TRAFFIC CRASH REPORT \*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT 24MPD0339 **О**Н −2 **Х**ОН −3 LOCAL INFORMATION UNIT IN ERROR NUMBER OF UNITS OH-1P OTHER REPORTING AGENCY NAME ' NCIC \* HIT/SKIP SECONDARY CRASH 98 - ANIMAL 1 - SOLVED PRIVATE PROPERTY Millershuza 03801 2 - UNSOLVED 99 - UNKNOWN LOCALITY: COUNTY CRASH SEVERITY LOCATION: CITY, VILLAGE, TOWNSHIP\* CRASH DATE / TIME\* 1 - FATAL 2 - VILLAGE 2 Millersburg 5 03/08/2024 18:00 3 - TOWNSHIP 🛘 2 - SERIOUS INJURY SUSPECTED ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH LOCATION ROAD NAME ROAD TYPE LATITUDE DECIMAL DEGREES 2 - SOUTH 3 - EAST 3 - MINOR INJURY 40.551395 ST Crawford SUSPECTED 4 - WEST 4 - INJURY POSSIBLE ROUTE TYPE ROUTE NUMBER REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) PREFIX 1 - NORTH ROAD TYPE LONGITUDE DECIMAL DEGREES 2 - SOUTH 2 - SOUTH 2 - 3 - EAST 4 - WEST 5 - PROPERTY DAMAGE -81.915237 REFERENCE POINT INTERSECTION RELATED DIRECTION FROM REFERENCE ROUTE TYPE ROAD TYPE 1 - INTERSECTION AL - ALLEY HW - HIGHWAY RD - ROAD IR - INTERSTATE ROUTE (TP) WITHIN INTERSECTION OR ON APPROACH 1 - NORTH 3 12 - MILE POST - SOUTH AV - AVENUE LA - LANE SQ - SQUARE US - FEDERAL US ROUTE 3 - EAST 3 - HOUSE # BL - BOULEVARD MP - MILEPOST ST - STREET WITHIN INTERCHANGE AREA 4 - WEST NUMBER OF APPROACHES SR - STATE ROUTE CR - CIRCLE OV - OVAL TE - TERRACE DISTANCE FROM REFERENCE DISTANCE UNIT OF MEASURE CT - COURT PK - PARKWAY ROADWAY TL - TRAIL CR - NUMBERED COUNTY ROUTE 1 - MILES DR - DRIVE Pf - PIKE WA - WAY TR - NUMBERED TOWNSHIP 2 - FFFT HE - HEIGHTS PL - PLACE ROADWAY DIVIDED ROUTE 3 - YARDS LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT DIRECTION OF TRAVEL MEDIAN TYPE 1 - ON ROADWAY 9 - CROSSOVER 1 - NOT COLLISION 4 - REAR-TO-REAR 1 - NORTH 1 - DIVIDED FLUSH MEDIAN 1 12 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS RETWEEN 5 - BACKING 2 - SOUTH 3 - IN MEDIAN TWO MOTOR 11 - RAILWAY GRADE CROSSING 6 - ANGLE 3 - EAST 2 - DIVIDED FLUSH MEDIAN VEHICLES IN 4 - ON ROADSIDE 12 - SHARED USE PATHS OR 4 - WEST (≥4 FEET) 7 - SIDESWIPE, SAME DIRECTION TRANSPORT 5 - ON GORE TRAILS 3 - DIVIDED, DEPRESSED MEDIAN 8 - SIDESWIPE, OPPOSITE DIRECTION 6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE 2 - REAR-END 4 - DIVIDED, RAISED MEDIAN 7 - ON RAME 3 - HEAD-ON 9 - OTHER / UNKNOWN 14 - TOLL BOOTH (ANY TYPE) 8 - OFF RAMP 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN CONDITIONS SURFACE CONTOUR WORK ZONE RELATED **WORK ZONE TYPE** LOCATION OF CRASH IN WORK ZONE 1 - LANE CLOSURE 1 - BEFORE THE 1ST WORK ZONE 2, <sub>|</sub> 1 <sub>|</sub> 1 | WORKERS PRESENT WARNING SIGN 2 - LANE SHIFT/ CROSSOVER - STRAIGHT - CONCRETE 1 - DRY 2 - ADVANCE WARNING AREA LAW ENFORCEMENT PRESENT 3 - WORK ON SHOULDER 3 - TRANSITION AREA LEVEL 2 - WET - BLACKTOP, OR MEDIAN STRAIGHT BITUMINOUS. 3 - SNOW 4 - ACTIVITY AREA 4 - INTERMITTENT OR MOVING WORK GRADE ASPHALT 4 - ICE ACTIVE SCHOOL ZONE 5 - TERMINATION AREA 5 - OTHER - BRICK/BLOCK 3 - CURVE LEVEL 5 - SAND, MUD, DIRT, SLAG, GRAVEL 4 - CURVE GRADE OIL GRAVEL LIGHT CONDITION WEATHER STONE 6 - WATER (STANDING, l9 - OTHER 1 - DAYLIGHT 1 - CLEAR 6 - SNOW MOVING) 5 - DIRT /UNKNOWN 2 - DAWN/DUSK 2 - CLOUDY 7 - SEVERE CROSSWINDS - OTHER 7 - SLUSH 3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW / UNKNOWN 9 - OTHER / UNKNOWN 4 - DARK - ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE 5 - DARK - UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN NARRATIVE Unit one was traveling south bound on South Crawford St. when he drove too close to the right side of the road where vehicles are allowed to park. This causing him to side swipe a parked vehicle. Unit one made contact with the driver side, side mirror of unit two. Property damage was caused, unit two was parked appropriately at the Pearl St. time of collision. CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY X POLICE AGENCY 03/08/2024 18:11 03/08/2024 18:12 03/08/2024 18:13 03/08/2024 18:43 MOTORIST TOTAL TIME OTHER OFFICER'S NAME\* CHECKED BY OFFICER'S NAME TOTAL ROADWAY CLOSED INVESTIGATION TIME MACC MINUTES Baker, Daniel SUPPLEMENT (CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO OFFICER'S BADGE NUMBER\* CHECKED BY OFFICER'S BADGE NUMBER\* Ω 30 61 103 100



LOCAL REPORT NUMBER

## 24MPD0339

| _                | <del></del>  |   |   | · · · ·                | <del></del>                       |  | D A M A G E                    |  |  |  |  |  |  |  |
|------------------|--|---|---|------------------------|-----------------------------------|--|--------------------------------|--|--|--|--|--|--|--|
|                  | OWNER NAME: LAST, FIRST, I                           | MIDDLE (  | R)  | OWNER                  |                                   | A CODE ( SAME AS DRIVER)                 | DAMAGE SCALE                   |  |  |  |  |  |  |  |
|                  | HUEBNER, DONALD DDRESS: STREET, CITY, STATE, Z       | ID COLUMN AC PROPERTY                             |   | <u> </u>               | 330-231                           | -2354                                    | 1 - NONE 3 - FUNCTIONAL DAMAGE |  |  |  |  |  |  |  |
|                  | VP 304, MILLERSBURG                                  |   |   |                        |                                   |  |                                |  |  |  |  |  |  |  |
| <u> </u>         | IAL CARRIER: NAME ADDRES                             | <del>· · · · · · · · · · · · · · · · · · · </del> |   |                        | eneracies Canadra DMI             | DNE; INCLUDE AREA CODE                   |                                | 9 - UNKNOWN  |  |  |  |  |  |  |
| 20111112110      |  | S, G(1), 31A1G 21F                                |   | (0,                    | amental Catalix F71               | STATE INCOME WERE COOK                   | DAMAGED AREAISI                |  |  |  |  |  |  |  |
| I D CTATE        | LICENSE PLATE #                                      | 100   | Id P In Provided a Trans                              |                        | I                                 |  | INDICATE ALL THAT APPLY        |  |  |  |  |  |  |  |
| OH               | 759XRN   | 1   | ICLE IDENTIFICATION #                                 |                        | VEHICLE YEAR                      | VEHICLE MAKE<br>FORD                     |                                |  |  |  |  |  |  |  |
|                  |  |   | EW1EPXFKA76664<br>INSURANCE POLICY #                  |                        | 2019<br>COLOR                     | VEHICLE MODEL                            | 111                            | 111  |  |  |  |  |  |  |
| X VERIFIE        | P WESTFIELD  |   | WNP5148635  |                        | RED                               | F-150                                    | 10 20 20 20                    |  |  |  |  |  |  |  |
| _                | TYPE of USE  |   | US DOT #  | TOW                    | ED BY: COMPANY N                  | _  |                                |  |  |  |  |  |  |  |
| Сомме            |  | IN EMERGENCY<br>RESPONSE                          | 1   |                        |                                   | _  | 9 3                            |  |  |  |  |  |  |  |
| INTERLO          |  | # OCCUPANTS                                       | EHICLE WEIGHT GVWR/GCW                                | R                      | HAZARDOU                          |  |                                | /  |  |  |  |  |  |  |
| DEVICE           | HIT/SKIP UNIT  |   | 1 - ≤10K LBS.<br>1 2 - 10.001 - 26K LBS.              |                        | ELEASED                           | S# PLACARD ID#                           |                                | '· \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\              |  |  |  |  |  |  |
| EQUIPPI          | ED   | [ ] [   | 3 - > 26K LBS.  |                        | LACARD [                          |  | ,                              | 12 7   |  |  |  |  |  |  |
|                  |  | N (9-15 SEATS)                                    |   |                        |                                   | PEDESTRIAN/SKATER                        | 8                              | "              |  |  |  |  |  |  |
| 14 1             | (MINIVAN) B - MI                                     | OTORCYCLE 2-WHEELED<br>OTORCYCLE 3-WHEELED        | 14 CRICICIONE   |                        | -                                 | WHEELCHAIR (ANY TYPE)                    | 10/                            |  |  |  |  |  |  |  |
| UNIT TYPE        | E 3 - SPORT UTILITY 9 - AL                           | ЛОСУСІЕ   | TRUCK 20 -  | OTHER VEH<br>HEAVY EQL |                                   | OTHER NON-MOTORIST<br>BICYCLE            | . <i>- }-</i>                  |  |  |  |  |  |  |  |
|                  | VERTICLE 10 - N                                      | MOPED OR MOTORIZED                                | 15 - SEMI-TRACTOR  16 - CADA FOLIDASSIT 22 -          | ANIMAL W               | ITH RIDER OR 27 -                 | TRAIN                                    | 3 (_                           | _ [ <del>                                     </del> |  |  |  |  |  |  |
|                  |  | LL TERRAIN VEHICLE                                | 17 - MOTORHOME  | ANIMAL-DI              | RAWN VEHICLE 99 -                 | UNKNOWN OR HIT/SKIP                      | 7.                             |  |  |  |  |  |  |  |
|                  | (ATV)<br># OF TRAILING UNITS                         | /UTV)   |   |                        |                                   |  |                                |  |  |  |  |  |  |  |
| <u> </u>         |  | UTONO CONT  |   |                        |                                   |  | 11 12                          | 5 11 12  |  |  |  |  |  |  |
| Ä                | WAS VEHICLE OPERATING IN ALL MODE WHEN CRASH OCCURRE |   |   |                        | ONAL AUTOMATION                   | 9 - UNKNOWN                              |                                | 2 10 12 7  |  |  |  |  |  |  |
| 2 ,              | •  |   |   |                        | TOMATION                          |  |                                |  |  |  |  |  |  |  |
| ▮└╌┘             | 1-YES 2-NO 9-OTHER/U                                 | JNKNOWN AUTONON<br>MODE LE                        | MOUS 2 - PARTIAL AUTOMATION 5                         | - FULL AU              | TOMATION                          |  | 8 9 3                          | 3 9 9 3 3  |  |  |  |  |  |  |
|                  | 1 - NONE   | 6 - BUS - CHARTER/TO                              |   | 16 - FA                |                                   | 21 - MAIL CARRIER                        |                                | / └ ऻऻ   |  |  |  |  |  |  |
| . 1 .            | 2 - TAXI   | 7 - BUS - INTERCITY                               | 12 - MILITARY   | -                      | OWING                             | 99 - OTHER / UNKNOWN                     |                                |  |  |  |  |  |  |  |
| SPECIAL          | 3 - ELECTRONIC RIDE<br>SHARING                       | 8 - BUS - SHUTTLE                                 | 13 - POLICE   |                        | NOW REMOVAL                       |  | 7                              |  |  |  |  |  |  |  |
| FUNCTION         | 4 - SCHOOL TRANSPORT                                 | 9 - BUS - OTHER<br>10 - AMBULANCE                 | 14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUI         |                        | OWING<br>AFETY SERVICE            |  | В                              | 6  |  |  |  |  |  |  |
|                  | S - BUS - TRANSIT/COMMUTER                           | l   | 13 - CONSTRUCTION EQUI                                |                        | TROL                              |  |                                | 12 12 12   |  |  |  |  |  |  |
| 4                | 1 - NO CARGO BODY TYPE                               | 4 - LOGGING                                       | 7 - GRAIN/CHIPS/GRAVEL                                | 11 - D                 | UMP                               | 99 - OTHER / UNKNOWN                     | 12                             | l l  |  |  |  |  |  |  |
| <u>_1</u> _      | / NOT APPLICABLE<br>2 - BUS                          | 5 - INTERMODAL                                    | 8 - POLE  |                        | ONCRETE MIXER                     |  | R.R                            |  |  |  |  |  |  |  |
| CARGO<br>BODY    | 3 - VEHICLE TOWING                                   | CONTAINER CHASS<br>6 - CARGOVAN                   | 9-CARGO TANK  |                        | JTO TRANSPORTER                   | •  | و (آب شر) و                    | 9 3 9 7 3 9 7 3                                      |  |  |  |  |  |  |
| TYPE             | ANOTHER MOTOR VEHICLE                                | ÆNCLOSED BOX                                      | 10 - FLAT BED   | 14 - G                 | ARBAGE/REFUSE                     |  |                                |  |  |  |  |  |  |  |
|                  | 1 - TURN SIGNALS                                     | 4 - BRAKES  | 7 - WORN OR SLICK TIRES                               | 9 - MC                 | TOR TROUBLE                       | 99 - OTHER / UNKNOWN                     | 6                              | , jed  |  |  |  |  |  |  |
| VEHICLE          | 2 - HEAD LAMPS                                       | 5 - STEERING                                      | 8 - TRAILER EQUIPMENT                                 |                        | SABLED FROM PRIOR                 | ·  |                                | 6 6 6  |  |  |  |  |  |  |
| DEFECTS          | 3 - TAIL LAMPS                                       | 6 - TIRE BLOWOUT                                  | DEFECTIVE   | AC                     | CIDENT                            |  |                                | _  |  |  |  |  |  |  |
|                  | 1 - INTERSECTION -                                   | 4 - MIDBLOCK -                                    | 1 CHOURTER TO LOCKE                                   |                        |                                   |  | □- NO DAMA                     | GE[0] L- UNDERCARRIAGE[14]                           |  |  |  |  |  |  |
| 1                | MARKED CROSSWALK                                     | MARKED CROSSW                                     | 7 - SHOULDER/ROADSIDE<br>VALK 8 - SIDEWALK            |                        | RIVEWAY ACCESS<br>HARED USE PATHS | 99 - OTHER / UNKNOWN                     | ☐-TOP[13]                      | - ALL AREAS [ 15 ]                                   |  |  |  |  |  |  |
| NON-<br>MOTORIST | 2 - INTERSECTION -<br>LINMARKED CROSSWALK            | 5 - TRAVEL LANE -<br>OTHER LOCATION               | A 41501111150055115                                   |                        | R TRAILS<br>RST RESPONDER         |  |                                |  |  |  |  |  |  |  |
| LOCATION         | 3 - INTERSECTION - OTHER                             | 6 - BICYCLE LANE                                  | ISLAND  |                        | INCIDENT SCENE                    |  |                                | - UNIT NOT AT SCENE [ 16 ]                           |  |  |  |  |  |  |
|                  | 1 - NON-CONTACT                                      | 1 - STRAIGHT AHEAD                                | 9 - LEAVING TRAFFIC                                   |                        | ALKING, RUNNING.                  | 21 - STANDING OUTSIDE                    | INIT                           | IAL POINT OF CONTACT                                 |  |  |  |  |  |  |
| ٦.               | 2 - NON-COLLISION                                    | 2 - BACKING<br>3 - CHANGING LANES                 | LANE<br>10 - PARKED                                   |                        | gging, playing<br>Orking          | DISABLED VEHICLE<br>99 - OTHER / UNKNOWN | 0 - NO DA                      | MAGE 14 - UNDERCARRIAGE                              |  |  |  |  |  |  |
| 3                | 3 - STRIKING   | 4 - OVERTAKING/PASS                               | SING 11 - SLOWING OR STOPPED                          |                        | ISHING VEHICLE                    | 33 - OTTER / DIRECTION                   | 2 1-12 - REF                   | ER TO UNIT 15 - VEHICLE NOT AT SCENE                 |  |  |  |  |  |  |
| ACTION           | 4-SIRUCK ACTIONS                                     | I 5 - MAKING RIGHT TU<br>6 - MAKING LEFT TURI     |   |                        | PPROACHING OR<br>AVING VEHICLE    |  |                                | GRAM<br>99 - UNKNOWN                                 |  |  |  |  |  |  |
|                  | 5 - BOTH STRIKING<br>& STRUCK                        | 7 - MAKING U-TURN                                 | 13 - NEGOTIATING A CURVE                              | 19 - 51                | ANDING                            | 1  | 13 - TOP                       |  |  |  |  |  |  |  |
|                  | 9 - OTHER / UNKNOWN                                  | 8 - ENTERING TRAFFIC<br>LANE                      | C 14 - ENTERING OR CROSSIN<br>SPECIFIED LOCATION      | G 20 - O               | THER NON-MOTORIST                 | •  |                                | TRAFFIC  |  |  |  |  |  |  |
| -                | 1 - NONE   |   | CLOSE 13 - IMPROPER START FROM                        | 1 18 - OP              | ERATING DEFECTIVE                 | 23 - OPENING DOOR INTO                   | TRAFFICWAY FLOW                | TRAFFIC CONTROL                                      |  |  |  |  |  |  |
|                  | 2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT            | /ACDA 9 - IMPROPER LANE                           | A PARKED POSITION  14 - STOPPED OR PARKED             | EQ                     | UIPMENT                           | ROADWAY                                  | 1 - ONE-WAY                    | 1 - ROUNDABOUT 4 - STOP SIGN                         |  |  |  |  |  |  |
| , 99             | 4 - RAN STOP SIGN                                    | CHANGE<br>CHANGE                                  | 14 - STOPPED OR PARKED                                |                        | ad Shifting<br>Lung/Spilling      | 99 - OTHER IMPROPER<br>ACTION            | 2 - TWO-WAY                    | - 2 SIGNAL E VIEUD SIGN                              |  |  |  |  |  |  |
| CONTRIBUTION     | 5 - UNSAFE SPEED                                     | 10 - IMPROPER PASSIN                              |   |                        | PROPER CROSSING                   |  | 2                              | 6 3 - FLASHER 6 - NO CONTROL                         |  |  |  |  |  |  |
| CIRCUMSTAN       | NG 6 - IMPROPER TURN<br>CES 7 - LEFT OF CENTER       | 11 - DROVE OFF ROAD  12 - IMPROPER BACKII         |   |                        | NG IN ROADWAY<br>IT DISCERNIBLE   |  | # OF THROUGH LANES             | RAIL GRADE CROSSING                                  |  |  |  |  |  |  |
| 2                |  |   |   |                        |                                   |  | ON ROAD                        | 1 - NOT INVLOVED                                     |  |  |  |  |  |  |
| SEQUENCE         | E OF EVENTS  |   |   |                        |                                   |  | 121                            | 2 - INVOLVED-ACTIVE CROSSING                         |  |  |  |  |  |  |
| , 21             | 1 - OVERTURN/ROLLOVER                                | 7 - SEPARATION OF UN                              | ITS 12 - DOWNHILL RUNAWAY                             | 19 - AN                | LIMAL -OTHER 2                    | 3 - STRUCK BY FALLING,                   | ا لـــــــا                    | 3 - INVOLVED-PASSIVE CROSSING                        |  |  |  |  |  |  |
| 1 [              | 2 - FIRE/EXPLOSION                                   | 8 - RAN OFF ROAD RIGI                             | HT 13 - OTHER NON-COLLISIO                            | N 20 - M               | OTOR VEHICLE IN                   | SHIFTING CARGO OR                        | UNIT C                         | ION MOTORICY DIRECTION                               |  |  |  |  |  |  |
|                  | 3 - IMMERSION<br>4 - JACKKNIFE                       | 9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN        | T 14 - PEDESTRIAN<br>15 - PEDALCYCLE                  |                        | ANSPORT<br>RKED MOTOR             | ANYTHING SET IN<br>MOTION BY A MOTOR     | UNIT / F                       | ION-MOTORIST DIRECTION                               |  |  |  |  |  |  |
| 2                | 5 - CARGO / EQUIPMENT                                | 11 - CROSS CENTERLINI                             | E - 16 • RAILWAY VEHICLE                              | VE                     | HICLE ;                           | VEHICLE<br>4 - OTHER MOVABLE             |                                | 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST      |  |  |  |  |  |  |
|                  | LOSS OR SHIFT  6 - EQUIPMENT FAILURE                 | OPPOSITE DIRECTION OF TRAVEL                      | ON 17 - ANIMAL - FARM<br>18 - ANIMAL - DEER           |                        | ORK ZONE<br>LINTENANCE            | OBJECT                                   | . 1                            | _ 3FAST 7COUTHEACT                                   |  |  |  |  |  |  |
| 3 [              | ]  |   |   | EQ                     | UIPMENT                           | المستعددية بهادي والسا                   | ясы <u>1</u> то _              |  |  |  |  |  |  |  |
| . ,              | 2S - IMPACT ATTENUATOR                               | 31 - GUARDRAIL END                                | LISION WITH FIXED OBJECT -<br>38 - OVERHEAD SIGN POST |                        |                                   | 2 - BUILDING                             |                                | 9 - OTHER / UNKNOWN                                  |  |  |  |  |  |  |
| 4                | / CRASH CUSHION<br>26 - BRIDGE OVERHEAD              | 32 - PORTABLE BARRIER                             | R 39 - LIGHT / LUMINARIES                             | 46 - FEI               | NCE 5                             | 3 - TUNNEL                               | UNIT SPEED                     | DETECTED SPEED                                       |  |  |  |  |  |  |
| - t              | STRUCTURE  | 33 - MEDIAN CABLE BAI<br>34 - MEDIAN GUARDRA      |   | 47 - M#<br>48 - TRI    |                                   | 4 - OTHER FIXED<br>OBJECT                |                                | areco  |  |  |  |  |  |  |
| ٠                | 27 - BRIDGE PIER OR                                  | BARRIER   | 41 - OTHER POST, POLE                                 | 49 - FIR               |                                   | 9 - OTHER / UNKNOWN                      | 1 5 1                          | 1 - STATED / ESTIMATED SPEED                         |  |  |  |  |  |  |
| ا بر             | ABUTMENT<br>, 28 - BRIDGE PARAPET                    | 35 - MÉDIAN CONCRETI<br>BARRIER                   | 42 - CULVERT  | MA                     | INTENANCE                         |  |                                |  |  |  |  |  |  |  |
| 6                | J 29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE            | 36 - MEDIAN OTHER BA<br>37 - TRAFFIC SIGN POST    | ARRIER 43 - CURB                                      |                        | UIPMENT                           |  | POSTED SPEED                   | 2 - CALCULATED / EDR                                 |  |  |  |  |  |  |
| , 1              | FIRST HARMFILL EVEN                                  |   | OCT MADMENT EVENT                                     | 51 - W/                | TLL                               |  | 25                             | 3 - UNDETERMINED                                     |  |  |  |  |  |  |
|                  |  |   |   |                        |                                   |  |                                |  |  |  |  |  |  |  |

| OHO DEPARTMENT | U | NII | Г |
|----------------|---|-----|---|
|----------------|---|-----|---|

## LOCAL REPORT NUMBER

## 24MPD0339

| דואט#              | OWNER NAME: LAST, FIRST, I                              | MIDDLE (                                  | RIVER)   | OWNER                  | R PHONESNOLUDE AR                  | EA CODE ( SAME AS DRIVER)                    | D'A M A G E                           |  |  |  |  |  |  |  |
|--------------------|---|---|--|------------------------|------------------------------------|--|---------------------------------------|--|--|--|--|--|--|--|
|                    | BALES, DUSTIN   |   |  | l                      | 330-201                            | 1-6725                                       | DAMAGE SCALE                          |  |  |  |  |  |  |  |
| <b>=</b>           | DDRESS: STREET, CITY, STATE, Z                          |   |  |                        | _                                  |  | 1 - NONE 3 - FUNCTIONAL DAMAGE        |  |  |  |  |  |  |  |
|                    | ITH CRAWFORD ST, N                                      |   | , OH, 44654  | ,                      |                                    |  | 2 - MINOR DAMAGE 4 - DISABLING DAMAGE |  |  |  |  |  |  |  |
| COMMERC            | IAL CARRIER: NAME ADDRES                                | S, CITY, STATE, ZIP                       |  | Co                     | MMERCIAL CARRIER PH                | ONE: INCLUDE AREA CODE                       | 9 - UNKNOWN                           |  |  |  |  |  |  |  |
|                    |   | _   |  |                        |                                    |  | DAMAGED AREA(S)                       |  |  |  |  |  |  |  |
| LP STATE           | LICENSE PLATE #   | V   | EHICLE IDENTIFICATION #                              |                        | VEHICLE YEAR                       | VEHICLE MAKE                                 | INDICATE ALL THAT APPLY               |  |  |  |  |  |  |  |
| OH                 | HKK7882   |   | C6RD7MTXCS126875                                     |                        | 2012                               | DODGE  | tz                                    | 12   |  |  |  |  |  |  |
| INSURA<br>VERIFIE  | NCE INSURANCE COMPAI                                    |   | INSURANCE POLICY #                                   |                        | COLOR                              | VEHICLE MODEL                                | " "                                   | " 2  |  |  |  |  |  |  |
| LALIVERIFIE        |   | NCE                                       | 34-1-10656239  |                        | RED                                | RAM  |                                       | 2 10 11 1 2  |  |  |  |  |  |  |
|                    | TYPE OF USE   | IN EMERGENCY                              | US DOT#  | TOM                    | ED BY: COMPANY N                   | IAME   |                                       |  |  |  |  |  |  |  |
| СОММЕ              | RCIAL GOVERNMENT  | RESPONSE                                  |  | _                      |                                    |  | 9 9 3                                 | 3 9 9 3 3  |  |  |  |  |  |  |
| INTERLO            |   | # OCCUPANTS                               | VEHICLE WEIGHT GVWR/GCWI<br>1 - ≤10K LBS.            | ³ l⊢⊸∾                 | MAZARDOU:                          | S MATERIAL<br>55 # PLACARD ID #              |                                       |  |  |  |  |  |  |  |
| EQUIPPI<br>EQUIPPI | HIT/SKIP UNIT   |   | 2 - 10.001 - 26K LBS.                                |                        | ELEASED                            | , Dienis is                                  |                                       | * *\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>               |  |  |  |  |  |  |
|                    |   | <u> </u>                                  | 3 - > 26K tas.                                       | ППЬ                    | LACARD L                           |  | , ,                                   | 12 1   |  |  |  |  |  |  |
| _                  |   | N (9-15 SEATS)<br>OTORCYCLE 2-WHEEL       | FO 43 C110111111011111                               |                        |                                    | PEDESTRIAN/SKATER                            | l . •                                 | 7 7 2  |  |  |  |  |  |  |
| 31                 | (MINIVAN) 8 - MC  | DTORCYCLE 3-WHEEL                         | ED 34 - CINICIE DINIT                                |                        |                                    | WHEELCHAIR (ANY TYPE)                        | 10/                                   | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                       |  |  |  |  |  |  |
| UNIT TYP           | 3 - SPORT UTILITY 9 - AU<br>VEHICLE 1D AU               | <b>LOCACIT</b>                            | TRUCK 21 1   | OTHER VEH<br>HEAVY EQL |                                    | OTHER NON-MOTORIST<br>BICYCLE                | l <i>–</i>                            |  |  |  |  |  |  |  |
|                    | 10-14   | IOPED OR MOTORIZE<br>CYCLE                | D 13-3EMINIONETON                                    |                        |                                    | TRAIN  | <b>\$</b>                             |  |  |  |  |  |  |  |
|                    |   | LL TERRAIN VEHICLE                        |  |                        |                                    | UNKNOWN OR HIT/SKIP                          | 7                                     |  |  |  |  |  |  |  |
| <b>4</b>           | (ATV)   |   | II - INDIDICINE                                      |                        |                                    |  | 1 3                                   | <  |  |  |  |  |  |  |
| <u>-</u>           | # OF TRAILING UNITS                                     |   |  |                        |                                    |  | 12 1                                  | 3 12   |  |  |  |  |  |  |
| 7.<br>20           | WAS VEHICLE OPERATING IN ALL<br>MODE WHEN CRASH OCCURRE |   |  | - CONDITI              | ONAL AUTOMATION                    | 9 - UNKNOWN                                  |                                       |  |  |  |  |  |  |  |
| ≥<br>. າ           |   |   |  |                        | ITOMATION                          |  | "/ `!                                 | 2 10/1 2   |  |  |  |  |  |  |
|                    | 1-YES 2-NO 9-OTHER/U                                    | INKNOWN AUTON                             | IOMOUS 2 - PARTIAL AUTOMATION 5                      |                        |                                    |  | <u> </u>                              |  |  |  |  |  |  |  |
|                    | <del></del>   | MODI                                      | E LEVEL  |                        |                                    |  |                                       | )* <b>*</b> [ [의] [의 ]*                                      |  |  |  |  |  |  |
|                    | 1 - NONE<br>2 - TAXI                                    | 6 - BUS - CHARTEI                         |  | 16 - FA                |                                    | 21 - MAIL CARRIER                            | 7. <b>Head</b> , 7. I                 |  |  |  |  |  |  |  |
| [ 1 <sub> </sub>   | 3 - ELECTRONIC RIDE                                     | 7 - BUS - INTERCIT<br>8 - BUS - SHUTTLE   |  |                        | OWING                              | 99 - OTHER / UNKNOWN                         | I (KH <del>i</del> hi)                | · <  |  |  |  |  |  |  |
| SPECIAL            | SHARING   | 9 - BUS - OTHER                           | 14 - PUBLIC UTILITY                                  |                        | NOW REMOVAL<br>DWING               |  | 7                                     | ,  |  |  |  |  |  |  |
| FUNCTION           | 4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER      | 10 - AMBULANCE                            | 15 - CONSTRUCTION EQUIP                              |                        | VFETY SERVICE                      |  | ľ                                     | ů  |  |  |  |  |  |  |
|                    | 3 - BD3 - TRANSITYCOMMUTER                              |   |  | PA                     | TROL                               |  |                                       | 12 12 12   |  |  |  |  |  |  |
| . 1 .              | 1 - NO CARGO BODY TYPE                                  | 4 - LOGGING                               | 7 - GRAIN/CHIPS/GRAVEL                               | 11 - DI                | UMP                                | 99 - OTHER / UNKNOWN                         | 12                                    | i i 📻  |  |  |  |  |  |  |
| CARGO              | / NOT APPLICABLE<br>2 - BUS                             | 5 - INTERMODAL<br>CONTAINER CH            | 8 - POLE   | 12 - C0                | ONCRETE MIXER                      |  | A.R.                                  |  |  |  |  |  |  |  |
| BODY               | 3 - VEHICLE TOWING                                      | 6 - CARGOVAN                              | F-CARGO IANK   |                        | JTO TRANSPORTER                    |  | ب د (گریس) و ا                        |  |  |  |  |  |  |  |
| TYPE               | ANOTHER MOTOR VEHICLE                                   | /ENCLOSED BO                              | X 10 - FLAT BED                                      | 14 - G                 | ARBAGE/REFUSE                      |  |                                       |  |  |  |  |  |  |  |
| l                  | 1 - TURN SIGNALS  | 4 - BRAKES                                | 7 - WORN OR SLICK TIRES                              | 9 - MO                 | TOR TROUBLE                        | 99 - OTHER / UNKNOWN                         | 6                                     | j j <b>e</b> j   |  |  |  |  |  |  |
| VEHICLE            | 2 - HEAD LAMPS  | 5 - STEERING                              | B - TRAILER EQUIPMENT                                |                        | SABLED FROM PRIOR                  | 22 Stricky Grantonic                         |                                       | 6 6 6  |  |  |  |  |  |  |
| DEFECTS            | 3 - TAIL LAMPS  | 6 - TIRE BLOWOUT                          | DEFECTIVE  | AC                     | CIDENT                             |  |                                       |  |  |  |  |  |  |  |
|                    |   |   |  |                        |                                    |  | ☐- NO DAMAG                           | iE [ 0 ]   |  |  |  |  |  |  |
| l, ,               | 1 - INTERSECTION -<br>MARKED CROSSWALK                  | 4 - MIDBLOCK -<br>MARKED CROS             | 7 - SHOULDER/ROADSIDE                                |                        | RIVEWAY ACCESS                     | 99 - OTHER / UNKNOWN                         |                                       | П  |  |  |  |  |  |  |
| NON-               | 2 - INTERSECTION -                                      | 5 - TRAVEL LANE -                         | 9 - ZIDEWALK   |                        | IARED USE PATHS<br>I TRAILS        |  | □. тор [ 13 ]                         | - ALL AREAS [ 15 ]   |  |  |  |  |  |  |
| LOCATION           | UNMARKED CROSSWALK 3 - INTERSECTION - OTHER             | OTHER LOCAT                               | ON 9 - MEDIAN/CROSSING ISLAND                        |                        | RST RESPONDER                      |  | <u> </u>                              | UNIT NOT AT SCENE [ 16 ]                                     |  |  |  |  |  |  |
|                    | 1 - NON-CONTACT   | 1 - STRAIGHT AHEA                         | <del></del>  |                        | INCIDENT SCENE                     |  |                                       |  |  |  |  |  |  |  |
|                    | 2 - NON-COLLISION                                       | 2 - BACKING                               | LANE   |                        | ALKING, RUNNING,<br>GGING, PLAYING | 21 - STANDING OUTSIDE<br>DISABLED VEHICLE    | INITIA                                | AL POINT OF CONTACT  |  |  |  |  |  |  |
| . 4 .              | ; 10  | 3 - CHANGING LAN                          |  | 16 - W                 | ORKING                             | 99 - OTHER / UNKNOWN                         | 0 - NO DAM                            |  |  |  |  |  |  |  |
| ACTION             | 3 - STRIKING PRE-CRASH                                  | J 4 - OVERTAKING/P.<br>5 - MAKING RIGHT   |  |                        | JSHING VEHICLE<br>PROACHING OR     |  |                                       | R TO UNIT 15 - VEHICLE NOT AT SCENE                          |  |  |  |  |  |  |
| ACTION             | 4-SIRUCK ACTIONS  | 6 - MAKING LEFT T                         | URN 12 - DRIVERLESS                                  |                        | AVING VEHICLE                      |  | DIAGRAM 99 - UNKNOWN                  |  |  |  |  |  |  |  |
|                    | S - BOTH STRIKING<br>& STRUCK                           | 7 - MAKING U-TUR                          |  |                        |                                    |  | 13 - TOP                              |  |  |  |  |  |  |  |
| Ī                  | 9 - OTHER / UNKNOWN                                     | 8 - ENTERING TRAI                         | FFIC 14 - ENTERING OR CROSSING<br>SPECIFIED LOCATION | G 20-01                | THER NON-MOTORIST                  |  |                                       | TRACEIC  |  |  |  |  |  |  |
|                    | 1 - NONE  |   | OD CLOSE 13 - IMPROPER START FROM                    | 18 - OP                | ERATING DEFECTIVE                  | 23 - OPENING DOOR INTO                       | TOATOMAN                              | TRAFFIC  |  |  |  |  |  |  |
|                    | 2 - FAILURE TO YIELD                                    | /ACDA                                     | A PARKED POSITION                                    | EQ                     | JIPMENT                            | ROADWAY                                      | TRAFFICWAY FLOW<br>1 - ONE-WAY        | TRAFFIC CONTROL  |  |  |  |  |  |  |
| , 1 .              | 3 - RAN RED LIGHT<br>4 - RAN STOP SIGN                  | 9 - IMPROPER LANI<br>CHANGE               | E 14 - STOPPED OR PARKED ILLEGALLY                   |                        | AD SHIFTING<br>LLING/SPILLING      | 99 - OTHER IMPROPER<br>ACTION                | 2 TWO-WAY                             | 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN       |  |  |  |  |  |  |
|                    | S - UNSAFE SPEED  | 10 - IMPROPER PAS                         | SSING 15 - SWERVING TO AVOID                         |                        | PROPER CROSSING                    |  | _2                                    | 6 3-FLASHER 6-NO CONTROL                                     |  |  |  |  |  |  |
| CRCUMSTAN          | IG 6 - IMPROPER TURN TES 7 - LEFT OF CENTER             | 11 - DROVE OFF RO                         |  |                        | NG IN ROADWAY                      |  | - '                                   |  |  |  |  |  |  |  |
|                    | - and of conten   | 12 - IMPROPER BAC                         | CKING 17 - VISION OBSTRUCTION                        | 22 - NO                | T DISCERNIBLE                      |  | # OF THROUGH LANES                    | RAIL GRADE CROSSING  |  |  |  |  |  |  |
| SEQUENCE           | OF EVENTS   |   |  |                        |                                    |  | ON ROAD                               | 1 - NOT INVLOYED   |  |  |  |  |  |  |
| 2.0                |   |   | EVENTS   |                        |                                    | - AMERICAN SOUT SOUT July                    | 2                                     | 1 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |  |  |  |  |  |  |
| ₁ [20]             |   | 7 - SEPARATION OF 8 - RAN OFF ROAD R      |  |                        |                                    | 23 - STRUCK BY FALLING,<br>SHIFTING CARGO OR |                                       |  |  |  |  |  |  |  |
|                    | 3 - IMMERSION   | 9 - RAN OFF ROAD L                        | EFT 14 - PEDESTRIAN                                  |                        | NSPORT                             | ANYTHING SET IN                              | UNIT / NO                             | ON-MOTORIST DIRECTION  |  |  |  |  |  |  |
| 2                  |   | 10 - CROSS MEDIAN                         |  |                        | RKED MOTOR                         | MOTION BY A MOTOR<br>VEHICLE                 |                                       | 1 - NORTH 5 - NORTHEAST                                      |  |  |  |  |  |  |
|                    | LOSS OR SHIFT   | 11 - CROSS CENTERL<br>OPPOSITE DIREC      |  |                        | HICLE<br>DRX ZONE 2                | 4 - OTHER MOVABLE                            |                                       | 2 - SOUTH 6 - NORTHWEST                                      |  |  |  |  |  |  |
| 3 l                | 6 - EQUIPMENT FAILURE                                   | OF TRAVEL                                 | 18 - ANIMAL - DEER                                   | MA                     | INTENANCE                          | OBJECT                                       | FROM 1 TO                             | 2 3 - EAST 7 - SOUTHEAST                                     |  |  |  |  |  |  |
|                    |   | 5   | OLLISION WITH FIXED OBJECT -                         |                        | UIPMENT                            | <b></b>                                      | FROM TO                               | 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN                   |  |  |  |  |  |  |
| 41                 | 25 - IMPACT ATTENUATOR                                  | 31 - GUARDRAIL END                        | D 38 - OVERHEAD SIGN POST                            | 31 KUCK<br>45 - EM     |                                    | iz - BUILDING                                |                                       | 9 - OTHER / UNKNOWN  |  |  |  |  |  |  |
|                    |   | 32 - PORTABLE BARR<br>33 - MEDIAN CABLE   | UER 39 - LIGHT / LUMINARIES                          | 46 - FEN<br>47 - MA    | NCE 5                              | 3 - TUNNEL                                   | UNIT SPEED                            | DETECTED SPEED   |  |  |  |  |  |  |
| 51                 | STRUCTURE   | 34 - MEDIAN GUARD                         | PRAIL 40 - UTILITY POLE                              | 48 - TRE               | E -                                | 4 - OTHER FIXED<br>OBJECT                    |                                       |  |  |  |  |  |  |  |
| <b>-</b>           | J 27 - BRIDGE PIER OR<br>ABUTMENT                       | BARRIER<br>35 - MEDIAN CONCR              | 41 - OTHER POST, POLE RETE OR SUPPORT                |                        | E HYDRANT 9<br>DRK ZONE            | 9 - OTHER / UNKNOWN                          | 1 0 1                                 | 1 - STATED / ESTIMATED SPEED                                 |  |  |  |  |  |  |
| ۱ ء                | Z8 - BRIDGE PARAPET                                     | BARRIER                                   | 42 - CULVERT   | MA                     | INTENANCE                          |  |                                       | 1 1 12 - CALCULATED / EDR                                    |  |  |  |  |  |  |
|                    |   | 36 - MEDIAN OTHER<br>37 - TRAFFIC SIGN PO | BARRIER 43 - CURB                                    | EQ1<br>51 - WA         | UIPMENT<br>V I                     |  | POSTED SPEED                          | 2 - CALCULATED / EDR   |  |  |  |  |  |  |
| , 1                |   | 4   |  | 31 - WA                | 14.4                               |  | 35                                    | 3 - UNDÉTERMINED   |  |  |  |  |  |  |
| <u> </u>           | FIRST HARMFUL EVENT                                     |   | MOST HARMFUL EVENT                                   |                        |                                    |  | 25                                    | 1  |  |  |  |  |  |  |

|                       | O PORTO                | N                | /lc                    | TORIST / N   | 10                 | <b>V</b> -                      | Μo                                   | TOF         | RIST   | Γ                                    |   |   |                                 |                                   |  |  | LOCAL RI                         |                             |                          |                         |                  |  |
|-----------------------|------------------------|------------------|------------------------|--|--------------------|---------------------------------|--------------------------------------|-------------|--|--------------------------------------|---|---|---------------------------------|-----------------------------------|--|--|----------------------------------|-----------------------------|--------------------------|-------------------------|------------------|--|
|                       | UNIT #                 | <del></del>      |                        |  |                    |                                 |                                      |             |  |                                      |   | 24MPD0339  DATE OF BIRTH AGE G                                    |                                 |                                   |  |  |                                  |                             | GENDER                   |                         |                  |  |
|                       | 1                      | <br>  HUEBNI     | ER, C                  | OONALD   |                    |                                 |                                      |             |  |                                      |   |   |                                 |                                   |  |  | 10/1941                          |                             |                          | 82 <sup>-</sup>         | M                |  |
| -                     | DDRESS:                | STREET, CIT      |                        |  |                    |                                 |                                      |             |  |                                      |   |   |                                 | CONT                              | ACT PH   |  | - INCLUDE /                      | AREA CODI                   |                          | UE                      | [ IV             |  |
| OTORIST / NON-MOTOR   | 210 TW                 | /P 304, M        | IILLE                  | RSBURG, OH, 44654  |                    |                                 |                                      |             |  |                                      |   |   | 330-231-2354                    |                                   |  |  |                                  |                             |                          |                         |                  |  |
| W I                   | NJURIES                | INJURED<br>TAKEN | EM:                    | S AGENCY (NAME)  |                    |                                 | INJURED                              | TAKEN TO:   | MEDICAL F  | FACILITY (NAME,                      | OTY)  | SAFETY EQUIPA   | MENT                            |                                   | T-Compl  | IANT   | SEATING<br>POSITION              | AIR B.                      | AG USAC                  | E EJECTIO               | N TRAPPED        |  |
| ON/                   | 5                      | BY 1             |                        |  |                    |                                 |                                      |             |  |                                      |   | 4   |                                 |                                   | HELME  |  | 1                                |                             | 1                        | 1                       | 1 1              |  |
| S                     | L STATE                | OPERATOR         | R LICE                 | NSE NUMBER   |                    |                                 | OFFEN:                               | SE CHAR     | GED  |                                      | LOCAL   | OFFENSE DE  | SCRI                            | PTION                             |  |  |                                  | CITA                        | CITATION NUMBER          |                         |                  |  |
| OLO                   | ОН                     | RL60930          | )4                     |  |                    |                                 |                                      |             |  |                                      | CODE  |   |                                 |                                   |  |  |                                  |                             |                          |                         |                  |  |
| 3                     | L CLASS                | ENDORSEN         | MENT                   | RESTRICTION SELECT UP TO   |                    | DRI                             |                                      |             | HOL/D  | RUG SUSPE                            | CTED  | CONDITIO  | N                               | Α                                 | LCOH   | OL T   | TEST                             |                             | DRU                      | G TEST                  | (S)              |  |
|                       | 4                      |                  |                        | 3  |                    | DIST<br>BY                      | TRACTED                              |             | OHOL   | MARUL                                | JANA  | 1   | - 1                             | STATUS                            | TYPE   |  | VALUE                            | STATUS                      | TYPE                     | RESULT                  | S SELECT UP TO 4 |  |
| ١.                    | JNIT #                 | NAMELIA          | CT EI                  |  |                    |                                 | 1                                    | <u></u> отн | ER DRUG  |                                      |   | 1   | _                               | 1                                 | 1  | <u> </u>                                     |                                  | 1                           | 1                        |                         | ſ                |  |
|                       | JIMI P                 | NAME; CA         | (3 I, FI               | RST, MIDDLE  |                    |                                 |                                      |             |  |                                      |   |   |                                 |                                   |  | DATI   | E OF BIRTH                       |                             |                          | AGE                     | GENDER           |  |
|                       | DDRESS                 | STREET, CIT      | V STA                  | ATE 719  |                    |                                 | _                                    |             |  |                                      |   |   |                                 | ↓                                 |  |  |                                  |                             | ļ                        |                         |                  |  |
| OTORIST / NON-MOTORIS | DDRESS.                | JIRCEI, CII      | 1, 316                 | (It, Zir   |                    |                                 |                                      |             |  |                                      |   |   |                                 | CONT                              | ACT PH   | ONE  | - INCLUDE A                      | REA CODI                    | i .                      |                         |                  |  |
| <u> </u>              | NJURIES                | INJURED          | EM                     | S AGENCY (NAME)  |                    |                                 | INITURED                             | TAKEN TO:   | Menical F  | ACILITY (NAME (                      | crn4  | SAFETY EQUIPA   | 1EMT                            | <u> </u>                          |  | _  | SEATING                          | late                        | 15 1154                  |                         | N TRAPPED        |  |
| NO                    |                        | TAKEN<br>BY      |                        | , and a  |                    |                                 |                                      |             | IVICE PORT I   | Aciatt (Issue (                      | 2119  | USED  | HEIVI                           |                                   | T-Compu  |  | POSITION                         | AIRB                        | AG USAL                  | E EJECTIO               | N I KAPPED       |  |
|                       |                        | ᆫᆜ               | LICE                   | NSE NUMBER   |                    |                                 | OFFENI                               | SE CHARG    | CED  |                                      | LOCAL   | OFFENSE DE  |                                 | <u> </u>                          | neuvie   | <u>'                                    </u> |                                  | _                           |                          |                         |                  |  |
| ORI                   |                        |                  |                        |  |                    |                                 | OFFER                                | SE UMARI    | GED  |                                      | CODE  | OFFENSE DE  | :SCKI                           | PHON                              |  |  |                                  | CITA                        | CITATION NUMBER          |                         |                  |  |
|                       | L CLASS                | ENDORSEN         | IENT                   | RESTRICTION SELECT UP TO 3   |                    | DRIN                            |                                      | 81.50       | UOI 4 D  | blic cuenc                           |   |   |                                 |                                   | COL  | OL T   | ree T                            |                             |                          |                         |                  |  |
|                       |                        |                  |                        | RESTRICTION SELECT UP TO 3   | ,                  | DIST                            | VEK<br>FRACTED                       |             |  | RUG SUSPE                            |   | CONDITIO  | מ                               | STATUS                            | TYPE   | <b>75</b>                                    | VALUE                            | STATUS                      | TYPE                     | G TEST                  | SELECT UP TO 4   |  |
|                       |                        |                  |                        |  |                    | BY                              |                                      | Полн        | ER DRUG  | _                                    |   |   |                                 |                                   |  | ١.   |                                  | 4.705                       |                          | 1                       | , M. 1207 OF 104 |  |
|                       | JNIT #                 | NAME: LA         | ST, Fi                 | RST, MIDDLE  |                    |                                 |                                      |             |  |                                      |   |   |                                 |                                   | <u>'</u>   | DATE   | OF BIRTH                         |                             | <u> </u>                 | AGE                     | GENDER           |  |
|                       |                        |                  |                        |  |                    |                                 |                                      |             |  |                                      |   |   |                                 | l                                 |  |  |                                  |                             |                          |                         |                  |  |
| A                     | DDRESS:                | STREET, CITY     | Y, STA                 | TE, ZIP  |                    |                                 |                                      | -           |  |                                      |   |   |                                 | CONTACT PHONE - INCLUDE AREA CODE |  |  |                                  |                             |                          |                         |                  |  |
| 0<br>6_               |                        |                  |                        |  |                    |                                 | _                                    |             |  |                                      |   |   |                                 |                                   |  |  |                                  |                             |                          |                         |                  |  |
| W=N                   |                        | INJURED<br>TAKEN | EMS                    | AGENCY (NAME)  |                    |                                 | INJURED.                             | TAKEN TO:   | MEDICAL F  | ACILITY (NAME, C                     | (אוב  | SAFETY EQUIPM   | ENT                             |                                   | DOT-COMPLIANT POSITION                             |  |                                  | AIR BA                      | G USAG                   | ELECTIO                 | N TRAPPED        |  |
| M-MON /TSI            |                        | ВУ               |                        |  |                    |                                 |                                      |             | _  |                                      |   |   | MC HELMET (                     |                                   |  |  | Ì                                |                             |                          | 1                       |                  |  |
| RIEST                 | L STATE                | OPERATOR         | LICE                   | NSE NUMBER   |                    |                                 | OFFENS                               | E CHAR      | GED  |                                      | LOCAL   | 0.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                           |                                 |                                   | PTION  |  |                                  |                             | CITATION NUMBER          |                         |                  |  |
| AOTORI<br>            |                        |                  |                        |  |                    |                                 |                                      |             |  |                                      |   |   | _                               |                                   |  |  |                                  |                             |                          |                         |                  |  |
| ٥                     | L CLASS                | ENDORSEM         | IENT                   | RESTRICTION SELECT UP TO 3   |                    |                                 | RIVER ALCOHOL / DRUG SUSPECTED       |             |  | CONDITION                            |   | ALCOHOL TE  |                                 |                                   |  | DRUG   |                                  | (S)                         |                          |                         |                  |  |
| ľ                     |                        |                  |                        |  |                    | BY                              | TRACTED ALCOHOL MARIJUANA OTHER DRUG |             |  |                                      |   |   |                                 |                                   | VALUE  | STATUS                                       | TYPE                             | RESULTS                     | SELECT UP TO 4           |                         |                  |  |
|                       | י<br>טנאז              | RIES             |                        | SEATING POSITION   | 1                  |                                 | AIR BAG                              |             | T  | OL CLAS                              | · ·   | OL REST   |                                 | ION/S                             | l<br>I De  | l ·  | DICTRA                           | CTION                       | <br>                     | 139747                  |                  |  |
| 1 - F/                |                        |                  | 4                      | - FRONT - LEFT SIDE  |                    | OT DE                           | PLOYED                               |             | : 1-+:CL   |                                      |   | 1 ALCOHOLII   |                                 |                                   |  |  | STRACTED                         | CHON                        |                          | NE GIVEN                | AIUS             |  |
|                       | JSPECTED S<br>JURY     | SERIOUS!         |                        | (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE  | 3 - D              | EPLOY                           | ED FRONT                             |             | 2 - CL   |                                      |   | DEVICE<br>2 - COL INTRAS  | STATE                           | ONLY                              |  | AANÚ.<br>ECTRO                               | ALLY OPERAT                      |                             | 2 - TES                  | T REFUSED<br>T GIVEN,   |                  |  |
|                       | ISPECTED I             | MINOR            | 4 - SECOND - LEFT SIDE |  |                    | 4 - DEPLOYED BOTH<br>FRONT/SIDE |                                      |             |  |                                      | 3 - CORRECTIVE LENS<br>4 - FARM WAIVER                    |   | SES COMMUN                      |                                   |  | UNICATION I                                  | INICATION DEVICE                 |                             | NTAMINAT                 | ED SAMPLE               |                  |  |
| 4 - PC                | SSIBLE INJ             |                  |                        | (MOTORCYCLE PASSENGER) 5 - NOT APPLICABLE 5 - SECOND - MIDDLE 9 - DEPLOYMENT UNKNOWN |                    |                                 |                                      |             | 4 - REGULAR CLASS S - EXCEPT CLASS A B (OHIO = D) 6 - EXCEPT CLASS A |                                      |   |   | BUS , DIAI ING                  |                                   |  |  | S-FREE                           | /UNUSABLE * 4 - TEST GIVEN, |                          |                         |                  |  |
| 5 - N                 | ) APPAREN              | IT INJURY        |                        | S - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE                                     | 5 - M/C MOPED ONLY |                                 |                                      |             |  |                                      | 7 - EVCED TRACTOR TO AN CO 4 - TALKING ON HAND-HELD 5 - T |   |                                 |                                   |  | 5 - TES                                      | RESULTS KNOWN<br>5 - TEST GIVEN, |                             |                          |                         |                  |  |
| ΙÑ                    | JURIES                 | TAKEN B          | ΥÜ                     | (MÖTORCYCLE SIDE CAR)<br>3 - THIRD - MIDDLE  |                    |                                 |                                      |             |  |                                      | '8 - INTERMEDIATE LICENSE                                 |   |                                 |                                   | COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN |  |                                  | RESULTS UNKNOWN             |                          |                         |                  |  |
|                       | OT TRANS               |                  | 1.                     | 9 - THIRD - RIGHT SIDE   |                    |                                 |                                      |             |  | 9 - LEARNER'S PERMIT<br>RESTRICTIONS |   |   | ELECTRONIC DEVICE 6 - PASSENGER |                                   |  |  | ALCOHOL TEST TYPE                |                             |                          |                         |                  |  |
| 2 - E                 |                        | II SCEIVE        |                        | OF TRUCK CAB   |                    |                                 | PLICABLE                             |             | H - HAZMAT   |                                      |   | 10 - LIMITED TO   |                                 | /LIGHT                            |  |  | DISTRACTION THE VEHICLE          |                             | 2 - BLC<br>3 - URI       |                         |                  |  |
| 3 - P                 | DLICE                  | 77               | <u> </u>               | 11 - PASSENGER IN<br>OTHER ENCLOSED CARGO  |                    |                                 | RAPPE                                | D           |  | OTORCYCLE                            |   | 111 - LIMITED TO  |                                 |                                   | 7 ·8 - C   | THER   | DISTRACTION                      | N i                         | 3 - URINE<br>14 - BREATH |                         |                  |  |
| 9 - C                 | THER/U                 | NKNOWN"          | i                      | AREA (NON-TRAILING UNIT,<br>BUS, PICK-UP WITH CAP)                                   | 1 - NOT TRAPPED    |                                 |                                      |             |  | 13 - MECHANICAL DEVICES 9 - OTHER    |   |   |                                 | THER                              | <b>JUNKNOWN</b>                                    | 1  | 5 - OT                           |                             | TTVDE                    |                         |                  |  |
| SA                    | FETY EC                | UIPMEN           | T [                    | 12 - PASSENGER IN<br>UNENCLOSED CARGO AREA   | . M                | ECHA                            | NICAL MEA                            | ANS         | 1Q - M   | OTOR SCOO                            | TER   | (SPECIAL BRAKES, HAND<br>CONTROLS, OR OTHER                       |                                 | 1.4                               |  | DNDITION                                     |                                  | DRUG TEST TYPE  1 - NONE    |                          |                         |                  |  |
|                       | ONE USED<br>IOULDER B  |                  |                        | 13 - Trailing Unit<br>14 - Riding on Vehicle   |                    |                                 | ECHANICA                             | L MEANS     |  | REE-WHEEL<br>DTORCYCLE               |   | ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES |                                 | -1 - APPARENTLY NORMAL            |  |  |                                  | 2 - BLOOD<br>3 - URINE      |                          |                         |                  |  |
|                       | ED<br>P BELT ON        | LY USED.         | 2                      | EXTERIOR<br>(NON-TRAILING UNIT)  |                    |                                 |                                      |             | x .  | HOOL BUS                             |   | WITHOUT A   | AIR BE                          | RAKES                             | DE   | EPRESS                                       | ED, ANGRY,                       |                             | 4 - OTI                  |                         | ESULT(S)         |  |
| 4 - 5}                | ioulder 8<br>Ed        |                  |                        | S - NON-MOTORIST<br>O - OTHER / UNKNOWN  | !                  |                                 |                                      |             |  | OUBLE & TRIE<br>NILERS               |   | 17 - PROSTHET   |                                 |                                   | 14 - IL  |  | 5                                | 7                           |                          | HETAMINE                |                  |  |
| 5 - C)                |                        | AINT SYSTEM      |                        |  | į                  |                                 |                                      |             | X - TAI  | NKER / HAZI                          | MAT   |   |                                 |                                   | ₹ FA   | ATIGUI                                       | LEEP, FAINTE<br>ED, ETC          | -                           |                          | BITURATES<br>ZODIAZEPII | NES              |  |
| 6 - CI                | IILD RESTR             | AINT SYSTEM      | 4 ;                    |  | 1                  |                                 |                                      |             |  | GENDE                                | ₹   | <u> </u>  |                                 |                                   |  |  | THE INFLUEN<br>TIONS / DRU       | ICE OF                      |                          | NABINOID:               |                  |  |
| 7 - BC                | EAR FACIN              | AT               |                        |  | •                  |                                 |                                      |             | F - FEN  | NALE                                 |   | r   |                                 |                                   | , Al   | LCOHO  |                                  |                             | 6 - OPV                  | NTES / OPIO             | NDS              |  |
|                       | LMET ÚSEI<br>OTECTIVE  | D<br>Pads Used   | *<br>*                 | :  | *<br>:             |                                 |                                      |             | M - M  | ALE<br>HER / UNKN                    | I/NU/A1   |   |                                 |                                   | ,  |  |                                  |                             | 7 - OTH<br>8 - NEG       | ATIVE RESU              | ILTS             |  |
|                       | LBOWS, KN<br>EFLECTIVE | (LOTHING         | 100                    | :  | ŧ.                 |                                 |                                      |             | , U - UI   | HEAT OWN                             | MAA   | 1   |                                 |                                   | !  |  | *                                | į                           |                          |                         |                  |  |
| 11 - Ļ                |                        | PEDESTRIAN       |                        |  | 1                  |                                 |                                      |             | ;  |                                      |   | v   |                                 |                                   | 1  |  |                                  | :                           |                          |                         |                  |  |
|                       | THER / UN              |                  | , é.                   |  | ŧ.                 |                                 |                                      |             | .3   |                                      |   | ,   |                                 |                                   | ł  |  |                                  | i                           |                          |                         |                  |  |

| Ū        | OCCUPANT / WITNESS ADDENDUM  |                           |                   |                                   |   |                              |                                   | LOCAL REPORT NUMBER 24MPD0339   |                      |                    |              |  |  |  |
|----------|--|---------------------------|-------------------|-----------------------------------|---|------------------------------|-----------------------------------|---|----------------------|--------------------|--------------|--|--|--|
| ;        | UNIT #   | NAME: LA                  | ST, FIRST, MIDDLE | D.                                | Z4IVIF<br>ATE OF BIRTH                          | 200339                       | AGE                               | GENDER  |                      |                    |              |  |  |  |
| CCUPAN   | ADDRESS:   | STREET, CIT               | Y, STATE, ZIP     | CONTACT PHONE - INCLUDE AREA CODE |   |                              |                                   |   |                      |                    |              |  |  |  |
|          | INJURIES   | INJURED<br>TAKEN<br>BY'   | EMS AGENCY (NAME) |                                   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT             | DOT-COMPLIANT                     | SEATING<br>POSITION   | AIR BAG USAG         | ELECTIO            | N TRAPPED    |  |  |  |
| 1        | UNIT #   | NAME: LA                  | ST, FIRST, MIDDLE | ומ                                | AGE   | GENDER                       |                                   |   |                      |                    |              |  |  |  |
| CCUPAN   | ADDRESS:   | STREET, CIT               | Y, STATE, ZIP     | -                                 |   |                              | CONTACT PHON                      | E - INCLUDE ARE   | EA CODE              |                    | <u> </u>     |  |  |  |
|          | INJURIES   | INJURED<br>TAKEN<br>BY    | EMS Agency (Name) | -                                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT             | DOT-COMPLIANT                     | SEATING<br>POSITION   | AIR BAG USAG         | G USAGE EJECTION . |              |  |  |  |
| <b>₹</b> | UNIT #   | NAME: LA                  | ST, FIRST, MIDDLE |                                   |   | - <b>!</b>                   | עם                                | ATE OF BIRTH  |                      | AGE                | GENDER       |  |  |  |
| CCUPAN   | ADDRESS:   | STREET, CIT               | Y, STATE, ZIP     |                                   |   |                              | CONTACT PHON                      | E - INCLUDE ARE   | A CODE               |                    | <u> </u>     |  |  |  |
| ÷        | INJURIES   | INJURED<br>TAKEN<br>BY    | EMS AGENCY (NAME) |                                   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT             | DOT-COMPLIANT                     | SEATING<br>POSITION   | AIR BAG USAG         | E EJECTIOI         | N TRAPPED    |  |  |  |
|          | UNIT #   | NAME: LAST, FIRST, MIDDLE |                   |                                   |   |                              |                                   | ATE OF BIRTH  |                      | AGE                | GENDER       |  |  |  |
| CCUPAN   | ADDRESS:   | STREET, CIT               | Y, STATE, ZIP     |                                   |   |                              | CONTACT PHONE - INCLUDE AREA CODE |   |                      |                    |              |  |  |  |
|          | INJURIES   | INJURED<br>TAKEN<br>BY    | EMS AGENCY INAME  |                                   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, QIY)  | SAFETY EQUIPMENT             | DOT-COMPLIANT<br>MC HELMET        | SEATING<br>POSITION   | AIR BAG USAGI        | EJECTION           | N TRAPPED    |  |  |  |
|          |  | INI                       | URIES             | SAFFT                             | Y EQUIPMENT USED                                | SEATING POS                  | ITION                             | 1   | AIR BAG U            | CACE               |              |  |  |  |
|          | 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - NO APPARENT INJURY 6 - CHILD RESTRAINT SYSTEM 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN 6 - MALE M - MALE U - OTHER / UNKNOWN 7 - WEHICLE OCCUPANT (MOTORCYCLE DR 2 - FRONT - RIGHT SID 4 - SECOND - LEFT SID (MOTORCYCLE PAS 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SID (MOTORCYCLE SID (MOTORCYCLE PAS 5 - SECOND - MIDDLE 7 - THIRD - LEFT SIDE (MOTORCYCLE SID (MOTORCYCLE SID 8 - FERNIT SYSTEM 7 - THIRD - LEFT SIDE (MOTORCYCLE SID 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SID 10 - SLEEPER SECTION 11 - PASSENGER IN O CARGO AREA (NO) SUCHAS A BUS, PIC 12 - PASSENGER IN U CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHIC (NON-TRAILING UNIT) |                           |                   |                                   |   |                              |                                   | 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 9 DEPLOYMENT UNKNOW!  CAR) 1 - NOT EJECTED 2 - PARTIALLY EJECTED  RAILING UNIT 1 PWITH CAP) ENCLOSED 1 NOT APPLICABLE 1 NOT TRAPPED |                      |                    |              |  |  |  |
|          | NAME: LAS  | ST, FIRST, MI             | DOLE              |                                   | ** *** **** **** **** **** **** **** ****       | ON-MOTORIST<br>HER / UNKNOWN |                                   | 3 - FREED<br>NON-I  | BY<br>MECHANICA<br>T | AL MEA             | NS<br>GENDER |  |  |  |
| NESS     | YUNGEN   | I. BRAND                  | ON. J             | <u></u>                           | <del>_</del>                                    | <u></u>                      | 08                                | /20/1994  |                      | 29                 | M            |  |  |  |
| 2        | 344 SOUTH CRAWFORD ST., MILLERSBURG, OH, 44654   |                           |                   |                                   |   |                              |                                   | 330-340-2042  |                      |                    |              |  |  |  |
| SSEN     | NAME: LAST, FIRST, MIDDLE  |                           |                   |                                   |   |                              |                                   | TE OF BIRTH   |                      | AGE                | GENDER       |  |  |  |
| MI       | ADDRESS:   | STREET, CITY              | /, STATE, ZIP     |                                   |   |                              | CONTACT PHONI                     | E - INCLUDE AREA  | A CODE               |                    |              |  |  |  |
| NESS     | NAME: LAS  | ST, FIRST, MII            | DDLE              |                                   |   |                              | DA                                | TE OF BIRTH   |                      | AGE                | GENDER       |  |  |  |
| WIL      | ADDRESS:   | STREET, CITY              | /, STATE, ZIP     |                                   |   |                              | CONTACT PHON                      | E - INCLUDE AREA  | v code               |                    |              |  |  |  |