| <b>77</b> 1 (2                  |                                                               |                                   |                                         |                                   |                      | •                                 |                             |                                                   | MR                                             | MI                          | 1-70-23                              |  |  |  |
|---------------------------------|---------------------------------------------------------------|-----------------------------------|-----------------------------------------|-----------------------------------|----------------------|-----------------------------------|-----------------------------|---------------------------------------------------|------------------------------------------------|-----------------------------|--------------------------------------|--|--|--|
| OF PUBLIC BAPT                  | TRAFFIC (                                                     |                                   | REPORT                                  |                                   | ES MANDATORY         | FIELD FOR SUPP                    | LEMENT REPORT               |                                                   | LOCAL REPOR                                    |                             | ١٠                                   |  |  |  |
| PHOTOS TAKEN                    | , □он-2 [                                                     | ⊒ <sup>08-3</sup>                 | OCAL INFORMATI                          |                                   |                      |                                   |                             | 23MPD1797  HIT/SKIP NUMBER OF UNITS UNIT IN ERROR |                                                |                             |                                      |  |  |  |
| SECONDARY C                     | IASH ☐ OH-1P ☐ PRIVATE PR                                     |                                   | EPORTING AGEN<br>Iillersburg            | CY NAME *                         |                      | ţ.                                | 03801                       | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED            | NUMBER OF C                                    | INITS .                     | 98 - ANIMAL<br>1 99 - UNKNOWN        |  |  |  |
| COUNTY* LOCAL                   | ITY LO                                                        | CATION: CITY.                     | VILLAGE. TOWNSHIP                       | 4                                 |                      |                                   | _                           | CRASH DATE                                        | / TIME*                                        |                             | ASH SEVERITY                         |  |  |  |
| 38   2                          |                                                               | illersburg                        |                                         |                                   |                      |                                   |                             | 11/10/2023                                        | 15:47                                          | 1.5.                        | - FATAL<br>- SERIOUS INJURY          |  |  |  |
| ROUTE TYPE ROL                  |                                                               | 1 - NORTH L                       | OCATION ROAD                            | NAME                              |                      |                                   | ROAD TYPE                   | +                                                 |                                                | . د ا                       | SUSPECTED                            |  |  |  |
| ROUTE TYPE ROI                  | - II I                                                        | 2 - SOUTH<br>3 - EAST<br>4 - WEST | North Clay                              |                                   |                      |                                   | ST                          | 40.5549                                           | 3 -                                            | - MINOR INJURY<br>SUSPECTED |                                      |  |  |  |
| ROUTE TYPE ROL                  |                                                               |                                   | EFERENCE ROAD                           | NAME (ROAD, I                     | MILEPOST, HO         | USE #)                            | ROAD TYPE                   | LONGITUDE of                                      | CIMAL DEGREES                                  |                             | 4 - INJURY POSSIBLE                  |  |  |  |
| ROUTE TYPE ROL                  | <u> </u>                                                      | 4 - WEST                          | 91 North Clay                           | Street                            |                      |                                   |                             | -81.917                                           | - PROPERTY DAMAGE<br>ONLY                      |                             |                                      |  |  |  |
| REFERENCE POIN<br>1 - INTERSECT | FROM REFEREN                                                  | ice                               | ROUTE TYPE                              | · I                               | A 1 1 PS             | ROAD TYPE                         | ,                           |                                                   | INTERSECTI                                     |                             | i                                    |  |  |  |
| 3 12 - MILE POST                | 1 - NO<br>2 - SC                                              | UTH                               | NTERSTATE ROUTE                         | AV                                | - ALLEY<br>- AVENUE  | HW - HIGHWA                       | Y .RD - ROAD<br>SQ - SQUARE | WITHIN INTE                                       | RSECTION OR C                                  | IN APPROAC                  | CH , ,                               |  |  |  |
| 3 - HOUSE #                     | 3 - EA<br>4 - WI                                              | ST                                | EDERAL US ROUT                          | ler.                              | BOULEVARD            | MP - MILEPOS                      |                             | WITHIN INTE                                       | RCHANGE ARE                                    | A NUN                       | MBER OF APPROACHES                   |  |  |  |
| DISTANCE<br>FROM REFERENCE      | DISTANC<br>UNIT OF MEAS                                       | E SK - S                          | TATE ROUTE                              |                                   | - CIRCLE<br>- COURT  | OV - OVAL<br>PK - PARKWAY         | TE - TERRACE                |                                                   | ROA                                            | DWAY                        |                                      |  |  |  |
| L                               | 1 - M<br>2 - FE<br>3 - Y/                                     | ILES<br>ET TR - N                 | NUMBERED COUN<br>NUMBERED TOWN<br>ROUTE | DR                                | - DRIVE<br>- HEIGHTS | PI - PIKE<br>PL - PLACE           | WA - WAY                    | ROADWAY                                           |                                                |                             |                                      |  |  |  |
| LOC                             | ATION OF FIRST HAR                                            |                                   | COOLE                                   |                                   | MED OF CRAC          | H COLLISION/I                     | MOACT                       | DIRECTION OF TRAV                                 | (E)                                            | MEDIA                       | N TYPE                               |  |  |  |
| 1 - ON RC                       | ADWAY 9 - 0                                                   | CROSSOVER                         |                                         | _ 1 - NOT                         | COLLISION 4          | - REAR-TO-REA                     |                             | 1 - NORTH                                         |                                                |                             | USH MEDIAN                           |  |  |  |
| 2 - ON SH<br>3 - IN ME          |                                                               | DRIVEWAY/AI                       | ADE CROSSING                            |                                   | MOTOR                | - BACKING<br>- ANGLE              |                             | 2 - SOUTH                                         | 1 1-                                           | ( <4 FEET )                 | 1)                                   |  |  |  |
| 4 - ON RO                       | · - · · · · · · · · · · · · · · · · · ·                       | SHARED USE                        | PATHS OR                                |                                   | CLES IN              | - SIDESWIPE, SA                   | AME DIRECTION               | 4 - WEST                                          |                                                | · DIVIDED FL                | USH MEDIAN                           |  |  |  |
| 5 - ON GO<br>6 - OUTSI          | DE TRAFFIC WAY 13 -                                           | TRAILS<br>BIKE LANE               |                                         | 2 - REA                           |                      | - SIDESWIPE, o                    | PPOSITÉ DIRECTION           | }                                                 |                                                |                             | EPRESSED MEDIAN<br>AISED MEDIAN      |  |  |  |
| 7 - ON RA                       |                                                               | TOLL BOOTH                        |                                         | 3 - H£A                           | D-ON 9               | - OTHER / UNK                     | NOWN                        | 1                                                 | "                                              | (ANY TYPE)                  |                                      |  |  |  |
| 8 - OFF R/                      | MP 99 -                                                       | OTHER / UNK                       | NOWN                                    |                                   |                      |                                   |                             |                                                   | 9.                                             | OTHER/U                     | NKNOWN                               |  |  |  |
| WORK ZONE RE                    | LATED                                                         |                                   | WORK ZONE TO                            | /PE                               | 1                    |                                   | N WORK ZONE                 | CONTOUR                                           | CONDI                                          |                             | SURFACE                              |  |  |  |
| WORKERS PRES                    | ENT                                                           |                                   | LANE CLOSURE<br>LANE SHIFT/ CROS        | ESOVED.                           | 1, , 1,              | BEFORE THE 1:<br>WARNING SIG      | ST WORK ZONE<br>N           | 1                                                 | _1                                             |                             | 2                                    |  |  |  |
| LAW ENFORCEN                    | MENT PRESENT                                                  |                                   | WORK ON SHOUL                           |                                   |                      | - ADVANCE WA                      | RNING AREA                  | 1 - STRAIGHT<br>LEVEL                             | 1 - DRY                                        |                             | 1 - CONCRETE                         |  |  |  |
| <u> </u>                        |                                                               |                                   | OR MEDIAN                               |                                   |                      | - TRANSITION /<br>- ACTIVITY ARE/ |                             | 2 - STRAIGHT                                      | 2 - WET<br>3 - SNOW                            |                             | 2 - BLACKTOP,<br>BITUMINOUS,         |  |  |  |
| ACTIVE SCHOO                    | LZONE                                                         |                                   | INTERMITTENT OF<br>OTHER                | R MOVING WORK                     |                      | TERMINATION                       |                             | GRADE                                             | 4 - ICE                                        |                             | ASPHALT                              |  |  |  |
| <del></del>                     |                                                               | 3-0                               | JIJEK                                   | <del>.</del>                      |                      |                                   | _                           | 3 - CURVE LEVEL<br>4 - CURVE GRADE                | 5 - SAND, MI<br>OIL, GRAY                      |                             | 3 - BRICK/BLOCK<br>4 - SLAG , GRAVEL |  |  |  |
| 1 - DAYLK                       | GHT CONDITION<br>SHT                                          |                                   | 1 - CL                                  | FAR                               | WEATHER<br>6 - SNOW  |                                   |                             | STONE                                             |                                                |                             |                                      |  |  |  |
| 1 2 - DAWN                      |                                                               |                                   | 1 1 2 · CL                              |                                   | 7 - SEVERE C         | ROSSWINDS                         |                             | JUNKNOWN                                          | MOVING<br>7 - SLUSH                            | !                           | 5 - DIRT<br>9 - OTHER                |  |  |  |
|                                 | <ul> <li>Lighted Roadway</li> <li>Roadway Not Ligh</li> </ul> | ITED                              |                                         | G, SMOG, SMOKI                    |                      |                                   |                             | 9 - OTHER / UNKNOWN / UNKNOW                      |                                                |                             |                                      |  |  |  |
|                                 | UNKNOWN ROADW                                                 |                                   | 4 - RA<br>5 - SLI                       | EET, HAIL                         | 99 - OTHER /         | RAIN OR FREE<br>UNKNOWN           | ZING DRIZZLE                |                                                   |                                                |                             |                                      |  |  |  |
| 9 - OTHER                       | / UNKNOWN                                                     |                                   |                                         |                                   |                      |                                   |                             |                                                   |                                                | 1                           |                                      |  |  |  |
| NARRATIVE                       |                                                               |                                   |                                         |                                   | -                    |                                   |                             | <del>-</del>                                      |                                                |                             | •                                    |  |  |  |
| Unit 1 was trave                | ling south on Nor<br>of them to get into                      | th Clay Stree                     | et when they w                          | vent to the left                  | of the               |                                   | <b>^</b>                    |                                                   |                                                |                             |                                      |  |  |  |
| parking area by                 | the vehicle in fron                                           | t of Unit 1 v                     | n lane. Onit 2 t<br>when they were      | was waived ou<br>e hit in the sid | tora<br>ebvUnit      |                                   |                             | <b>A</b>                                          |                                                |                             |                                      |  |  |  |
| 1.                              |                                                               |                                   |                                         |                                   | ,                    |                                   | Ň                           | <u> </u>                                          | 1                                              |                             |                                      |  |  |  |
|                                 |                                                               |                                   |                                         |                                   |                      |                                   |                             | W I                                               | i                                              |                             |                                      |  |  |  |
|                                 |                                                               |                                   |                                         |                                   |                      |                                   |                             | e /                                               | 1                                              |                             |                                      |  |  |  |
|                                 |                                                               |                                   |                                         |                                   |                      |                                   |                             |                                                   | (                                              |                             |                                      |  |  |  |
|                                 |                                                               |                                   |                                         |                                   |                      | Vehicle t                         | hat waved                   |                                                   |                                                | tion .                      |                                      |  |  |  |
|                                 |                                                               |                                   |                                         |                                   |                      |                                   | ut of the<br>ng lot         | 11 _                                              | U                                              | 2                           |                                      |  |  |  |
|                                 |                                                               |                                   |                                         |                                   |                      |                                   |                             | 1 2 2                                             |                                                |                             | [ ]                                  |  |  |  |
|                                 |                                                               |                                   |                                         |                                   |                      |                                   |                             |                                                   |                                                | $\overline{}$               |                                      |  |  |  |
|                                 |                                                               |                                   |                                         |                                   |                      |                                   |                             |                                                   | [                                              |                             | king lot of 91                       |  |  |  |
|                                 |                                                               |                                   |                                         |                                   |                      |                                   |                             | '                                                 |                                                | LN.                         | Clay Street                          |  |  |  |
|                                 |                                                               |                                   |                                         |                                   |                      | No.e                              | th Clay Street              |                                                   |                                                |                             |                                      |  |  |  |
|                                 |                                                               |                                   |                                         |                                   |                      | non                               | an Clay Sueet               |                                                   |                                                |                             |                                      |  |  |  |
|                                 |                                                               |                                   |                                         |                                   |                      |                                   |                             | a [ [                                             |                                                |                             |                                      |  |  |  |
| CRASH REPOR                     | TED DATE / TIME                                               | D                                 | ISPATCH DATE /                          | TIME                              | ARI                  | RIVAL DATE / T                    | IME                         | SCENE CLEARED                                     |                                                | REPORT TAKEN BY             |                                      |  |  |  |
|                                 | 023 15:47                                                     |                                   | 11/10/2023 1                            |                                   | 11,                  | /10/2023 15                       |                             | 11/10/2023 16:10 X POLICE /                       |                                                |                             |                                      |  |  |  |
| TOTAL TIME<br>ROADWAY CLOSED    | OTHER INVESTIGATION TIM                                       | TOTAL<br>MINUTE                   |                                         |                                   |                      | Ţ                                 | Chief He                    | EB'S NAME                                         |                                                | ⊣                           |                                      |  |  |  |
| o                               | 30                                                            | 51                                | 257, 5410                               | OFFICER'S BAD                     | GE NUMBER*           |                                   |                             | BY OFFICER'S BADGE I                              | PRECTION OR ADDITION UNDERSTRIG REPORT SENT TO |                             |                                      |  |  |  |

|                                                                                                                                                         |                                                                |                                                                | 23MPD1797                                             |                                |                                               |                                                    |                                         |            |                                                           |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|--------------------------------|-----------------------------------------------|----------------------------------------------------|-----------------------------------------|------------|-----------------------------------------------------------|--|--|--|
|                                                                                                                                                         | OWNER NAME: LAST, FIRST, I                                     | MIDDLE ( SAME AS DRIVER)                                       |                                                       | EA CODE ( SAME AS DRIVER)      | D A M A G E<br>DAMAGE SCALE                   |                                                    |                                         |            |                                                           |  |  |  |
|                                                                                                                                                         | TROYER, LAURA, R<br>DDRESS: STREET, CITY, STATE, Z             | IP (  SAME AS DRIVER)                                          | 5-6144                                                | 1 - NONE 3 - FUNCTIONAL DAMAGE |                                               |                                                    |                                         |            |                                                           |  |  |  |
| 52550 STATE ROUTE 651, BALTIC, OH, 43804  COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  COMMERCIAL CARRIER PHONE: NICIUDE ARIA CODE  9 - UNKNOWN |                                                                |                                                                |                                                       |                                |                                               |                                                    |                                         |            |                                                           |  |  |  |
| COMMERC                                                                                                                                                 | IAL CARRIER: NAME, ADDRES                                      | S, CITY, STATE, ZIP                                            | ONE: PICLUDE AREA CODE                                | 9 - UNKNOWN  DAMAGED AREA(S)   |                                               |                                                    |                                         |            |                                                           |  |  |  |
| LP STATE                                                                                                                                                | LICENSE PLATE #                                                | VEHICLE I                                                      | DENTIFICATION #                                       |                                | VEHICLE YEAR                                  | VEHICLE MAKE                                       | INDICATE ALL THAT APPLY                 |            |                                                           |  |  |  |
| <u>о</u> н                                                                                                                                              | KBZ4075                                                        | 5NPE24                                                         | AF5FH162969                                           |                                | 2015                                          | HYUNDAI                                            | = 2                                     |            | 12                                                        |  |  |  |
| VERIFIED                                                                                                                                                | NCE INSURANCE COMPAI                                           | NY INSURANCE C PAP                                             | SURANCE POLICY #<br>0241433                           |                                | COLOR<br>SIL                                  | VEHICLE MODEL<br>SONATA                            |                                         | . •        |                                                           |  |  |  |
|                                                                                                                                                         | TYPE of USE                                                    |                                                                | US DOT#                                               | TOW                            | ED BY: COMPANY N                              | 1                                                  | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | 7          | 7 1111 7                                                  |  |  |  |
| Соммен                                                                                                                                                  | RCIAL GOVERNMENT                                               | IN EMERGENCY<br>RESPONSE                                       | E WEIGHT GVWR/GCWR                                    |                                | HAZARDOU                                      | S MATERIAL                                         |                                         | _)•        |                                                           |  |  |  |
| DEVICE                                                                                                                                                  | MIT/SKIP UNIT                                                  | # OCCUPANTS                                                    | 1 - ≤10K LBS.<br>1 2 - 10.001 - 26K LBS.              | J⊓∾                            | IATERIAL CLAS<br>ELEASED                      |                                                    |                                         | 7.         |                                                           |  |  |  |
| EQUIPPE                                                                                                                                                 |                                                                | 2                                                              | 3 - > 26K LBS.                                        | <u> LLP</u>                    | LACARD                                        |                                                    | 7                                       | 11         | 12 7 5                                                    |  |  |  |
| . 1 .                                                                                                                                                   | 2 - PASSENGER VAN 7 - MO                                       | DTORCYCLE 2-WHEELED 1                                          | 3 - SNOWMOBILE 19 - B                                 |                                |                                               | PEDESTRIAN/SKATER<br>VYHEELCHAIR (ANY TYPE)        | 10 /                                    |            | 12                                                        |  |  |  |
| UNIT TYPE                                                                                                                                               | 3 - SPORT UTILITY 9 - AU                                       | TOCYCLE                                                        | TRUCK                                                 | THER VEH                       |                                               | OTHER NON-MOTORIST<br>BICYCLE                      | <i> </i>                                | - 0        |                                                           |  |  |  |
|                                                                                                                                                         | VERIOLE 10 - N                                                 | IOI ED OX MOTOREED                                             | S - SEMI-TRACTOR  S - EADM EOITIDMENT 22 - A          | NIMAL W                        | ITH RIDER OR 27 -                             | TRAIN                                              | °( <u>-</u>                             | -   º      | <b>M</b> ; →'                                             |  |  |  |
| ⊒; 0 ;                                                                                                                                                  | (ATV)                                                          |                                                                | 7 - MOTORHOME                                         | MIMAT-DI                       | RAWN VEHICLE 99 -                             | UNKNOWN OR HIT/SKIP                                | a                                       | VΠ         |                                                           |  |  |  |
|                                                                                                                                                         | # OF TRAILING UNITS                                            | <del></del> .                                                  |                                                       |                                |                                               |                                                    | 111                                     | 1          | 11 12                                                     |  |  |  |
| #<br>#<br>5                                                                                                                                             | WAS VEHICLE OPERATING IN AN MODE WHEN CRASH OCCURRE            | ρ?                                                             |                                                       |                                | ONAL AUTOMATION                               | 9 - UNKNOWN                                        | 10 n n                                  | 2          | 10 2                                                      |  |  |  |
| 2                                                                                                                                                       | 1-YES 2-NO 9-OTHER/U                                           |                                                                | t - DRIVER ASSISTANCE 4:<br>2 - PARTIAL AUTOMATION 5: |                                | ITOMATION<br>TOMATION                         |                                                    | 2 =                                     | ١.         | 2 2                                                       |  |  |  |
|                                                                                                                                                         | 1 - NONE                                                       | MODE LEVEL<br>6 - BUS - CHARTER/TOUR                           | 11 - FIRE                                             | 16 - FA                        |                                               | 21 - MAIL CARRIER                                  | <u> </u>                                |            |                                                           |  |  |  |
| , 1 i                                                                                                                                                   | 2 - TAXI<br>3 - ELECTRONIC RIDE                                | 7 - BUS - INTERCITY                                            | 12 - MILITARY                                         | 17 - M                         | OWING                                         | 99 - OTHER / UNKNOWN                               |                                         | 4          |                                                           |  |  |  |
| SPECIAL                                                                                                                                                 | SHARING                                                        | , 8 - BUS - SHUTTLE<br>9 - BUS - OTHER                         | 13 - POLICE<br>14 - PUBLIC UTILITY                    |                                | NOW REMOVAL<br>DWING                          |                                                    | 7 8                                     |            | 7 8 5                                                     |  |  |  |
| FUNCTION                                                                                                                                                | 4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER             | 10 - AMBULANCE                                                 | 15 - CONSTRUCTION EQUIP                               |                                | afety sérvice<br>Atrol                        |                                                    |                                         | 12         | 12 12                                                     |  |  |  |
| , 1 ,                                                                                                                                                   | 1 - NO CARGO BODY TYPE<br>/ NOT APPLICABLE                     | 4 - LOGGING                                                    | 7 - GRAIN/CHIPS/GRAVEL                                | 11 - D                         | UMP                                           | 99 - OTHER / UNKNOWN                               | .12                                     | 4          |                                                           |  |  |  |
| CARGO                                                                                                                                                   | 2 - BU\$                                                       | 5 - INTERMODAL<br>CONTAINER CHASSIS                            | 8 - POLE<br>9 - CARGO TANK                            |                                | ONCRETE MIXER<br>UTO TRANSPORTER              |                                                    | R AR.                                   |            |                                                           |  |  |  |
| BODY<br>TYPE                                                                                                                                            | 3 - VEHICLE TOWING<br>ANOTHER MOTOR VEHICLE                    | 6 - CARGOVAN<br>/ENCLOSED BOX                                  | 10 - FLAT BED                                         |                                | ARBAGE/REFUSE                                 |                                                    | ,609,                                   | ' <b>"</b> |                                                           |  |  |  |
| 1 1                                                                                                                                                     | 1 - TURN SIGNALS                                               | 4 - BRAKES                                                     | 7 - WORN OR SUCK TIRES                                |                                | TOR TROUBLE                                   | 99 - OTHER / UNKNOWN                               | 6                                       | J          | <b>E</b>                                                  |  |  |  |
| VEHICLE<br>DEFECTS                                                                                                                                      | 2 - HEAD LAMPS<br>3 - TAIL LAMPS                               | 5 - STEERING<br>6 - TIRE BLOWOUT                               | 8 - TRAILER EQUIPMENT<br>DEFECTIVE                    |                                | SABLED FROM PRIOR<br>CCIDENT                  |                                                    |                                         | 6          | 6 6                                                       |  |  |  |
| DEFECTS                                                                                                                                                 | 1 - INTERSECTION -                                             | 4 - MIDBLOCK -                                                 | 7 - SHOULDER/ROADSIDE                                 |                                |                                               |                                                    | ☐- NO DAMA                              | GE [ 0 ]   | - UNDERCARRIAGE ( 14 )                                    |  |  |  |
| NON-                                                                                                                                                    | MARKED CROSSWALK 2 - INTERSECTION -                            | MARKED CROSSWALK 5 - TRAVEL LANE -                             | 8 - SIDEWALK                                          | 11 - \$1                       | RIVEWAY ACCESS<br>PARED USE PATHS             | 99 - OTHER / UNKNOWN                               | ☐-TOP[13]                               |            | - ALL AREAS [ 15 ]                                        |  |  |  |
| MOTORIST                                                                                                                                                | UNMARKED CROSSWALK  3 - INTERSECTION - OTHER                   | OTHER LOCATION  6 - BICYCLE LANE                               | 9 - MEDIAN/CROSSING<br>ISLAND                         | 12 - FII                       | R TRAILS<br>RST RESPONDER<br>I INCIDENT SCENE |                                                    |                                         | - UNIT     | NOT AT SCENE [ 16 ]                                       |  |  |  |
|                                                                                                                                                         | 1 - NON-CONTACT                                                | 1 - STRAIGHT AHEAD                                             | 9 - LEAVING TRAFFIC                                   | 15 - W                         | ALKING, RUNNING,                              | 21 - STANDING OUTSIDE                              | INIT                                    | AL POI     | NT OF CONTACT                                             |  |  |  |
|                                                                                                                                                         | 2 - NON-COLLISION                                              | 2 - BACKING<br>3 - CHANGING LANES                              | LANE<br>10 - PARKED                                   |                                | OGGING, PLAYING<br>ORKING                     | DISABLED VEHICLE<br>99 - OTHER / UNKNOWN           | 0 - NO DA                               |            | 14 - UNDERCARRIAGE                                        |  |  |  |
| ACTION                                                                                                                                                  |                                                                | L 4 - OVERTAKING/PASSING<br>I 5 - MAKING RIGHT TURN            | 11 - SLOWING OR STOPPED<br>IN TRAFFIC                 | 18 - AF                        | JSHING VEHICLE<br>PPROACHING OR               |                                                    |                                         | ER TO U    | NIT 15 - VEHICLE NOT AT SCENE                             |  |  |  |
|                                                                                                                                                         | 5 - BOTH STRIKING<br>& STRUCK                                  | 6 - MAKING LEFT TURN<br>7 - MAKING U-TURN                      | 12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE           |                                | AVING VEHICLE<br>FANDING                      | ,                                                  | 13 - TOP                                |            | 99 - UNKNOWN                                              |  |  |  |
|                                                                                                                                                         | 9 - OTHER / UNKNOWN                                            | 8 - ENTERING TRAFFIC<br>LANE                                   | 14 - ENTERING OR CROSSING<br>SPECIFIED LOCATION       | 20 - 0                         | THER NON-MOTORIS                              | ŗ ,                                                | _                                       | TRA        | AFFIC                                                     |  |  |  |
|                                                                                                                                                         | 1 - NONE<br>2 - FAILURE TO YIELD                               | 8 - FOLLOWING TOO CLOSE<br>/ACDA                               | 13 - IMPROPER START FROM<br>A PARKED POSITION         |                                | ERATING DEFECTIVE                             | 23 - OPENING DOOR INTO<br>ROADWAY                  | TRAFFICWAY FLOW                         |            | TRAFFIC CONTROL                                           |  |  |  |
| , 9 ,                                                                                                                                                   | 3 - RAN RED LIGHT<br>4 - RAN STOP SIGN                         | 9 - IMPROPER LANE<br>CHANGE                                    | 14 - STOPPED OR PARKED<br>ILLEGALLY                   | 19 - LO                        | AD SHIFTING                                   | 99 - OTHER IMPROPER<br>ACTION                      | 1 - ONE-WAY<br>2 - TWO-WAY              | _          | 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN |  |  |  |
| CONTRIBUTION                                                                                                                                            | 5 - UNSAFE SPEED                                               | 10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD                   | 15 - SWERVING TO AVOID<br>16 - WRONG WAY              | 20 - (M                        | PROPER CROSSING                               | ACTION .                                           | _2                                      | 6          | 3 - FLASHER 6 - NO CONTROL                                |  |  |  |
| CIRCUMSTANI                                                                                                                                             | CES 7 - LEFT OF CENTER                                         | 12 - IMPROPER BACKING                                          | 17 - VISION OBSTRUCTION                               |                                | OT DISCERNIBLE                                |                                                    | # OF THROUGH LANES                      |            | RAIL GRADE CROSSING                                       |  |  |  |
| SEQUENCE                                                                                                                                                | OF EVENTS                                                      |                                                                |                                                       | -                              | <u> </u>                                      |                                                    | ON ROAD                                 | 4          | 1 - NOT INVLOVED 2 - INVOLVED-ACTIVE CROSSING             |  |  |  |
| ., 20                                                                                                                                                   |                                                                | 7 - SEPARATION OF UNITS                                        | 12 - DOWNHILL RUNAWAY                                 | 19 - AN                        | IMAL-OTHER                                    | 23 - STRUCK BY FALLING,                            | 2                                       |            | 3 - INVOLVED-PASSIVE CROSSING                             |  |  |  |
|                                                                                                                                                         | 2 - FIRE/EXPLOSION<br>3 - IMMERSION                            | 8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT                | 13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN           |                                | OTOR VEHICLE IN<br>ANSPORT                    | SHIFTING CARGO OR<br>ANYTHING SET IN               | UNIT /                                  | ION-MO     | STORIST DIRECTION                                         |  |  |  |
| 2                                                                                                                                                       | 4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT                         | 10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE -                   | 15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE               |                                | RKED MOTOR<br>HICLE                           | MOTION BY A MOTOR<br>VEHICLE<br>24 - OTHER MOVABLE |                                         |            | 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST           |  |  |  |
| 1.                                                                                                                                                      | LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE                         | OPPOSITE DIRECTION<br>OF TRAVEL                                | 17 - ANIMAL - FARM<br>18 - ANIMAL - DEER              | , MA                           | ORK ZONE<br>NINTENANCE                        | OBJECT OTHER MOVABLE                               | 1 1                                     | 2 1        | 3 - EAST 7 - SOUTHEAST                                    |  |  |  |
| 3                                                                                                                                                       | J                                                              |                                                                | N WITH FIXED ÖBJECT                                   |                                | UIPMENT                                       |                                                    | FROM TO _                               |            | 4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN             |  |  |  |
| 4 [                                                                                                                                                     | 25 - IMPACT ATTENUATOR<br>/ CRASH CUSHION                      | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER                    | 38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES    | 45 - EM<br>46 - FE             | IBANKMENT<br>NCE                              | S2 - BUILDING<br>53 - TUNNEL                       | UNIT SPEED                              | ·          | DETECTED SPEED                                            |  |  |  |
| s l                                                                                                                                                     | 26 - BRIDGE OVERHEAD<br>STRUCTURE                              | 33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL             | SUPPORT<br>40 - UTILITY POLE                          | 47 - MA<br>48 - TRI            | EE                                            | 54 - OTHER FIXED<br>OBJECT                         |                                         |            |                                                           |  |  |  |
|                                                                                                                                                         | 27 - BRIDGE PIER OR ABUTMENT                                   | BARRIER 35 - MEDIAN CONCRETE                                   | 41 - OTHER POST, POLE<br>OR SUPPORT                   | 50 - W                         | RE HYDRANT 9<br>ORK ZONE<br>NINTENANCE        | 99 - OTHER / UNKNOWN                               | 15                                      |            | 1 - STATED / ESTIMATED SPEED                              |  |  |  |
| 6                                                                                                                                                       | 28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST | 42 - CULVERT<br>43 - CURB<br>44 - DITCH               | EQ                             | UIPMENT                                       |                                                    | POSTED SPEED                            |            | 1 2 - CALCULATED / EDR                                    |  |  |  |
| 1 1                                                                                                                                                     | FIRST HARMEIN EVEN                                             |                                                                | AA - UHCH                                             | 51 - W                         | nu.                                           |                                                    | . 25                                    |            | 3 - UNDETERMINED                                          |  |  |  |

LOCAL REPORT NUMBER

| OF PUBLIC SAFETY | U | NIT |  |
|------------------|---|-----|--|
|------------------|---|-----|--|

|                                         | BEAUTH UNIT                                        |                                         |                          |                                                   |                                               |                                   |                                             | rc                      | ICAL RE        | EPORT NUMBER                                                |
|-----------------------------------------|----------------------------------------------------|-----------------------------------------|--------------------------|---------------------------------------------------|-----------------------------------------------|-----------------------------------|---------------------------------------------|-------------------------|----------------|-------------------------------------------------------------|
|                                         |                                                    |                                         |                          |                                                   |                                               |                                   |                                             | 1PD1797                 |                |                                                             |
| UNIT#                                   | OWNER NAME: LAST, FIRST, I                         | MIDDLE ( SAME AS DR                     | A CODE ( SAME AS DRIVER) |                                                   | D A                                           | MAGE                              |                                             |                         |                |                                                             |
|                                         | HUNT, SARAH, LYNLE                                 |                                         |                          |                                                   |                                               |                                   |                                             |                         | DAM            | AGE SCALE                                                   |
| 2                                       | DDRESS: STREET, CITY, STATE, Z                     |                                         | 1 4272                   |                                                   |                                               |                                   |                                             | 1 - NONE<br>2 - MINOR E | )ABAAGI        | 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE                  |
| 1                                       | SHTON HILL ROAD, C                                 |                                         | 7, 4312                  | 4                                                 |                                               | Autori Cianco Dill                | ONE: DICLUDE AREA CODE                      |                         |                | NKNOWN                                                      |
| Commence                                | SPIR CONTROL WALL PODICE                           | 3 CH, 3181 C EF                         |                          |                                                   | Coi                                           | wwitcht Candia List               | JINE. INCLUDE MEA COLE                      |                         |                | GED AREA(S)                                                 |
| LP STATE                                | LICENSE PLATE #                                    | VI                                      | EHICLE ID                | ENTIFICATION #                                    |                                               | VEHICLE YEAR                      | VEHICLE MAKE                                | IN                      | DICATE         | ALL THAT APPLY                                              |
| ОН                                      | JWS8164                                            |                                         |                          | EG6JFA34754                                       |                                               | 2018                              | FORD                                        | **                      |                | 45                                                          |
| X INSURA                                | NCE INSURANCE COMPA                                |                                         | _                        | URANCE POLICY #                                   |                                               | COLOR                             | VEHICLE MODEL                               |                         |                |                                                             |
| VERIFIE                                 | -1711-17111111                                     |                                         | C98-                     | 1052-C1235C                                       | ,                                             | BLK                               | F-150                                       |                         | \ <sup>2</sup> | 10/11/2                                                     |
| [-]                                     | TYPE OF USE                                        | IN EMERGENCY                            | 1                        | US DOT#                                           | TOW                                           | ED BY: COMPANY N                  | AME                                         |                         |                |                                                             |
| СОММЕ                                   |                                                    | RESPONSE                                | VEHICLE                  | WEIGHT GVWR/GCWR                                  |                                               | HAZARDOU                          | S MATERIAL                                  |                         | ٧              | ' HOH →                                                     |
| DEVICE                                  | HIT/SKIP UNIT                                      | # OCCUPANTS                             |                          | 1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.            |                                               | AATERIAL CLAS<br>ELEASED          | S# PLACARD ID#                              |                         | /4             |                                                             |
| EQUIPP                                  | ED                                                 | 2                                       | <u>Ш</u>                 | 3 - > 26K LBS.                                    | <u>                                      </u> | LACARD (                          | <u> </u>                                    |                         |                | 12 7 6                                                      |
| _                                       |                                                    | IN (9-15 SEATS)<br>OTORCYCLE 2-WHEEL    |                          |                                                   |                                               | -                                 | PEDESTRIAN/SKATER                           | 6                       | 7              | चि ।                                                        |
| <u>4</u> _                              | (MINIVAN) 8 - MC                                   | OTORCYCLE 3-WHEEL                       |                          | - SINGLE UNIT 20 - OI                             | 15 (16+ P<br>THER VEH                         |                                   | WHEELCHAIR (ANY TYPE)<br>OTHER NON-MOTORIST | 10                      | / `厘           | <b>2</b>                                                    |
| UNIT TYP                                | Miner                                              | ITOCYCLE<br>HOPED OR MOTORIZE           | n 15                     | TRUCK                                             |                                               |                                   | BICYCLE                                     | آ ه                     | - 10           | # <b>!!!</b>                                                |
|                                         | 4 - PICK UP BI                                     | ICYCLE                                  | -                        | - FARM FOURNISHED 22 - AN                         |                                               |                                   | TRAIN                                       | <b>\</b>                | <b>-</b> 📴     |                                                             |
| . 0 .                                   | S - CARGO VAN 11 - A<br>(ATV)                      | LL TERRAIN VEHICLE                      | 17                       | - MOTORHOME                                       |                                               | gg_                               | UNKNOWN OR HIT/SKIP                         | 8`                      | VĽ             |                                                             |
| لـكــا,                                 | # of TRAILING UNITS                                |                                         |                          |                                                   |                                               |                                   |                                             | 12                      | 7              | 12                                                          |
| •                                       | WAS VEHICLE OPERATING IN AL                        | D3 .                                    |                          | - NO AUTOMATION 3 -                               | CONDIT                                        | IONAL AUTOMATION                  | 9 - UNKNOWN                                 |                         |                |                                                             |
| . 2                                     | MODE WHEN CRASH OCCURRE                            | <sup>ທ</sup>                            | 01                       | - DRIVER ASSISTANCE 4 -                           | HIGH AL                                       | JTOMATION                         |                                             | ''Z_`\ <u>#</u> \\      | \ <sup>2</sup> | 19/ \ 11 1   2                                              |
| لئا                                     | 1-YES 2-NO 9-OTHER/L                               |                                         | ELEVEL                   | - PARTIAL AUTOMATION 5 -                          | FULL AU                                       | TOMATION                          |                                             | 0 2 3                   | ٦,             |                                                             |
|                                         | 1 - NONE                                           | 6 - BUS - CHARTER                       |                          | 11 - FIRE                                         | 16 - FA                                       | ARM                               | 21 - MAIL CARRIER                           | <del> -</del> □ □ □ -   | -/             |                                                             |
| . 1 .                                   | 2 - TAXI                                           | 7 - BUS - INTERCIT                      | Y                        | 12 - MILITARY                                     | 17 - M                                        | OWING                             | 99 - OTHER / UNKNOWN                        |                         | /4             |                                                             |
| SPECIAL                                 | 3 - ELECTRONIC RIDE<br>SHARING                     | 8 - BUS - SHUTTLE<br>9 - BUS - OTHER    |                          | 13 - POLICE<br>14 - PUBLIC UTILITY                |                                               | NOW REMOVAL<br>DWING              |                                             |                         |                | 7                                                           |
| FUNCTION                                | 4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER | 10 - AMBULANCE                          |                          | 15 - CONSTRUCTION EQUIP.                          | 20 - 54                                       | AFETY SERVICE                     | 1                                           | ·                       |                | · ·                                                         |
|                                         |                                                    |                                         | _                        |                                                   |                                               | ATROL                             |                                             |                         | 12             | 1 12 12                                                     |
| 1 1 1                                   | 1 - NO CARGO BODY TYPE / NOT APPLICABLE            | 4 - LOGGING<br>5 - INTERMODAL           |                          | 7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE                | 11 - D                                        | UMP<br>ONCRETE MIXER              | 99 - OTHER / UNKNOWN                        | 12<br>0 8               | <b>B</b>       |                                                             |
| CARGO                                   | 2 - BUS<br>3 - VEHICLE TOWING                      | CONTAINER CH                            | ASSIS                    | 9 - CARGO TANK                                    |                                               | UTO TRANSPORTER                   |                                             | . R . M. R.             | ,              | ء و الم                                                     |
| BODY<br>TYPE                            | ANOTHER MOTOR VEHICLE                              | /ENCLOSED BO                            | x                        | 10 - FLAT BED                                     | 14 - G                                        | ARBAGE/REFUSE                     |                                             |                         | •              |                                                             |
|                                         | , 1 - TURN SIGNALS                                 | 4 - BRAKES                              |                          | 7 - WORN OR SLICK TIRES                           | 9 - MC                                        | OTOR TROUBLE                      | 99 - OTHER / UNKNOWN                        | 6                       |                | <b>1</b> 🙀                                                  |
| VEHICLE                                 | 2 - HEAD LAMPS                                     | 5 - STEERING                            |                          | 8 - TRAILER EQUIPMENT                             | 10 - D                                        | SABLED FROM PRIOR                 |                                             |                         | 6              | 6 6                                                         |
| DEFECTS                                 | 3 - TAIL LAMPS                                     | 6 - TIRE BLOWOUT                        |                          | DEFECTIVE                                         | A                                             | CIDENT                            |                                             | □- NO DAMA              |                | Undercarriage [ 14 ]                                        |
|                                         | 1 - INTERSECTION -                                 | 4 - MIDBLOCK -                          |                          | 7 - SHOULDER/ROADSIDE                             | 10 - DI                                       | RIVEWAY ACCESS                    | 99 - OTHER / UNKNOWN                        |                         | iGE [ U ]      | <u> </u>                                                    |
| Non-                                    | MARKED CROSSWALK 2 - INTERSECTION -                | MARKED CROS<br>5 - TRAVEL LANE -        | SWALK                    | 8 - SIDEWALK                                      |                                               | HARED USE PATHS<br>R TRAILS       |                                             | □-тор[13]               |                | ☐- ALL AREAS [ 15 ]                                         |
| MOTORIST<br>LOCATION                    | LINMARKED CROSSWALK 3 - INTERSECTION - OTHER       | OTHER LOCATI                            | ION                      | 9 - MEDIAN/CROSSING<br>ISLAND                     | 12 - FI                                       | RST RESPONDER                     |                                             |                         | ]- UNIT        | NOT AT SCENE [ 16 ]                                         |
|                                         | 1 - NON-CONTACT                                    | 1 - STRAIGHT AHEA                       | ND .                     | 9 - LEAVING TRAFFIC                               |                                               | ALKING, RUNNING,                  | 21 - STANDING OUTSIDE                       |                         |                |                                                             |
|                                         | 2 - NON-COLLISION                                  | 2 - BACKING                             |                          | LANE                                              | JC                                            | GGING, PLAYING                    | DISABLED VEHICLE                            | 0 - NO D                |                | INT OF CONTACT<br>14 - UNDERCARRIAGE                        |
| 4                                       | 3 - STRIKING 8                                     | 3 - CHANGING LAN<br>4 - OVERTAKING/PA   | ASSING                   | 10 - PARKED<br>11 - SLOWING OR STOPPED            |                                               | ORKING<br>JSHING VEHICLE          | 99 - OTHER / UNKNOWN                        | _                       |                | UNIT 15 - VEHICLE NOT AT SCENE                              |
| ACTION                                  |                                                    | 5 - MAKING RIGHT<br>6 - MAKING LEFT TO  |                          | IN TRAFFIC  12 - DRIVERLESS                       |                                               | PPROACHING OR<br>AVING VEHICLE    |                                             |                         | GRAM           | 99 - UNKNOWN                                                |
|                                         | 5 - BOTH STRIKING<br>& STRUCK                      | 7 - MAKING U-TUR                        | N                        | 13 - NEGOTIATING A CURVE                          | 19 - ST                                       | TANDING                           |                                             | 13 - TOP                |                | 33 - 014N1401414                                            |
|                                         | 9 - OTHER / UNKNOWN                                | 8-ENTERING TRAI                         | FFIC                     | 14 - ENTERING OR CROSSING<br>SPECIFIED LOCATION   | 50 - 0.                                       | THER NON-MOTORIST                 |                                             |                         | TR             | AFFIC                                                       |
|                                         | 1 - NONE                                           |                                         | O CLOSE                  | 13 - IMPROPER START FROM                          |                                               |                                   | 23 - OPENING DOOR INTO                      | TRAFFICWAY FLOW         |                | TRAFFIC CONTROL                                             |
|                                         | 2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT          | /ACDA<br>9 - IMPROPER LANI              | E                        | A PARKED POSITION  14 - STOPPED OR PARKED         |                                               | UIPMENT<br>AD SHIFTING            | ROADWAY<br>99 - OTHER IMPROPER              | 1 - ONE-WAY             |                | 1 - ROUNDABOUT 4 - STOP SIGN                                |
| 1                                       | 4 - RAN STOP SIGN                                  | CHANGE                                  |                          | ILLEGALLY                                         | /FA                                           | ULING/SPILLING                    | ACTION                                      | 2 - TWO-WAY             | ، 6            | 2 - SIGNAL 5 - YIELD SIGN                                   |
| CONTRIBUTION                            | S - UNSAFE SPEED                                   | 10 - IMPROPER PAS<br>11 - DROVE OFF RO  |                          | 15 - SWERVING TO AVOID<br>16 - WRONG WAY          |                                               | PROPER CROSSING<br>ING IN ROADWAY |                                             |                         |                | 3 - FLASHER 6 - NO CONTROL                                  |
| CIRCUMSIAN                              | CES 7 - LEFT OF CENTER                             | 12 - IMPROPER BAC                       | CKING                    | 17 - VISION OBSTRUCTION                           | 22 - NO                                       | T DISCERNIBLE                     |                                             | # of THROUGH LANES      |                | RAIL GRADE CROSSING                                         |
| SEQUENCE                                | OF EVENTS                                          |                                         |                          |                                                   |                                               |                                   |                                             | ON ROAD                 |                | 1 - NOT INVLOVED  2 - INVOIVED ACTIVE CROSSING              |
| 20                                      | 1 - OVERTURN/ROLLOVER                              | 7. ESDADATION OC                        |                          | EVENTS                                            |                                               |                                   |                                             | 2                       | 1_1            | 2 - INVOLVED-ACTIVE CROSSING  3 - INVOLVED-PASSIVE CROSSING |
| 1 20                                    | 2 - FIRE/EXPLOSION                                 | 7 - SEPARATION OF I                     |                          | 12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |                                               | IIMAL -OTHER 2<br>OTOR VEHICLE IN | 3 - STRUCK BY FALLING,<br>SHIFTING CARGO OR |                         | Щ              | <del></del>                                                 |
| ١.                                      | 3 - IMMERSION<br>4 - JACKKNIFE                     | 9 - RAN OFF ROAD L<br>10 - CROSS MEDIAN |                          | 14 - PEDESTRIAN<br>15 - PEDALCYCLE                |                                               | ANSPORT<br>RKED MOTOR             | ANYTHING SET IN<br>MOTION BY A MOTOR        | UNIT /                  | NON-M          | OTORIST DIRECTION                                           |
| 2                                       | 5 - CARGO / EQUIPMENT                              | 11 - CROSS CENTERL                      | INE -                    | 16 - RAILWAY VEHICLE                              | VE                                            | HICLE 2                           | VEHICLE<br>4 - OTHER MOVABLE                |                         |                | 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST             |
|                                         | LOSS OR SHIFT 6 - EQUIPMENT FAILURE                | OPPOSITE DIRECT                         | NUN                      | 17 - ANIMAL - FARM<br>18 - ANIMAL - DEER          |                                               | ORK ZONE<br>NINTENANCE            | OBJECT                                      | , a , ,                 | 2 (            | 3 - EAST 7 - SOUTHEAST                                      |
| 3 [                                     |                                                    |                                         | ALUS: 2-                 |                                                   | ξQ                                            | UIPMENT                           |                                             | FROM 3 TO               |                | 4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN               |
| 41                                      | 25 - IMPACT ATTENUATOR                             | 31 - GUARDRAIL END                      | •                        | WITH FIXED OBJECT - S<br>38 - OVERHEAD SIGN POST  | 45 - EM                                       | IBANKMENT 5                       | 2 - BUILDING                                | <del></del>             |                | 3-OITHER/ UNKNOWN                                           |
| l • • • • • • • • • • • • • • • • • • • | 26 - BRIDGE OVERHEAD                               | 32 - PORTABLE BARR<br>33 - MEDIAN CABLE | BARRIER                  | 39 - LIGHT / LUMINARIES<br>SUPPORT                | 45 - FE                                       |                                   | 3 - TUNNEL<br>4 - OTHER FIXED               | UNIT SPEED              | T              | DETECTED SPEED                                              |
| 5                                       | STRUCTURE  27 - BRIDGE PIER OR                     | 34 - MEDIAN GUARD<br>BARRIER            | PRAIL                    | 40 - UTILITY POLE<br>41 - OTHER POST, POLE        | 48 - TR                                       | EÉ                                | OBJECT<br>9 - OTHER / UNKNOWN               | , <b>r</b>              |                | 1 - STATED / ESTIMATED SPEED                                |
|                                         | ABUTMENT                                           | 35 - MEDIAN CONCE                       | RETE                     | OR SUPPORT                                        | 50 - W                                        | ORK ZONE<br>UNTENANCE             |                                             | 5                       | j              |                                                             |
| 6 L                                     |                                                    | BARRIER<br>36 - MEDIAN OTHER            | BARRIER                  |                                                   | EQ                                            | UIPMENT                           |                                             | POSTED SPEED            |                | 1 z - CALCULATED / EDR                                      |
|                                         | 30 - GUARDRAIL FACE                                | 37 - TRAFFIC SIGN P                     | UST                      | 44 - DITCH                                        | 51 - W                                        | ALL                               |                                             |                         |                | 2 HANDSTEDLAND                                              |

1 MOST HARMFUL EVENT

1 FIRST HARMFUL EVENT

3 - UNDETERMINED

25

| C                      | Motorist / Non-Motorist          |                                                                                      |                   |                                                                         |                                                           |                                                              |                   |                 |                                        |                                                     | LOCAL REPORT NUMBER 23MPD1797                               |                                                  |                                                   |                                                             |                                                                               |                                     |                    |                                                        |                               |                |  |  |
|------------------------|----------------------------------|--------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------|-------------------|-----------------|----------------------------------------|-----------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------|--------------------|--------------------------------------------------------|-------------------------------|----------------|--|--|
|                        | UNIT # NAME: LAST, FIRST, MIDDLE |                                                                                      |                   |                                                                         |                                                           |                                                              |                   |                 |                                        |                                                     |                                                             |                                                  |                                                   |                                                             |                                                                               |                                     |                    |                                                        | GENDER                        |                |  |  |
|                        | 1                                | TROYER, LAURA, R                                                                     |                   |                                                                         |                                                           |                                                              |                   |                 |                                        |                                                     |                                                             |                                                  | 10/06/2001 22                                     |                                                             |                                                                               |                                     |                    |                                                        |                               | F              |  |  |
| £5                     | •                                |                                                                                      | TY, STATE, ZIP    |                                                                         |                                                           |                                                              |                   |                 |                                        |                                                     |                                                             |                                                  | CONTACT PHONE - INCLUDE AREA CODE                 |                                                             |                                                                               |                                     |                    |                                                        |                               | <u>'</u>       |  |  |
|                        | 52550 S1                         | 2550 STATE ROUTE 651, BALTIC, OH, 43804 740-575-6144                                 |                   |                                                                         |                                                           |                                                              |                   |                 |                                        |                                                     |                                                             |                                                  |                                                   |                                                             |                                                                               |                                     |                    |                                                        |                               |                |  |  |
| QΨ                     |                                  | INJURED EMS AGENCY (NAME) INJURED YAKEN TO: MIDICAL FACILITY (NAME, CITY) SAFETY EQU |                   |                                                                         |                                                           |                                                              |                   |                 |                                        |                                                     |                                                             | IENT                                             |                                                   | Г-Сомни                                                     |                                                                               | SEATING<br>POSITION                 | AIR B              | AG USAG                                                | EJECTIO                       | N TRAPPED      |  |  |
| ÓŽ                     |                                  | TAKEN                                                                                |                   |                                                                         |                                                           |                                                              |                   |                 |                                        |                                                     | 4                                                           |                                                  |                                                   | HELME                                                       |                                                                               | 1                                   |                    | 1                                                      | 1                             | 1              |  |  |
| OTORIST / NON-MOTOR    | OL STATE                         | OPERATOR                                                                             | LICE              | NSE NUMBER                                                              |                                                           |                                                              | OFFENS            | SE CHARG        | iED                                    | LOCAL                                               | OFFENSE DE                                                  | SCRIF                                            | NOIT                                              |                                                             |                                                                               |                                     | CITA               | TION N                                                 | UMBER                         | 1              |  |  |
| 0                      | ОН                               | VL58714                                                                              | 2                 |                                                                         |                                                           |                                                              |                   |                 |                                        | CODE                                                |                                                             |                                                  |                                                   |                                                             |                                                                               |                                     | j                  |                                                        |                               |                |  |  |
| 2                      | OL CLASS                         | ENDORSEM                                                                             | ENT               | RESTRICTION SELECT UP TO 3                                              |                                                           | DRIV                                                         |                   |                 | HOL / DRUG SUSPE                       |                                                     | CONDITIO                                                    |                                                  |                                                   |                                                             | OHOL TEST                                                                     |                                     |                    | DRUG TEST(S)                                           |                               |                |  |  |
|                        | 4                                |                                                                                      |                   |                                                                         |                                                           | DIST<br>BY ,                                                 | RACTED            |                 | HOL MARIJU<br>R DRUG                   | ANA                                                 | 1 1                                                         | ľ                                                | STATUS<br>1                                       | TYPE<br>1                                                   | ١ '                                                                           | VALUE                               | STATUS<br>1        | TYPE<br>1                                              | RESULTS                       | SELECT UP TO 4 |  |  |
| 2                      | ש דואט                           | NAME: LAS                                                                            | 5T, F)            | RST, MIDDLE                                                             |                                                           | •                                                            |                   |                 |                                        |                                                     |                                                             |                                                  |                                                   |                                                             | DATE                                                                          | OF BIRTH                            | '                  | <del>1 †</del>                                         | AGE                           | GENDER         |  |  |
|                        | 2                                | HUNT, B                                                                              | RYC               | E. GENE                                                                 |                                                           |                                                              |                   |                 |                                        |                                                     |                                                             |                                                  |                                                   |                                                             | 12/11                                                                         | 1/2001                              |                    |                                                        | 21                            | м              |  |  |
| 5                      |                                  | STREET, CITY                                                                         |                   | <u> </u>                                                                |                                                           |                                                              |                   |                 |                                        |                                                     |                                                             |                                                  | CONTA                                             |                                                             |                                                                               | INCLUDE A                           | REA COD            | L<br>E                                                 |                               | 1 171          |  |  |
| OTORIST / NON-MOTORIS  | 16861 BI                         | RONZE H                                                                              | EIGI              | ITS LANE, CALDWELL, (                                                   | οн, 4                                                     | 4372                                                         | 4                 |                 |                                        |                                                     |                                                             |                                                  | 304-8                                             | 315-20                                                      | 612                                                                           |                                     |                    |                                                        |                               |                |  |  |
| Ĭ                      | INJURIES                         | INJURED<br>TAKEN                                                                     | EM:               | S AGENCY (NAME)                                                         |                                                           |                                                              | INJURED '         | TAKEN TO: !     | MEDICAL FACILITY (NAME,                | TIY)                                                | SAFETY EQUIPM                                               | MENT                                             | [-]001                                            | Т-Сомри                                                     | IANT                                                                          | SEATING<br>POSITION                 | AIR B              | AG USAG                                                | ELECTIO                       | N TRAPPED      |  |  |
| QN/                    | 5                                | вү _1_                                                                               |                   |                                                                         |                                                           |                                                              |                   |                 |                                        |                                                     | 4                                                           |                                                  | ⊔мс                                               | HELME                                                       |                                                                               | 1                                   |                    | 1                                                      | 1                             | 1              |  |  |
| RIST                   | OL STATE                         | OPERATOR                                                                             | LICE              | NSE NUMBER                                                              |                                                           |                                                              | OFFENS            | SE CHARG        | iED                                    | LOCAL                                               | OFFENSE DE                                                  | SCRIF                                            | MOIT                                              |                                                             |                                                                               |                                     | CITA               | TION N                                                 | UMBER                         |                |  |  |
| ě                      | ОН                               | UZ51566                                                                              | 6                 |                                                                         |                                                           |                                                              | L                 |                 |                                        |                                                     |                                                             |                                                  |                                                   |                                                             |                                                                               |                                     |                    |                                                        |                               |                |  |  |
| 2                      | OL CLASS                         | ENDORSEM                                                                             | ENT               | RESTRICTION SELECT UP TO 3                                              |                                                           | DRIV                                                         | /ER<br>RACTED     | -               | IOL / DRUG SUSPE                       |                                                     | CONDITIO                                                    | г                                                |                                                   | COH                                                         | _                                                                             |                                     |                    | ĭ                                                      | G TEST(                       |                |  |  |
|                        | 4                                |                                                                                      |                   |                                                                         |                                                           | BY .                                                         | 1                 | =               | HOL MARUU<br>ER DRUG                   | ANA                                                 | 1                                                           |                                                  | STATUS<br>1                                       | TYPE<br>1                                                   | '                                                                             | VALUE                               | STATUS<br>1        | TYPE<br>1                                              | RESULTS                       | SELECT UP TO 4 |  |  |
| 7                      | UNIT #                           | NAME: LAS                                                                            | 5T, FI            | RST, MIDDLE                                                             |                                                           | ı                                                            | -                 |                 |                                        |                                                     |                                                             | _                                                |                                                   |                                                             | DATE                                                                          | OF BIRTH                            | •                  | <del>'                                    </del>       | AGE                           | GENDER         |  |  |
|                        |                                  |                                                                                      |                   |                                                                         |                                                           |                                                              |                   |                 |                                        |                                                     |                                                             |                                                  |                                                   |                                                             |                                                                               |                                     |                    |                                                        |                               |                |  |  |
| IJ                     | ADDRESS:                         | STREET, CITY                                                                         | ', ST/            | TE, ZIP                                                                 |                                                           |                                                              |                   |                 | -                                      |                                                     |                                                             |                                                  | CONT                                              | ACT PH                                                      | ONE -                                                                         | INCLUDE A                           | REA COD            | <del>1_</del><br>E                                     |                               | <u> </u>       |  |  |
| ĕ                      |                                  |                                                                                      |                   |                                                                         |                                                           |                                                              |                   |                 |                                        |                                                     |                                                             |                                                  |                                                   |                                                             |                                                                               |                                     |                    |                                                        |                               |                |  |  |
| WIN                    | INJURIES                         | INJURED<br>TAKEN                                                                     | EM:               | AGENCY (NAME)                                                           |                                                           |                                                              | INJURED '         | TAKEN TO; I     | MEDICAL FACILITY (NAME (               | (YII                                                | SAFETY EQUIPM<br>USED                                       | DOT-COMPLIANT POSITION                           |                                                   |                                                             | AIR B                                                                         | AG USAG                             | E ETECTIO          | TRAPPED                                                |                               |                |  |  |
| 9 <u>7</u> /           |                                  | ВУ                                                                                   |                   |                                                                         |                                                           |                                                              | <u> </u>          |                 |                                        |                                                     | <del></del>                                                 |                                                  |                                                   | HELME                                                       | T                                                                             |                                     |                    |                                                        |                               |                |  |  |
| OTORIST / NON-MOTORIST | OL STATE                         | OPERATOR                                                                             | LICE              | NSE NUMBER                                                              |                                                           |                                                              | OFFEN!            | SE CHARG        | ED                                     | LOCAL                                               | OFFENSE DE                                                  | SCRIF                                            | IPTION                                            |                                                             |                                                                               |                                     | CITA               | CITATION NUMBER                                        |                               |                |  |  |
|                        | OL SLASS                         | ENDORSEM                                                                             | Eart              | ·                                                                       |                                                           | r                                                            | <u> </u>          |                 |                                        |                                                     |                                                             |                                                  |                                                   |                                                             | ALCOHOL TEST                                                                  |                                     |                    |                                                        | DRUG TEST(S)                  |                |  |  |
|                        | OL CLASS                         | ENDORSEM                                                                             | C)41              | RESTRICTION SELECT UP TO 3                                              |                                                           | DRIVER ALCOHOL / DRUG SUSPECTED DISTRACTED ALCOHOL MARIJUANA |                   |                 |                                        |                                                     | CONDITION                                                   |                                                  | STATUS TYP                                        |                                                             |                                                                               |                                     | STATUS             | 1                                                      |                               | SELECT UP TO 4 |  |  |
|                        |                                  |                                                                                      |                   |                                                                         |                                                           | BY                                                           |                   | OTHE            | R DRUG                                 |                                                     |                                                             |                                                  |                                                   |                                                             |                                                                               |                                     |                    |                                                        |                               |                |  |  |
|                        |                                  | JRIES                                                                                |                   | SEATING POSITION                                                        |                                                           | _                                                            | AIR BAC           | ŝ               | OL CLAS                                | S                                                   | OL REST                                                     | RICT                                             | ION(S)                                            | DR                                                          | IVER                                                                          | DISTRA                              | CTION              | ]т                                                     | EST ST                        | ATUS           |  |  |
|                        | FATAL<br>SUSPECTED               | ŠERIOUS                                                                              | î,                | (MOTORCYCLE DRIVER)                                                     | 2 - D                                                     | EPLOY                                                        | PLOYED<br>ED FRON | r               | 1 - CLASS A                            |                                                     | 1 - ALCOHOL II                                              | NTERL                                            | оск                                               | 1-1                                                         | NOT DIS<br>MANUAI                                                             | TRACTED                             | ING AN             |                                                        | NE GIVEN<br>T REFUSED         |                |  |  |
| ļ                      | INUURY<br>SUSPECTED              |                                                                                      | ţ                 | 3 - FRONT - RIGHT SIDE                                                  | 4 - D                                                     | EPLOY                                                        | ED SIDE           |                 | <sup>2</sup> - CLASS B<br>-3 - CLASS C |                                                     | 2 - COL INTRAS<br>3 - CORRECTIV                             | ELECTRONIC                                       |                                                   |                                                             |                                                                               | 3 - TEST GIVEN. CONTAMINATED SAMPLE |                    |                                                        |                               |                |  |  |
|                        | INJURY<br>POSSIBLE IN            |                                                                                      |                   | 4 - SECOND - LEFT SIDE<br>(MOTORCYCLE PASSENGER)                        | FRONT/SIDE  5 - NOT APPLICABLE  4 - REGULAR CLASS         |                                                              |                   |                 |                                        |                                                     | 4 - FARM WAIN<br>5 - EXCEPT CLA                             | (TEXTING, TYPING, DIALING) TALKING ON HANDS-FREE |                                                   |                                                             |                                                                               | / UNUSABLE.                         |                    |                                                        |                               |                |  |  |
|                        | NO APPARE                        |                                                                                      | Ì                 | 6 - SECOND - RIGHT SIDE                                                 | F - M/C MORED ONLY                                        |                                                              |                   |                 |                                        |                                                     | & CLASS B BUS                                               |                                                  |                                                   |                                                             | 3 - TALKING ON HANDS-FREE<br>COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD |                                     |                    |                                                        | RESULTS KNOWN S - TEST GIVEN, |                |  |  |
|                        | NJURIES                          | TAKEN B                                                                              | Υĺ.               | 7 - THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR)                          | EJECTION 6 - NO VALID OL 8                                |                                                              |                   |                 |                                        | 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE |                                                             |                                                  | COMMUNICATION DEVICE  15 - OTHER ACTIVITY WITH AN |                                                             |                                                                               |                                     | CE RESULTS UNKNOWN |                                                        |                               |                |  |  |
| 1                      | NOT TRAN                         |                                                                                      | į                 |                                                                         | 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED |                                                              |                   |                 |                                        | 9 - LEARNER'S PERMIT RESTRICTIONS                   |                                                             |                                                  | ELECTRONIC DEVICE<br>6 - PASSENGER                |                                                             |                                                                               |                                     | 1 - NONE           |                                                        |                               |                |  |  |
| 2 -                    | /TREATED /<br>EMS                | AI SCENE                                                                             | 1                 | OF TRUCK CAB                                                            |                                                           |                                                              | PLICABLE          |                 | H - HAZMAT                             | _                                                   | ,10 - LIMITED TO<br>ONLY                                    |                                                  | LIGHT                                             | ; 1                                                         | NSIDE T                                                                       | DISTRACTION HE VEHICLE              |                    | 2 - BLO<br>3 - URII                                    | NE.                           | +              |  |  |
|                        | POLICE                           |                                                                                      | - 1               | 11 - PASSENGER IN<br>OTHER ENCLOSED CARGO                               | ا ا                                                       |                                                              | RAPPE             | D               | M - MOTORCYCLE<br>P - PASSENGER        | i`                                                  | 11 - LIMITED TO<br>12 - LIMITED -                           |                                                  |                                                   | `                                                           | DUȚSIDE                                                                       | DISTRACTION<br>THE VEHIC            | LE                 | 4 - BREATH<br>5 - OTHER                                |                               |                |  |  |
|                        | OTHER/U                          |                                                                                      | -                 | AREA (NON-TRAILING UNIT,<br>BUS, PICK-UP WITH CAP)<br>12 ~ PASSENGER IN | 2 - E                                                     | 2 - EXTRICATED BY N - TANKER                                 |                   |                 |                                        | 13 - MECHANIC<br>(SPECIAL B                         | RAKES                                                       | , HAND                                           | 9 - OTHER / UNKNOWN CONDITION                     |                                                             |                                                                               |                                     | DRUG TEST TYPE     |                                                        |                               |                |  |  |
| _                      | AFETY EC                         | QUIPMEN                                                                              |                   | UNENCLOSED CARGO AREA                                                   | 3 - F                                                     | REED E                                                       |                   | ANS<br>AL MEANS | Q - MOTOR SCOO                         |                                                     | CONTROLS  ADAPTIVE                                          | DEVIC                                            | ES)                                               |                                                             | PPAREN                                                                        | NTEY NORM                           | ÁL                 | 1 - NO!<br>2 - BLO                                     | OD                            |                |  |  |
| 2 -                    | SHOULDER I<br>USED               |                                                                                      |                   | 14 - RIDING ON VEHICLE<br>EXTERIOR                                      |                                                           | O:11-111                                                     | LUININO           | -C MID-1013     | MOTORCYCLE<br>S - SCHOOL BUS           |                                                     | 14 - MILITARY                                               | EHIÇLE                                           | 5                                                 | 3 - EMOTIONAL (E.G.,                                        |                                                                               |                                     |                    | 3 - URINE<br>4 - OTHER                                 |                               |                |  |  |
|                        | LAP BELT ON<br>SHOULDER A        |                                                                                      | ì                 | (NON-TRAILING UNIT):<br>15 - NON-MOTORIST                               | )<br>                                                     |                                                              |                   |                 | T - DOUBLE & TRI                       | PLE                                                 | MITHOUT AIR BRAKES 116 - OUTSIDE MIRROR 17 - PROSTHETIC AID |                                                  |                                                   | DISTURBED                                                   |                                                                               |                                     |                    | DRUG TEST RESULT(S)                                    |                               |                |  |  |
|                        | USED<br>CHILD RESTI              | RAINT SYSTEM                                                                         |                   | 99 - OTHER / UNKNOWN                                                    |                                                           |                                                              |                   |                 | TRAILERS X - TANKER / HAZ              | MAT                                                 | 18 - OTHER                                                  |                                                  |                                                   | ,4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED,<br>FATIGUED, ETC. |                                                                               |                                     |                    | 1 - AMPHETAMINES  2 - BARBITURATES                     |                               |                |  |  |
|                        | - FORWARD<br>CHILD RESTI         | FACING<br>RAINT SYSTEN                                                               | 1<br>1- 3<br>1- 3 |                                                                         |                                                           | r                                                            |                   |                 | GENDE                                  | R                                                   | , , , , , , , , , , , , , , , , , , ,                       |                                                  |                                                   | 6 - UNDER THE INFLUENCE O                                   |                                                                               |                                     |                    | 3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE |                               |                |  |  |
| ļ                      | - REAR FACI<br>BOOSTER SE        | NG '                                                                                 | i i               |                                                                         | M                                                         |                                                              |                   |                 | F - FEMALE                             |                                                     | <b>■</b>                                                    |                                                  |                                                   | ALCOHOL<br>9 - OTHER / UNKNOWN                              |                                                                               |                                     |                    | 6 - OPV                                                | ATES / OPIC                   | DS             |  |  |
|                        | HELMET USE<br>PROTECTIVE         | ED<br>PADS USED                                                                      | 3                 |                                                                         | !<br>!                                                    |                                                              |                   |                 | M - MALE<br>U - OTHER / UNK            | 10MN                                                | NACKI :                                                     |                                                  |                                                   | ) (                                                         |                                                                               |                                     |                    | 7 - OTHER<br>8 - NEGATIVE RESULTS                      |                               |                |  |  |
|                        | (ELBOWS, K<br>- REFLECTIVI       | CLOTHING                                                                             | P.                | :                                                                       |                                                           |                                                              |                   |                 | F = (#11) A1400                        |                                                     |                                                             |                                                  | -                                                 | ĺ                                                           |                                                                               | . 3                                 |                    | ţ                                                      |                               |                |  |  |
|                        | / BICYCLE C                      |                                                                                      | )<br>±            |                                                                         |                                                           |                                                              |                   |                 | · ·                                    |                                                     |                                                             |                                                  |                                                   | }                                                           |                                                                               |                                     |                    | ŧ                                                      |                               |                |  |  |
| 99                     | OTHER / U                        | NKNOWN                                                                               | . !               |                                                                         | i                                                         |                                                              |                   |                 | g: *:                                  |                                                     |                                                             |                                                  |                                                   | [                                                           |                                                                               |                                     |                    | ,                                                      |                               |                |  |  |

| CHO DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PARTIEST O       | CCUPANT /                                      | LOCAL REPORT NUMBER 23MPD1797 |                                                 |            |                  |                                                      |                                                                                                                         |                                                          |                                                    |            |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------|-------------------------------|-------------------------------------------------|------------|------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------|------------|--|--|--|
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | AST, FIRST, MIDDLE                             | D/                            | 23MF                                            | 101797     | AGE              | GENDER                                               |                                                                                                                         |                                                          |                                                    |            |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                | RACHEL                                         |                               |                                                 | +          | AGE<br>36        |                                                      |                                                                                                                         |                                                          |                                                    |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                                |                               |                                                 |            |                  | CONTACT PHON                                         | F                                                                                                                       |                                                          |                                                    |            |  |  |  |
| 2737 CC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OUNTY RC         | Y, STATE, ZIP<br>DAD <b>70, SUGARCREE</b> K, ( | OH, 44681                     | CONTACT PHONE - INCLUDE AREA CODE  330-260-9977 |            |                  |                                                      |                                                                                                                         |                                                          |                                                    |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S INJURED        | EMS AGENCY (NAME)                              |                               | 1                                               | SEATING    | AIR BAG USA      | GE ELECTIO                                           | ON TRAPPED                                                                                                              |                                                          |                                                    |            |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TAKEN<br>BY 1    | 1                                              |                               |                                                 |            | 4                | DOT-COMPLIANT<br>MC HELMET                           | РОБІТІОН<br>З                                                                                                           | 1                                                        | 1                                                  |            |  |  |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del></del>      | AST, FIRST, MIDDLE                             |                               |                                                 |            | <u></u>          | DI                                                   | ATE OF BIRTH                                                                                                            |                                                          | AGE                                                | GENDER     |  |  |  |
| ' 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YODER,           | OLIVIA                                         |                               |                                                 |            | !                | ľ                                                    | /04/2020                                                                                                                |                                                          | 3                                                  | F          |  |  |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S: STREET, CITY  | Y, STATE, ZIP                                  | -                             |                                                 |            |                  | +                                                    | CONTACT PHONE - INCLUDE AREA CODE                                                                                       |                                                          |                                                    |            |  |  |  |
| 2737 CC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OUNTY RC         | DAD 70, SUGARCREEK, (                          | OH, 4468 <u>1</u>             |                                                 | _          | ļ                |                                                      | 330-260-9977                                                                                                            |                                                          |                                                    |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | EMS AGENCY (NAME)                              |                               | INJURED TAKEN TO: MEDICAL FACILITY (NAM         | AME, CITY) | SAFETY EQUIPMENT | DOT-COMPLIANT                                        | SEATING<br>POSITION                                                                                                     | AIR BAG USA                                              | GE EJECTIO                                         | N TRAPPED  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BY 1             |                                                |                               |                                                 | _!         | 5                | MC HELMET                                            | 4                                                                                                                       | 1                                                        | 1                                                  | 1          |  |  |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME: LA         | AST, FIRST, MIDDLE                             |                               |                                                 |            |                  | D#                                                   | TE OF BIRTH                                                                                                             |                                                          | AGE                                                | GENDER     |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | HUNT, (          | GARRETT, ALLEN                                 |                               |                                                 | _          |                  | 03                                                   | /29/2000                                                                                                                |                                                          | 23                                                 | М          |  |  |  |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET, CITY     |                                                |                               |                                                 |            |                  | CONTACT PHONE                                        |                                                                                                                         | EA CODE                                                  |                                                    | 1          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | HILL RD, CALDWELL, OH                          | 1, 43724                      |                                                 |            |                  | 330-473-7343                                         |                                                                                                                         |                                                          |                                                    |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INJURED<br>TAKEN | EMS AGENCY (NAME)                              | <u>-</u>                      | INJURED TAKEN TO: MEDICAL FACILITY (NAM         | IME, CITY) | SAFETY EQUIPMENT | DOT-COMPLIANT                                        | SEATING<br>POSITION                                                                                                     | AIR BAG USA                                              | GEI EJECTIO                                        | ON TRAPPED |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | вү 1             |                                                |                               |                                                 |            | 4                | MC HELMET                                            | 3 '                                                                                                                     | 1                                                        | 1                                                  | 1          |  |  |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME: LA         | AST, FIRST, MIDDLE                             |                               |                                                 |            |                  | DA                                                   | TE OF BIRTH                                                                                                             |                                                          | AGE                                                | GENDER     |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | DARRICK, AMORY                                 |                               |                                                 |            |                  | 11.                                                  | /24/1973                                                                                                                |                                                          | 49                                                 |            |  |  |  |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S: STREET, CITY  |                                                |                               |                                                 |            | , <u> </u>       | CONTACT PHONE - INCLUDE AREA CODE                    |                                                                                                                         |                                                          |                                                    |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _                | TEME AGENCY (NAME)                             | l, 43724                      |                                                 |            |                  | 330-473-7343                                         |                                                                                                                         | 1 21/64                                                  |                                                    |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TAKEN            | EMS AGENCY (NAME)                              | !                             | INJUREO TAKEN TO: MEDICAL FACILITY (NAM         | WE CITY)   | SAFETY EQUIPMENT | DOT-COMPLIANT                                        |                                                                                                                         | AIR BAG USA                                              | GE EJECTIO                                         | ON TRAPPED |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ву 1             | JURIES 1                                       | ·                             | Y EQUIPMENT USED                                |            | 4<br>SEATING POS | I—IMC HELMET                                         | 4                                                                                                                       | 1<br>AIR BAG                                             | 1                                                  | 1          |  |  |  |
| 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 1 - FORWARD FACING 1 - NOT TRANSPORTED / FORWARD FACING 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN 5 - FEMALE M - MALE U - OTHER / UNKNOWN 1 - FROM: LEFT. (MOTORCYCLE 2 - FRONT - MIDD 3 - FRONT - RIGHT 1 - MIDD 1 |                  |                                                |                               |                                                 |            |                  | E LAR)  F TRUCK CAB  FR ENCLOSED  RATUR CAP  NGLOSED | 3 - DEPLC 4 - DEPLC FRON 5 - NOT A 9 - DEPLC 1 - NOT E 2 - PARTI 3 - TOTAL 4 - NOT A 1 - NOT I 2 - EXTRI MECH 3 - FREED | IALLY EJECTE APPLICABL TRAPI TRAPPED TRATED BY IANICAL M | H<br>LE<br>INKNOW<br>ION<br>TED<br>ED<br>ED<br>PED |            |  |  |  |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AST, FIRST, MII  | DDLE                                           |                               |                                                 |            |                  | DA                                                   | TE OF BIRTH                                                                                                             |                                                          | AGE                                                | GENDER     |  |  |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S: STREET, CITY  | Y, STATE, ZIP                                  |                               |                                                 |            |                  | CONTACT PHONE                                        | E - INCLUDE ARE                                                                                                         | EA CODE                                                  |                                                    | <u> </u>   |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | <u> </u>                                       |                               |                                                 |            |                  |                                                      |                                                                                                                         |                                                          |                                                    |            |  |  |  |
| NAME: LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AST, FIRST, MII  | DDLE                                           |                               |                                                 |            |                  | DA                                                   | ATE OF BIRTH                                                                                                            |                                                          | AGE                                                | GENDER     |  |  |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S: STREET, CITY  | Y, STATE, ZIP                                  |                               |                                                 |            |                  | CONTACT PHONE                                        | - INCLUDE ARE                                                                                                           | A CODE                                                   |                                                    |            |  |  |  |
| NAME: LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AST, FIRST, MI   | ÐDLE                                           |                               |                                                 |            |                  | DA                                                   | TE OF BIRTH                                                                                                             |                                                          | AGE                                                | GENDER     |  |  |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S: STREET, CITY  | Y, STATE, ZIP                                  |                               |                                                 |            |                  | CONTACT PHONE                                        | ë - INCLUDE ARE                                                                                                         | EA CODE                                                  |                                                    | <u>l</u>   |  |  |  |