNOWN  |  | CONDITIONS<br>1<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>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| LIGHT CONDITION<br>1<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<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN |  | NARRATIVE<br>Unit 02 was eastbound in the trailer park and slowed to see around a corner before proceeding, but still moving. Unit 01 backed out of lot 29 in the trailer park. Unit 01 backed up and struck unit 02 with the ball hitch attached to the truck, causing damage to Unit 02.  |  |  |  |   |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
|   |  |  |  |   |  |  |  |   |  | CRASH REPORTED DATE / TIME<br>08/22/2022 19:39   |  |  |  | DISPATCH DATE / TIME<br>08/22/2022 19:41  |  |  |  | ARRIVAL DATE / TIME<br>08/22/2022 19:50 |  |  |  | SCENE CLEARED DATE / TIME<br>08/22/2022 20:00 |  |  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |  |  |  |
| TOTAL TIME ROADWAY CLOSED<br>0  |  | OTHER INVESTIGATION TIME<br>20   |  | TOTAL MINUTES<br>39   |  | OFFICER'S NAME*<br>Genet, Stephanie  |  |   |  | CHECKED BY OFFICER'S NAME*   |  |  |  | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
|   |  |  |  |   |  | OFFICER'S BADGE NUMBER*<br>107   |  |   |  | CHECKED BY OFFICER'S BADGE NUMBER*   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |



**UNIT #** 2 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**OWNER PHONE:** INCLUDE AREA CODE (  SAME AS DRIVER )  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 101 LAKEVIEW DR E30, MILLERSBURG, OH, 44654  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** JNT3100 **VEHICLE IDENTIFICATION #** JN8AZ18U99W105870 **VEHICLE YEAR** 2009 **VEHICLE MAKE** NISSAN  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** TROY MILLER AGENCY **INSURANCE POLICY #** SSV 3402386718-0 **COLOR** WHI **VEHICLE MODEL** MURANO  
 **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY:** COMPANY NAME  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** 1 **VEHICLE WEIGHT GVWR/GCWR**  
 1 - ≤10K LBS.  
 2 - 10.001 - 26K LBS.  
 3 - > 26K LBS.  
 **MATERIAL RELEASED** **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

**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  
 99 - OTHER / UNKNOWN

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

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

**ACTION** 4 **PRE-CRASH ACTIONS** 1  
 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN  
 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE  
 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION  
 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST  
 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

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

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

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**LOCAL REPORT NUMBER**

22MPD1406

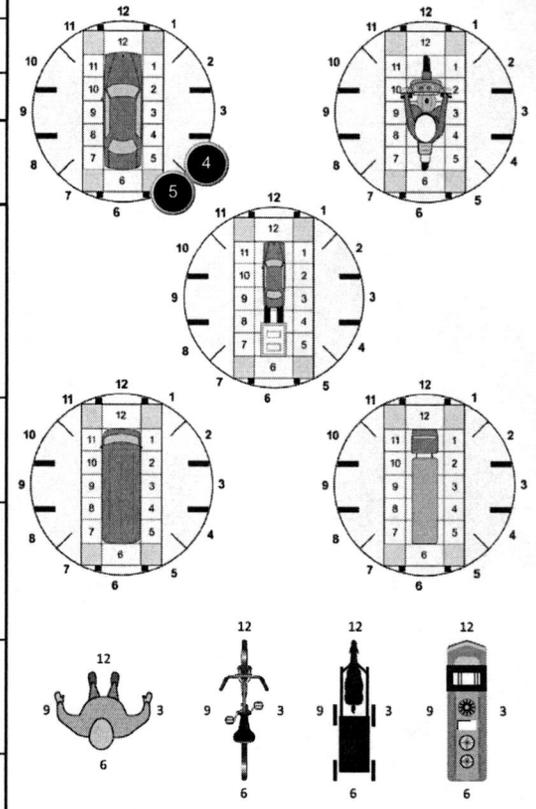
**DAMAGE**

**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 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN  
 1-12 - REFER TO UNIT DIAGRAM  
 [ 5 ] 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 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM [ 3 ] TO [ 4 ]  
 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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

22MPD1406

|  |   |                                   |  |   |  |   |                              |                           |                        |                     |                  |                               |
|--|---|-----------------------------------|--|---|--|---|------------------------------|---------------------------|------------------------|---------------------|------------------|-------------------------------|
| <b>UNIT #</b><br>1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>ROSS, CHRISTOPHER, GEORGE |                                   |  |   | <b>DATE OF BIRTH</b><br>09/20/1972                       |   | <b>AGE</b><br>49             | <b>GENDER</b><br>M        |                        |                     |                  |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>7680 SPENCER RD, HOMERVILLE, OH, 44235 |   |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>440-453-2775 |   |                              |                           |                        |                     |                  |                               |
| <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<br><input checked="" type="checkbox"/> 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>RU872016                    |                                   | <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>    |                     |                  |                               |
|  |   |                                   |  |   |  |   | <b>STATUS</b><br>1           | <b>TYPE</b><br>1          | <b>VALUE</b><br>.      | <b>STATUS</b><br>1  | <b>TYPE</b><br>1 | <b>RESULTS SELECT UP TO 4</b> |

|   |  |  |  |   |  |   |                              |                           |                        |                     |                  |                               |
|---|--|--|--|---|--|---|------------------------------|---------------------------|------------------------|---------------------|------------------|-------------------------------|
| <b>UNIT #</b><br>2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>BROCK, SHELLY, CLAUDETTE |  |  |   | <b>DATE OF BIRTH</b><br>09/28/1966                       |   | <b>AGE</b><br>55             | <b>GENDER</b><br>F        |                        |                     |                  |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>101 LAKEVIEW DR APT E30, MILLERSBURG, OH, 44654 |  |  |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>330-473-0622 |   |                              |                           |                        |                     |                  |                               |
| <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<br><input checked="" type="checkbox"/> 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>TG937125                   |  | <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>    |                     |                  |                               |
|   |  |  |  |   |  |   | <b>STATUS</b><br>1           | <b>TYPE</b><br>1          | <b>VALUE</b><br>.      | <b>STATUS</b><br>1  | <b>TYPE</b><br>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<br><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><br><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><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><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  |  |
|   | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                    |                              | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | <b>ALCOHOL TEST TYPE</b>                       |
|   | 8 - THIRD - MIDDLE   | <b>EJECTION</b>                    |                              | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | 1 - NONE                                       |
| <b>INJURIES TAKEN BY</b>                      | 9 - THIRD - RIGHT SIDE   | 1 - NOT EJECTED                    | <b>OL ENDORSEMENT</b>        | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 2 - BLOOD                                      |
| 1 - NOT TRANSPORTED /TREATED AT SCENE         | 10 - SLEEPER SECTION OF TRUCK CAB  | 2 - PARTIALLY EJECTED              | H - HAZMAT                   | 10 - LIMITED TO DAYLIGHT ONLY  |  | 3 - URINE                                      |
| 2 - EMS                                       | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                | M - MOTORCYCLE               | 11 - LIMITED TO EMPLOYMENT   | <b>CONDITION</b>   | 4 - BREATH                                     |
| 3 - POLICE                                    | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 4 - NOT APPLICABLE                 | P - PASSENGER                | 12 - LIMITED - OTHER   | 1 - APPARENTLY NORMAL  | 5 - OTHER                                      |
| 9 - OTHER / UNKNOWN                           | 13 - TRAILING UNIT   | <b>TRAPPED</b>                     | Q - TANKER                   | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 2 - PHYSICAL IMPAIRMENT  | <b>DRUG TEST TYPE</b>                          |
|   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    | R - THREE-WHEEL MOTORCYCLE   | 14 - MILITARY VEHICLES ONLY  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    | 1 - NONE                                       |
| <b>SAFETY EQUIPMENT</b>                       | 15 - NON-MOTORIST  | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 4 - ILLNESS  | 2 - BLOOD                                      |
| 1 - NONE USED                                 | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 3 - URINE                                      |
| 2 - SHOULDER BELT ONLY USED                   |  |                                    | X - TANKER / HAZMAT          | 17 - PROSTHETIC AID  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 4 - OTHER                                      |
| 3 - LAP BELT ONLY USED                        |  |                                    |                              | 18 - OTHER   | 9 - OTHER / UNKNOWN  | <b>DRUG TEST RESULT(S)</b>                     |
| 4 - SHOULDER & LAP BELT USED                  |  |                                    | <b>GENDER</b>                |  |  | 1 - AMPHETAMINES                               |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |  |                                    | F - FEMALE                   |  |  | 2 - BARBITURATES                               |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                    | M - MALE                     |  |  | 3 - BENZODIAZEPINES                            |
| 7 - BOOSTER SEAT                              |  |                                    | U - OTHER / UNKNOWN          |  |  | 4 - CANNABINOIDS                               |
| 8 - HELMET USED                               |  |                                    |                              |  |  | 5 - COCAINE                                    |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
| 10 - REFLECTIVE CLOTHING                      |  |                                    |                              |  |  | 7 - OTHER                                      |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |
| 99 - OTHER / UNKNOWN                          |  |                                    |                              |  |  |  |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

22MPD1406

|  |   |  |                  |                    |
|--|---|--|------------------|--------------------|
| <b>UNIT #</b><br>2   | <b>NAME: LAST, FIRST, MIDDLE</b><br>SPEARS, BILL, G | <b>DATE OF BIRTH</b><br>07/25/1962       | <b>AGE</b><br>60 | <b>GENDER</b><br>M |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>101 LAKEVIEW DR APT 30, MILLERSBURG, OH, 44654 |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                  |                    |

|                      |                              |                          |  |                              |  |                              |                           |                      |                     |
|----------------------|------------------------------|--------------------------|--|------------------------------|--|------------------------------|---------------------------|----------------------|---------------------|
| <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</b><br>4 | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>3 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |
|----------------------|------------------------------|--------------------------|--|------------------------------|--|------------------------------|---------------------------|----------------------|---------------------|

|  |                                  |  |            |               |
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| <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</b> | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|-----------------|-------------------------|--------------------------|--|-------------------------|--|-------------------------|----------------------|-----------------|----------------|

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| <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</b> | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</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</b> | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|-----------------|-------------------------|--------------------------|--|-------------------------|--|-------------------------|----------------------|-----------------|----------------|

| INJURIES                               | SAFETY EQUIPMENT USED                         | SEATING POSITION  | AIR BAG USAGE                      |
|--|---|---|------------------------------------|
| 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                 |
| <b>INJURED TAKEN BY</b>                | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE   | 9 - DEPLOYMENT UNKNOWN             |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)   | <b>EJECTION</b>                    |
| 2 - EMS                                | 8 - HELMET USED                               | 8 - THIRD - MIDDLE  | 1 - NOT EJECTED                    |
| 3 - POLICE                             | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 9 - THIRD - RIGHT SIDE  | 2 - PARTIALLY EJECTED              |
| 9 - OTHER / UNKNOWN                    | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB   | 3 - TOTALLY EJECTED                |
| <b>GENDER</b>                          | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
| F - FEMALE                             | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA   | <b>TRAPPED</b>                     |
| M - MALE                               |   | 13 - TRAILING UNIT  | 1 - NOT TRAPPED                    |
| U - OTHER / UNKNOWN                    |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)   | 2 - EXTRICATED BY MECHANICAL MEANS |
|  |   | 15 - NON-MOTORIST   | 3 - FREED BY NON-MECHANICAL MEANS  |
|  |   | 99 - OTHER / UNKNOWN  |                                    |

|  |  |            |               |
|--|--|------------|---------------|
| <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> |            |               |

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| <b>NAME: LAST, FIRST, MIDDLE</b>         | <b>DATE OF BIRTH</b>                     | <b>AGE</b> | <b>GENDER</b> |
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| <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> |            |               |