TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER *					
X PHOTOS TAKEN OH -2 X OH -3 LOCAL INFORMATION 24MPD0235									24MPD0235 HIT/SKIP NUMBER OF UNITS UNIT IN ERROR					
SECONDARY C	ASH	_ · · · · · · · · · · · · · · · · · · ·	ORTING AGEN	CY NAME *		NCIC *	HIT/SKIP 1 - SOLVED	UNIT IN ERROR 98 - ANIMAL						
	PRIVATE PROPERTY Millersburg 03801							2 - UNSOLVED 1 99 - UNKNOV						
	1 - CHY	EATION: CITY, VIL	LAGE. TOWNSHIP	, •				CRASH DATE	/ TIME*	1	5 2 CENTONE AND AND A			
38 2	3 - TOWNSHIP	llersburg				•	02/15/2024	- SERIOUS INJURY						
ROUTE TYPE ROU	ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH LOCATION ROAD NAME 2 - SOUTH						ROAD TYPE	1 '	ECIMAL DEGREES	3	SUSPECTED - MINOR INJURY			
	[1]	- EAST CI	av				ST	40.554	SUSPECTED					
STROUTE TYPE ROL	1	- SOUTH	ERENCE ROAI	NAME (ROAD.	, MILEPOST, HO	USE#)	ROAD TYPE	LONGITUDE D	- INJURY POSSIBLE - PROPERTY DAMAGE					
REFER	1, 3, 13	FACT	ckson				ST	-81.917270 5 - PROPERTY DAMA						
REFERENCE POL	T DIRECTION		ROUTE TYP	PE a		ROAD TYPE		<u> </u>	INTERSECTI	ON RELATE	D			
1 - INTERSECT	1-NO		RSTATE ROUT	- 1117	L - ALLEY V - AVENUE	HW - HIGHWA	AY RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR C	N APPROA	сн 			
3 - HOUSE #	3 - EAS 4 - WE	T US-FED	ERAL US ROU	TE 81	L - BOULEVARD	MP - MILEPOS	ST - STREET	WITHIN INTE	RCHANGE ARE	NUN	MBER OF APPROACHES			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASU		TE ROUTE MBÉRED COU!		R - CIRCLE T - COURT	OV - OVAL PK - PARKWA	TE - TERRACE Y TL - TRAIL		ROA	WAY				
1.	1 - M(LES	MBERED TOWN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	R - DRIVE E - HEIGHTS	PI - PIKE PL - PLACE	WA - WAY	ROADWAY	NVIDED					
	<u> الـــــا 3 - YA</u>	RDS ROL			E.+.UEÏQUITS	PL-PLACE								
1 - ON RO	ATION OF FIRST HAR! ADWAY 9 - C	ROSSOVER			NNER OF CRAS			DIRECTION OF TRA	- 1		N TYPE			
1 2-ON SI		DRIVEWAY/ALLE		ll] BE		- BACKING		1 - NORTH 2 - SOUTH	1 1.	DIVIDED FI (<4 FEET)	LUSH MEDIAN			
4 - ON RO	ADSIDE 12 -	railway grade Shared USE Pa		VE	HICLES IN	- ANGLE - SIDESWIPE, S	AME DIRECTION	3 - EAST 4 - WEST	2 لــــا 2	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)				
5 - ON GO	DRE DE TRAFFIC WAY 13 -	TRAILS		1	MINSPURI	•	PPOSITE DIRECTION			- DIVIDED, DEPRESSED MEDIAN				
7 - ON RA	MP 14 -	TOLL BOOTH				- OTHER / UN	NOWN		4	divided, r (any type)	AISED MEDIAN			
8 - OFF R	AMP 99 -	OTHER / UNKNO	NW1	<u> </u>					9.	OTHER / U	NKNOWN			
WORK ZONE RE	LATED		ORK ZONE T	YPE			IN WORK ZONE	CONTOUR	CONDI	IONS	SURFACE			
WORKERS PRES	ENT		IE CLOSURE IE SHIFT/ CRO	SSOVER	1	- BEFORE THE 1 WARNING SIG	IST WORK ZONE IN	_ ئ	1	J	2			
LAW ENFORCEN	MENT PRESENT		RK ON SHOU			- ADVANCE WA - TRANSITION		1 - STRAIGHT LEVEL	1 - DRY 2 - WET		1 - CONCRETE 2 - BLACKTOP,			
<u> </u>			MEDIAN FRMITTENT O	R MOVING WOR	4	- ACTIVITY ARE		2 - STRAIGHT	3 - SNOW		BITUMINOUS,			
ACTIVE SCHOO	L ZONE	5 - OTI				- TERMINATION	N AREA	GRADE 3 - CURVE LEVEL	4 - 1CE 5 - SAND, MI	D. DIRT.	ASPHALT 3 - BRICK/BLOCK			
LIGHT CONDITION					WEATHER	WEATHER 4 - CURVE GRADE OIL, GRAVEL 4 - SLAG, GR 9 - OTHER 6 - WATER (STANDING, STONE								
1 - DAYLIGHT 1 - CLEAR 1 2 - DAWN/DUSK 2 - CLOUDY					6 - SNOW	6 - SNOW 7 - SELVERG CROSCHANICS 7 - SELVERG CROSCHANICS 7 - SELVERG CROSCHANICS 7 - SELVERG CROSCHANICS								
					7 - SEVERE C KE 8 - BLOWING		DIRT. SNOW		7 - SLUSH 9 - OTHER/I	NIVE CITAL	9 - OTHER / UNKNOWN			
1	- ROADWAY NOT LIGH		4 - R	AIN	ZING DRIZZLE		J - OTHER)	INCIONIA						
1	- UNKNOWN ROADWA L/UNKNOWN	T LIGHTING	5 - Sl	LEET, HAIL	99 - OTHER	UNKNOWN								
NARRATIVE														
Unit 01 was hea	iding in an unknow	n direction fro	om an unkn	own direction	n and struck		<u> </u>	11 	IH					
	contains traffic ligh s damaged as a res		ss walk ligh	nted sign. The	cross walk		-	<u>-</u>			^			
lighted sign was	o damageo as a res	uit						<u> </u>	S		N)			
									ω)			
	W Jackson St								Tra'	ic light pole	with crosswalk sign			
											<u> </u>			
									_					
	25 J									C				
<u>* </u>								<u> </u>	<u> </u>	<u></u>	 '			
-'] -} -	Jackson St				
								旧						
S C S								∃ 	<u> </u>					
CRASH REPOR	TED DATE / TIME	Disi	PATCH DATE	/ TIME) ADI	RIVAL DATE /	TIME T	ECENE CIPART	DATE / TILL	Г	DEBORE TAYING IN			
	2024 11:53	1	/15/2024 1					SCENE CLEARED			REPORT TAKEN BY POLICE AGENCY			
TOTAL TIME		ļ	-] "2	/15/2024 1:		02/15/202	4 12:09		MOTORIST			
	OTHER INVESTIGATION TIME	TOTAL MINUTES	Genet, S	NAME* itephanie			CHECKED BY OFFICE	K'S NAMEA	R'S NAMEA					
_	_				ADGE NUMBER*	,	CHECKED B	CHECKED BY OFFICER'S BADGE NUMBER* SUPPLEMENT						
0	0 20 22 107						/00 ⁰⁰⁵⁾							

2 3 T	BEARING INIT		LOCAL REPORT NUMBER											
(2)- La.	O[4]]		24MPD0235											
ין # דואט # ~ 1	OWNER NAME: LAST, FIRST, :	MIDDLE (SAME AS DR	D A M A G E DAMAGE SCALE											
	DRESS: STREET, CITY, STATE, Z	IP (SAWE AS DRIVER)	<u> </u>	<u>'</u>	-		1 - NONE	3 - FUNCTIONAL DAMAGE						
OH COMMERC	IAL CARRIER: NAME, ADDRES	CITY STATE 710	 -	T		ONE	2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN							
Commence	DE CARRIER HAME, ADDRES	3, CI11, SIAIC ZIP		Cox	MMERCIAL CARRIER PH	ONE: INCLUDE AREA CODE	DAMAGED AREA(S)							
LP STATE	LICENSE PLATE #	Vi	EHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE	INDICATE ALL THAT APPLY							
INSURA	NCE INSURANCE COMPA	INSURANCE POLICY #		COLOR	VEHICLE MODEL	11 12	11 12 1							
VERIFIE					UNK			2 10 10 2						
Псоммен	TYPE OF USE US DOT #				ED BY: COMPANY N	AME								
INTERLO	<u></u>	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCW	RM	HAZARDOU:									
EQUIPPE	D HIT/SKIP UNIT		2 - 10,001 - 26K LBS. 3 - > 26K LBS.		ELEASED LACARD			/ '						
		N (9-15 SEATS)	12 - GOLF CART 18 -	LIMO (LIVE	RY VEHICLE) 23 -	PEDESTRIAN/SKATER	, ,	1 2						
15	(MINIVAN) 8 - MC	OTORCYCLE 2-WHEEL OTORCYCLE 3-WHEEL	ED 14 - SINGLE UNIT 20 -	BUS (16+ P. OTHER VEH		WHEELCHAIR (ANY TYPE) OTHER NON-MOTORIST	10/							
UNIT TYPE	VELUCI E	JTOCYCLE MOPED OR MOTORIZE	TRUCK 15 - SEMI-TRACTOR 21 -	HEAVY EQU	IPMENT 26 -	BICYCLE] s	9 2 3						
		ICYCLE ILL TERRAIN VEHICLE	10 - PARM EQUIPMENT			TRAIN UNKNOWN OR HIT/SKIP	,							
.	# of TRAILING UNITS	(UTV)					12							
	WAS VEHICLE OPERATING IN AN MODE WHEN CRASH OCCURRE		0 - NO AUTOMATION :	- CONDITI	ONAL AUTOMATION	9 - UNKNOWN		1 2						
9,		;		4 - HIGH AU				\(\frac{1}{2}\) \(\frac{1}2\) \(\fra						
	1-YES 2-NO 9-OTHER/L		NOMOUS 2 - PARTIAL AUTOMATION !	5 - FULL AUT	TOMATION		9 9 3	3 9 9						
1 99 1	1 - NONE 2 - TAXI	6 - BUS - CHARTER 7 - BUS - INTERCIT		16 - FA 17 - M	ARM IOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN								
SPECIAL	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE 9 - BUS - OTHER	13 - POLICE 14 - PUBLIC UTILITY		NOW REMOVAL									
FUNCTION	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUI	IP. 20 - SA	FETY SERVICE		•	C						
	1 - NO CARGO BODY TYPE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - Dt	TROL	99 - OTHER / UNKNOWN	1,	12 12 12						
99 CARGO	/ NOT APPLICABLE 2 - BUS	5 - INTERMODAL CONTAINER CH	B - POLE	12 - CC	ONCRETE MIXER	33 - OTHERY BIRKSONIA	a BB a							
BODY TYPE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN /ENCLOSED BO	9 - CARGO TANK 10 - FLAT BED		JTO TRANSPORTER ARBAGE/REFUSE		, , ,	3 9 2 3						
1 1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MO	TOR TROUBLE	99 - OTHER / UNKNOWN	6							
VEHICLE	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE		SABLED FROM PRIOR CIDENT			6 6 6						
DEFECTS		_					☐- NO DAMA	GE [0] - UNDERCARRIAGE [14]						
L	1 - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROS		11 - SH	RIVEWAY ACCESS MARED USE PATHS	99 - OTHER / UNKNOWN	□-TOP[13]	- ALL AREAS [15]						
MOTORIST LOCATION	2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER	5 - TRAVEL LANE - OTHER LOCATI		12 - FIE	TRAILS ST RESPONDER		X	- UNIT NOT AT SCENE [16]						
_	1 - NON-CONTACT	6 - BICYCLE LANE 1 - STRAIGHT AHEA			INCIDENT SCENE ALKING, RUNNING	21 - STANDING OUTSIDE		IAL POINT OF CONTACT						
, 3 i	2 - NON-COLLISION	2 - BACKING 3 - CHANGING LAN			GGING, PLAYING ORKING	DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DA							
	3 - STRIKING PRE-CRASH		TURN IN TRAFFIC		ISHING VEHICLE PROACHING OR			ER TO UNIT 15 - VEHICLE NOT AT SCENE						
	5 - BOTH STRIKING	6 - MAKING LEFT TO 7 - MAKING U-TURI	(E - DISTERAÇÃ)		AVING VEHICLE ANDING		13 - TOP	99 - UNKNOWN						
_	& STRUCK 9 - OTHER / UNKNOWN	8 - ENTERING TRAF LANE	FFIC 14 - ENTERING OR CROSSIN SPECIFIED LOCATION	2G 20 - OT	THER NON-MOTORIST	ī		TRAFFIC						
	1 - NONE 2 - FAILURE TO YIELD	8 - FOLLOWING TO /ACDA	O CLOSE 13 - IMPROPER START FROM A PARKED POSITION		ERATING DEFECTIVE	23 - OPENING DOOR INTO	TRAFFICWAY FLOW	TRAFFIC CONTROL						
1 11 1	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE		19 - LO	AD SHIFTING LLING/SPILLING	99 - OTHER IMPROPER ACTION	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN						
COMPRIS	5 - UNSAFE SPEED	10 - IMPROPER PAS 11 - DROVE OFF RO	SSING 15 - SWERVING TO AVOID	20 - IMP	PROPER CROSSING	ACTION .	<u> </u>	2 3- FLASHER 6-NO CONTROL						
CIRCUMSTANC	ES 7 - LEFT OF CENTER	12 - IMPROPER BAC			T DISCERNIBLE		# of THROUGH LANES	RAIL GRADE CROSSING						
SEQUENCE	OF EVENTS		·				ON ROAD	1 - NOT INVLOVED 2 - INVOLVED-ACTIVE CROSSING						
₁ 41		7 - SEPARATION OF I				3 - STRUCK BY FALLING,	2_	3 - INVOLVED-PASSIVE CROSSING						
	3 - IMMERSION	9 - RAN OFF ROAD R	.EFT 14 - PEDESTRIAN	TRA	ANSPORT	SHIFTING CARGO OR ANYTHING SET IN	UNIT /N	ION-MOTORIST DIRECTION						
2	4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN 11 - CROSS CENTERL OPPOSITE DIREC	LINE - 16 - RAILWAY VEHICLE	VEH	RKED MOTOR	MOTION BY A MOTOR VEHICLE 4 - OTHER MOVABLE		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST						
з [6 - EQUIPMENT FAILURE	OF TRAVEL	TION 17 - ANIMAL - FARM 18 - ANIMAL - DEER	MA	INTENANCE	OBJECT	FROM 9 TO	Q , 3-EAST 7-SOUTHEAST						
	25 - IMPACT ATTENUATOR	C	OLLISION WITH FIXED OBJECT -	STRUCK			180m [] 10 [4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN						
4	CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARR 33 - MEDIAN CABLE I	RIER 39 - LIGHT / LUMINARIES	45 - EM. 46 - FEN 47 - MA	NCE S	i2 - BUILDING i3 - TUNNEL i4 - OTHER FIXED	UNIT SPEED	DETECTED SPEED						
5	STRUCTURE 27 - BRIDGE PIER OR	34 - MEDIAN GUARD BARRIER		48 - TRE	E	OBJECT OBJECT 19 - OTHER / UNKNOWN		1 - STATED / ESTIMATED SPEED						
اء	ABUTMENT 28 - BRIDGE PARAPET	35 - MEDIAN CONCR BARRIER	RETE OR SUPPORT 42 - CULVERT	50 - WO MAI	IRK ZONE INTENANCE	,								
۰	J 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER 37 - TRAFFIC SIGN PO	BARRIER 43 - CURB	EQU 51 - WA	JIPMENT ALL		POSTED SPEED	3 2-CALCULATED/EDR						
_ [_1_	FIRST HARMFUL EVEN	г	MOST HARMFUL EVENT				25	3 - UNDETERMINED						

Ū	Motorist / Non-Motorist										LOCAL REPORT NUMBER 24MPD0235									
	UNIT #										 							GENDER		
	1									_							U			
FORIST	ADDRESS:	S: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE								
Θ	INJURIES		EM	S AGENCY (NAME)		INJU	RED TAKEN T	O: MEDICA	L FACILITY (NAME,	citr()	SAFETY EQUIP	MENT	_		SEAT		AIR BA	G USAGE	ELECTION	TRAPPED
OTORIST / NON-MOTOR	5	TAKEN BY 1 1							•		used 99			T-COMPLE HELME			,	•	1	1
TSI	OL STATE	OPERATO	RLIC	ENSE NUMBER		OFF	ENSE CHA	RGED		LOCAL	OFFENSE D	ESCR!	PTION				CITAT	TON NO	JMBER	
oTo										CODE										
Σ	OL CLASS	ENDORSEA	1ENT	RESTRICTION SELECT UP TO 3		DRIVER	I		DRUG SUSPI		CONDITIO	N	A	ГСОН	DL TEST			DRUG	TEST(S)
						DISTRACI BY		LCOHOL THER DRU	MARUL	JANA			STATUS	TYPE	VALUÉ]	STATUS	TYPE	REŞULTS	SELECT UP TO 4
H	UNIT #	NAME: LA	ST, F	IRST, MIDDLE			۰۰	ITTER DAG			<u> </u>				DATE OF BII	RTH		1	AGE	GENDER
				•										·					71-2	GENDER
IST	ADDRESS:	STREET, CIT	Y, ST	ATE, ZIP									CONT	ACT PHO	ONE - INCLU	JDE AR	EA CODE			
OTOR									_											
STORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EM	S AGENCY (NAME)		INJUI	RED TAKEN T	O: MEDICA	L FACILITY (NAME	CIM)	SAFETY EQUIP USED	MENT		T-Comple HELME			AIR BA	BAG USAGE EJECTION TRAP		TRAPPED
LT/	OL STATE	OPERATO	R LIC	ENSE NUMBER		OFF	ENSE CHA	RGED		LOCAL	OFFENSE D	ESCRI	PTION				CITAT	TON NO	JMBER	
IOTOR										CODE										
2	OL CLASS	ENDORSEA	AENT	RESTRICTION SELECT UP TO 3		DRIVER DISTRACT	1—	_	DRUG SUSPI		CONDITIO				DL TEST				TEST(
		Ì				ву		LCOHOL THER DRU	MARIJI IG	JANA =			STATUS	TYPE	VALUE		STATUS	TYPE	RESULTS	SELECT UP TO 4
Ī	UNIT #	NAME: LA	ST, F	IRST, MIDDLE						_	<u> </u>	_		<u> </u>	DATE OF BI	RTH		\top	AGE	GENDER
RIST	ADDRESS;	STREET, CIT	Y, ST	ATE, ZIP									CONT	ACT PHO	ONE - INCLL	JOE AR	EA CODE		-	
010			,	<u> </u>																
OTORIST / NON-MOTORIST	INJURIES INJURED EMS AGENCY (NAME) TAKEN BY				INJUI	RED TAKEN T	O: MEDICA	L FACILITY (NAME,	(ITV)	SAFETY EQUIPA USED	MENT		T-Comput			AIR BA	G USAGE	EJECTIO	TRAPPED	
IIST /	OL STATE OPERATOR LICENSE NUMBER				OFFENSE CHARGED LOCAL OFFENSE DESCRI					ESCRI	PTION CITATI					TION NUMBER				
10TOF																				
2	OL CLASS	CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3		DRIVER ALCOH		•	HOL / DRUG SUSPECTED HOL MARIJUANA		CONDITIO			T T	DL TEST				TEST(
						BY		THER DRU		JANA	l		STATUS	TYPE	VALUE	-	SUTATES	TYPE	RESULTS	SELECT UP TO 4
	INJU	JRIES		SEATING POSITION		AIR E	BAG		OL CLA	ss	OL REST	RIC	ION(S	DR	IVER DIST	rac	TION	T	EST ST	ATUS .
I -	FATAL SUSPECTED	etnione		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		OT DEPLOYI PLOYED FR		1 1 - c	CLASS A		1 - ALCOHOL DEVICE	INTER	оск		IOT DISTRACT				IE GIVEN	\$2.z
ı	INJURY SUSPECTED			2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	4 - DE	PLOYED SII PLOYED BO		- *·	CLASȘ B CLASS C	- '	2 - CDL INTRA			; EL	ECTRONIC OMMUNICAT		· .	3 - TEST	GIVEN,	D SAMPLE
	INJURY POSSIBLE IN		ļ	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	S-NO	ONT/SIDE OT APPLICA		4 - 1	REGULAR CLA	SS	4 - FARM WA	IVER		, u	EXTING, TYPI	NG,	į.		USABLE	or By Ritt CC
t	NO APPARE			S - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	9 - DE	PLOYMENT	T UNKNOW!	`	(OHIO = D) M/C MOPED (אוער	6 - EXCEPT CL & CLASS E			; c	ALKING ON F OMMUNICAT	(ON DI	EVICE		JLTS KNO	vN
i	INJURIES	TAKEN B		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECT			NO VALID OL		7 - EXCEPT TR 8 - INTERMED	JATE L		.] c	alking on h Ommunicat Ther activi	ION DI	EVICE	REST	ETS UNKN	
~	NOT TRAN	ISPORTED.			2 - PAI	T EJECTED RTIALLY EJE	ECTED	0	L ENDORS	EMENT	9 - LEARNER'S	PERM	IIT	į E	LECTRONIC D			ALCO 1 - NON		ST TYPE
2	/TREATED / - EMS	AT SCENE		. 10 - SLEEPER SECTION . OF TRUCK CAB		TALLY EJEC OT APPLICA		Ĥ-	HAZMAT		RESTRICTIONS 10 - LIMITED TO DAYLIC - ONLY					2 - BLOOD 3 - URINE				
1	POLICE		į	11 - PASSENGER IN OTHER ENCLOSED CARGO		TRAP			MOTORCYCL PASSENGER	E	11 - LIMITED 12 - LIMITED			п √8-С	THER DISTRA	CTION		4 - BREA 5 - OTH		Ę
و ش	OTHER / UNKNOWN AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		2 - EXTRICATED BY N - TANKER				13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND			ICES 9 - OTHER / UNKNOWN			أحص	S - OTHER DRUG TEST TYPE						
$\overline{}$	SAFETY EQUIPMENT 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT		3 - FRI			Ъ	MOTOR SCO THREE-WHEEL		CONTROLS, OR OTHER ADAPTIVE DEVICES)		THER 1 - APPARENTLY NORMAL		C.	1 - NONE 유축성 2 - BLOOD		THE .				
	SHOULDER I		ONLY 14 - RIGHT ON VEHICLE NON-MECHANICAL MEANS MOTORCYCLE 15 - MOTOR VEH		/EHICL	LES ONLY 2 - PHYSICAL IMPAIRMENT 3 ES 3 - EMOTIONAL (E.G. 4			3 - URINE 4 - OTHER											
	LAP BELT ON SHOULDER		Į	(NON-TRAILING UNIT) 15 - NON-MOTORIST	S - SCHOOL BUS				WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID			DEPRESSED, ANGRY, DISTURBED)			ŧ			ESULT(S)		
ı	USED CHILD REST			99 - OTHER / UNKNOWN			•	1 .	TRAILERS TANKER / HAZ	ZMAT	17 - PROSTHETIC AID 18 - OTHER			4 - ILLNESS 5 - FELL ASLEEP; FAINTED,)	2 - BARB	HETAMINE ITURATES	. •
١.	- FORWARD	FACING		· · · · · · · · · · · · · · · · · · ·		•		3	CCNDE					[‡] 6 − U	NTIGUED, ETC NDER THE IN	FLUEN	CE OF	4 - CAN	ODIAZEPI NABINOID	
L	- REAR FACIL BOOSTER SE	NG	i.				-	F-F	GENDE FEMALE	K	1 1	". "		A	EDICATIONS LCOHOL		Ti li		TES / OPIC	IDS
8.	PROTECTIVE	ED	*					М-	MALE		د ا د			 -0	THER / UNKN	NWU		7 - OTHE 8 - NEGA	ir Ațive resu	LTS
1	(ELBOWS, KI - REFLECTIVE	NEES, ETC)	1					U - ,	OTHER / UNK	NWON	!	. •		. ;			1			
	- LIGHTING -	- PEDESTRIAN	1					- 1			*	34		Ì	2 3-					, <u>1</u>
99	OTHER/U			*=			u u	i			9.5			ŀ			. 1	4		

	OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
UNIT # NAME: LAST, FIRST, MIDDLE							24MPD0235 DATE OF BIRTH AGE GENDER							
J	' <i>"</i>	MANNE: DA	SI, FIRSI, MIDDLE		AUE GER									
ADD DDA	RESS:	STREET, CIT	Y, STATE, ZIP			-		CONTACT PHON	E - INCLUDE AR	EA CODE				
		INJURED TAKEN BY	EMS AGENCY (NAME)	•	INJURED TAKEN TO: MEDICAL FACILITY (NA	AME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USA	SE EJECTION	TRAPPED		
UN	IT#	NAME; LA	ST, FIRST, MIDDLE			D#	DATE OF BIRTH AGE GET							
ADD	RESS:	STREET, CIT	Y, STATE, ZIP		 -			CONTACT PHON	E - INCLUDE AR	EA CODE				
		IES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT BY							DOT-COMPLIANT POSITION AIR BAG US					
UN	Т#	NAME: LA	ST, FIRST, MIDDLE					D/		AGE	GENDER			
ADD ADD	RESS:	STREET, CIT	Y, STATE, ZIP	-	-			CONTACT PHON	E - INCLUDE AR	- INCLUDE AREA CODE				
		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	AME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	SE EJECTION	TRAPPED		
UN	T#	NAME: LAST, FIRST, MIDDLE						D#	ATE OF BIRTH		AGE	GENDER		
OCUPAN DOD	RESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AR	EA CODE				
		INJURED TAKEN BY	EMS AGENCY (NAME)	_	INJURED TAXEN TO: MEDICAL FACILITY (NA	ame city)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USA	E ELECTION	TRAPPED		
		IN.	JURIES	SAFET'	Y EQUIPMENT USED	1	SEATING POS	ITION	1	AIR BAG	ISAGE			
3 - 4 - 5 - 5 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	SUSF POSS NO / NOT TREA EMS POLI OTH	PECTED IN SIBLE IN JUREE TRANSPITED AT SEE FOUNK GEALE	TAKEN BY ORTED / CENE NOWN	2 - SHOULE 3 - LAP BEL 4 - SHOULE 5 - CHILD R FORWA 6 - CHILD R REAR F/ 7 - BOOSTE 8 - HELMET 9 - PROTEC (ELBOW 10 - REFLEC 11 - LIGHTI / BICYC	R SEAT	2 - FRON 3 - FRON 4 - SECO (MOT 5 - SECO 7 - THIRE 10 - SLEE 11 - PASS CARC SUC 12 - PASS 13 - TRAL 14 - RIDII	FORCYCLE DRIVE IT - MIDDLE IT - RIGHT SIDE ND - LEFT SIDE ORCYCLE PASSE ND - MIDDLE ND - RIGHT SIDE ORCYCLE SIDE O ORCYCLE SID	NGER) F TRUCK CAB ER ENCLOSED RAILING UNIT P WITH CAP) NCLOSED EXTERIOR	3 - DEPLI 4 - DEPLI FROM 5 - NOT 9 - DEPLI 1 - NOT 2 - PART 3 - TOTA 4 - NOT 2 - EXTRI MECI- 3 - FREE	IALLY EJECTE APPLICABL TRAPE TRAPE TRAPED CATED BY IANICAL M	NKNOWI ON D DED			
NAM	IE: LAS	T, FIRST, MI	DDLE					DA	TE OF BIRTH		AGE	GENDER		
ADD	RESS:	STREET, CIT	Y, STATE, ZIP			÷		CONTACT PHON	E - INCLUDE AR	EA CODE				
ESS	RE: LAS	T, FIRST, MI	DDLE					DA	ATE OF BIRTH		AGE	GENDER		
ADD	RESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE ARI	EA CODE				
ESS	IE: LAS	T, FIRST, MI	DDLE					DA	DATE OF BIRTH AGE GENDE					
ADD	RESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE ARE	EA CODE]			

LOCAL REPORT NUMBER 24MPD0235	REPORTING AGENCY Millersburg	DATE OF CRASH 02/15/2024
IN COUNTY OF	ACCIDENT LOCATION	· · · · · · · · · · · · · · · · · · ·
Holmes County	Clay	

<u>Pamaged Property</u>: Lighted Cross walk sign on light Pole

Property Owner: Village of Millersburg 6 N Washington St Millersburg of 44654 330-674-5931