| OHO DEPARTMENT  | En a colo                                    | Cnaci  | REPORT  |                                 | MANDATORY FIELD F  |                                     |  |                                       | OCAL TERM   | <u> </u>  | 12/2  |
|---|--|--|---|---------------------------------|--|-------------------------------------|--|---------------------------------------|---|---|---|
| <del>y</del>  |  | <u>СКАЗН</u><br>Хон-з  | ENT REPORT  | LOCAL REPORT NUMBER • 24MPD0601 |  |                                     |  |                                       |   |   |   |
| PHOTOS TAKEN  SECONDARY CRASH   | ☐ OH-1P                                      | OTHER  | REPORTING AGENCY NA   | AME *                           |  |                                     | NCIC *                                 | HIT/SKIP<br>1 - SOLVED                | NUMBER OF L   |   | IIT IN ERROR<br>98 - ANIMAL                                 |
|   | PRIVATE PI                                   |  | Millersburg   |                                 |  |                                     | 03801                                  | 2 - UNSOLVED                          | <u>L 2</u>  |   | 99 - UNKNOWN  |
| 38     2   2  | ľ  | ocation: co<br>lillersburg                                       | TY, VILLAGE, TOWNSHIP*  |                                 |  |                                     |  | CRASH DATE /                          |   | CRASH<br>1 - FAT<br>1 - 5   3 - EFT   | SEVERITY<br>TAL   |
| ROUTE TYPE ROUTE N  | TOWNSHIP                                     | 1 - NORTH  | ·   | E                               |  |                                     | ROAD TYPE                              | 05/01/2024                            |   | 2-366   | rious injury<br>Spected                                     |
| YOU'E HEE KOUIEN  | 3  | 2 - SOUTH<br>3 - EAST<br>4 - WEST                                | Jackson   | <b>.</b>                        |  |                                     | ST                                     | 40.5541                               |   | 3 - MII   | NOR INJURY<br>SPECTED                                       |
| ROUTE TYPE ROUTE N  | UMBER PREFIX                                 | 1 - NORTH<br>2 - SOUTH   | REFERENCE ROAD NAM  | //E (ROAD, MI                   | LEPOST, HOUSE #)   |                                     | ROAD TYPE                              | LONGITUDE DEG                         |   | URY POSSIBLE  |   |
|   | 2  | 3 - EAST<br>4 - WEST   | Crawford  |                                 |  |                                     | ST                                     | -81.9150                              | OPERTY DAMAGE<br>NLY  |   |   |
| REFERENCE POINT 1 - INTERSECTION 1 - MILE POST 3 - HOUSE #                    |  | ORTH IR-   | ROUTE TYPE INTERSTATE ROUTE (TP) - FEDERAL US ROUTE - STATE ROUTE                                   | BL - 8                          | ALLEY HW - H<br>AVENUE LA - L/<br>HOULEVARD MP - N   | MILEPOST                            | SQ - SQUARE<br>ST - STREET             | WITHIN INTER                          | SECTION OR O  |   | 4<br>R of APPROACHE   |
| DISTANCE<br>FROM REFERENCE  | DISTANO<br>UNIT OF MEA<br>1 - A              | CE   | - NUMBERED COUNTY RO  | 1                               | OURT: PK - PA  | ARKWAY                              | TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                                       | ROAI  | YAWO  |   |
|   | , , 2-F                                      |  | - NUMBERED TOWNSHIP<br>ROUTE  |                                 | HEIGHTS PL - PL  |                                     | »                                      | ROADWAY DI                            | VIDED   |   |   |
| 1 - ON ROADW<br>2 - ON SHOUL<br>3 - IN MEDIAN<br>4 - ON ROADSS<br>5 - ON GORE | DER 10<br>11<br>IDE 12<br>RAFFIC WAY 13      | CROSSOVER<br>- DRIVEWAY,<br>- RAILWAY G<br>- SHARED US<br>TRAILS | VALLEY ACCESS FRADE CROSSING SE PATHS OR  | 1 - NOT C                       | MOTOR 6 - ANGL<br>LES IN 7 - SIDES<br>END 8 - SIDES  | -TO-REAR<br>ING<br>.E<br>WIPE, SAME | DIRECTION<br>SITE DIRECTION            | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 1 -<br>2 -<br>3 -<br>4 -  | MEDIAN TO<br>DIVIDED FLUSH<br>( <4 FEET )<br>DIVIDED FLUSH<br>( ≥4 FEET )<br>DIVIDED, DEPRI<br>DIVIDED, RAISE<br>(ANY TYPE)<br>OTHER / UNKN | MEDIAN  ESSED MEDIAN  D MEDIAN                              |
| WORK ZONE RELATE  | D  |  | WORK ZONE TYPE  |                                 | LOCATION OF C  |                                     |  | CONTOUR                               | CONDIT  |   | SURFACE   |
| WORKERS PRESENT   |  |  | <ul> <li>LANE CLOSURE</li> <li>LANE SHIFT/ CROSSOVE</li> </ul>                                      | ER                              | WARN   | ING SIGN                            | VORK ZONE                              |                                       | 1   | _   | 2   |
| LAW ENFORCEMENT   | PRESENT                                      | 3  | - WORK ON SHOULDER<br>OR MEDIAN   |                                 |  | NCE WARNI<br>SITION ARE             |  |                                       | 1 - DRY<br>2 - WET  |   | - CONCRETE<br>- BLACKTOP,                                   |
| ACTIVE SCHOOL ZON   | NE   |  | - INTERMITTENT OR MOV   | VING WORK                       | 4 - ACTIVI<br>5 - TERMI  | ITY AREA<br>NATION AR               | GRADE                                  | 3 - SNOW<br>4 - ICE<br>5 - SAND, ML   | BITUMINOUS,<br>ASPHALT<br>J - BRICK/BLOCK                           |   |   |
| 1 - DAYLIGHT<br>2 - DAWN/DUS<br>3 - DARK - LIGH<br>4 - DARK - ROA             | hted roadway<br>Adway not lig<br>Known Roadw |  | 4 - RAIN  | (<br>MOG, SMOKE 8               | WEATHER<br>6 - SNOW<br>7 - SEVERE CROSSW<br>8 - BLOWING SAND,<br>9 - FREEZING RAIN C<br>99 - OTHER / UNKNO | SOIL DIRT,<br>OR FREEZING           |  |                                       | OIL, GRAV<br>6 - WATER (S'<br>MOVING)<br>7 - SLUSH<br>9 - OTHER / U | TANDING,<br>5 -<br>9 -  | - SLAG , GRAVEL,<br>STONE<br>- DIRT<br>- OTHER<br>/ UNKNOWN |
| . Jackson St. Unit 1<br>he intersection on I                                  | did not stop<br>E. Jackson St.               | at the stop<br>Unit 1 stru                                       | ord St. Unit 2 was driv<br>o sign on S. Crawford<br>ck Unit 2 on the rear<br>side walk off of E. Ja | St before e<br>driver side      | ntering<br>door  | E. Jacks<br>St                      | son<br>—————                           | Unit 1 Unit 1.                        | Unit 2  |   | Vot To Scale  |
|   |  |  |   |                                 |  |                                     |  |                                       |   |   |   |
| CRASH REPORTED I  | DATE / TIME                                  | <u> </u>   | DISPATCH DATE / TIME  | E                               | ARRIVAL I  | DATE / TIM                          | E                                      | SCENE CLEARED E                       | ATE / TIME  | _ I —   | ORT TAKEN BY  |
| CRASH REPORTED E<br>05/01/2024  |  |  | DISPATCH DATE / TIMI<br>05/01/2024 16:53  | - 1                             |  | DATE / TIM<br>024 16:55             | 1                                      | SCENE CLEARED E<br>05/01/2024         |   | X POL   | ICE AGENCY  |
|   | 16:53<br>OTHER                               | TOTA   | 05/01/2024 16:53  | IE*                             |  | 024 16:55<br>Сні                    | 1                                      | 05/01/2024<br>R'S NAME*               |   | <b>X</b> PO1.0  | ICE AGENCY  |



## LOCAL REPORT NUMBER

|                   | - Oitii  |   |  |                        |  |  | •                             | 24MPD06              | <u> </u>                                     |
|-------------------|--|---|--|------------------------|--|--|-------------------------------|----------------------|--|
| UNIT#             | OWNER NAME: LAST, FIRST, I                                     |   |  | OWNER                  |  | A CODE ( SAME AS DRIVER)                                 |                               | D A M A G E          |  |
| OWNER A           | MENZIE, ANTHONY, I<br>DDRESS: STREET, CITY, STATE, Z           |   |  |                        | 740-624                                    | -6003  | 1 - NONE                      |                      | - Functional Damage                          |
| -                 | R 3, MCCLURE, OH, 43   |   |  |                        |  |  | 32 - MINOR DA                 |                      | - DISABLING DAMAGE                           |
|                   | CIAL CARRIER: NAME, ADDRES                                     |   |  | Con                    | MMERCIAL CARRIER PHO                       | NE: INCLUDE AREA CODE                                    |                               | 9 - UNKNOWN          |  |
|                   | ,  | <del> </del>  | •  |                        | <del>, .</del>                             |  |                               | AMAGED ARE           |  |
|                   | LICENSE PLATE #  |   | DENTIFICATION #                                  |                        | VEHICLE YEAR                               | VEHICLE MAKE<br>CHEVROLET                                | _                             | CAICACCITIA          | Arrei  |
| OH<br>—INCLIP     | KAE 7348  ANCE INSURANCE COMPAI                                |   | 13S072298521<br>SURANCE POLICY #                 |                        | 2007<br>COLOR                              | VEHICLE MODEL  | 11 12 1                       |                      | 11 12  |
| INSUR.<br>VERIFII | GLACIER INSURA   |   |  |                        | BLU  | TRAILBLAZER  | 10                            | 2                    | 10   |
|                   | TYPE OF USE  | TIN EMERGENCY                                       | US DOT#  | 1                      | ED BY: COMPANY NA                          | ME   | - 10 -                        | ١.                   |  |
| сомм              |  | RESPONSE  | E WEIGHT GVWR/GCWR                               | IN/A                   | HAZARDOUS                                  | MATERIAL   |                               | 3                    |  |
| DEVICE            | HIT/SKIP UNIT  | # OCCUPANTS   | 1 - ≤10K LBS.<br>; 2 - 10.001 - 26K LBS.         |                        | iaterial class<br>Eleased                  | # PLACARD ID #   | 7 5                           | 4                    |  |
| EQUIPE            | PED  |   | 3 - > 26K LBS.                                   |                        | LACARD [                                   |  | 7 3                           | 11                   | 7  |
|                   |  |   |  |                        |  | EDESTRIAN/SKATER   | 6                             |                      | , f  |
| 3                 | (MINIVAN) 8 - MC   | OTORCYCLE 3-WHEELED 14                              | - SINGLE UNIT 20 - OI                            | JS (16+ P.<br>THER VEH | -  | VHEELCHAIR (ANY TYPE)<br>OTHER NON-MOTORIST              | 10/_                          | 11 1                 | . 7 <sub>4</sub>                             |
| UNIT TYP          | VEHICLE 10 - N   | not an printed distance                             | 3 - SEMI-IRACIUR                                 | EAVY EQL               |  | NCYCLE<br>TRAINI   | 9                             | 9 3                  | <b>3</b>                                     |
|                   | 4 - PICK UP BI   | ICYCLE 16   |  |                        | ITH RIDER OR 27 - T<br>RAWN VEHICLE 99 - L | rain<br>Inknown or hit/skip                              | \ \tag{\pi}                   | 3 4                  | \ <b>7</b> .                                 |
| 0                 | # of TRAILING UNITS  |   | - MOTORNOME                                      |                        |  | -  | 8 \                           |                      | λ,   |
| 5 <u></u>         | WAS VEHICLE OPERATING IN AL                                    | PIOMONOTU   |  |                        |  |  | 1 1                           | ,                    | 5 12 1                                       |
| 2                 | MODE WHEN CRASH OCCURRE  | . ∩ ro:   |  |                        | IONAL AUTOMATION<br>ITOMATION              | 9 - UNKNOWN  | 10 1                          | ı                    | 10 1 2                                       |
| _ 2               | 1-YES 2-NO 9-OTHER/U   | JNKNOWN AUTONOMOUS:                                 | 2 - PARTIAL AUTOMATION 5 -                       |                        |  |  | 2 -                           |                      | <u>-                                    </u> |
|                   | 1 - NONE   | MODE LEVEL<br>6 - BUS - CHARTER/TOUR                | 11 - FIRE  | 16 - FA                | ARM.                                       | 21 - MAIL CARRIER  |                               | ľ                    |  |
| , 1               | 2 - TAXI   | 7 - BUS - INTERCITY                                 | 12 - MILITARY                                    | 17 - M                 | IOWING                                     | 99 - OTHER/UNKNOWN                                       |                               | 4                    |  |
| SPECIAL           | 3 - ELECTRONIC RIDE<br>SHARING                                 | 8 - BUS - SHUTTLE<br>9 - BUS -, OTHER               | 13 - POLICE<br>14 - PUBLIC UTILITY               |                        | NOW REMOVAL<br>DWING                       |  | 7                             |                      | 7  |
| FUNCTIO           | N 4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER           | 10 - AMBULANCE                                      | 15 - CONSTRUCTION EQUIP.                         | 20 - SA                | AFETY SERVICE                              |  | , v                           |                      | •  |
| :                 |  |   |  |                        | ATROL                                      |  |                               | 12                   | 12 12  |
| 1                 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE                        | 4 - LOGGING<br>5 - INTERMODAL                       | 7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE               | 11 - DI<br>12 - CI     | UMP<br>ONCRETE MIXER                       | 99 - OTHER / UNKNOWN                                     | 12<br>A A                     | <b>╱</b> ╬\          |  |
| CARGO<br>BODY     | 2 - BUS<br>3 - VEHICLE TOWING                                  | CONTAINER CHASSIS<br>6 - CARGOVAN                   | 9 - CARGO TANK                                   | 13 - At                | UTO TRANSPORTER                            |  | , U.J. ,                      | 3 B 3                | 9 🕶 3 9 穖 3                                  |
| TYPE              | ANOTHER MOTOR VEHICLE  | /ENCLOSED BOX                                       | 10 - FLAT BED                                    | 14 - G                 | ARBAGE/REFUSE                              |  |                               | •                    | <b></b>                                      |
| 1 99              | 1 - TURN SIGNALS   | 4 - BRAKES  | 7 - WORN OR SLICK TIRES                          |                        | OTOR TROUBLE                               | 99 - OTHER / UNKNOWN                                     | 6                             |                      | 9  |
| VEHICLE           |  | 5 - STEERING<br>6 - TIRE BLOWOUT                    | 8 - TRAILER EQUIPMENT<br>DEFECTIVE               |                        | ISABLED FROM PRIOR<br>CCIDENT              |  |                               | 6                    | 6 6  |
| DEFECTS           | ······································                         | V promine simple commen                             |  |                        |  | -1   | ☐- NO DAMA                    | SE(O)                | - Undercarriage [ 14 ]                       |
| ·                 | 1 - INTERSECTION -<br>MARKED CROSSWALK                         | 4 - MIDBLOCK -<br>MARKED CROSSWALK                  | 7 - SHOULDER/ROADSIDE                            |                        | RIVEWAY ACCESS<br>HARED USE PATHS          | 99 - OTHER / UNKNOWN                                     | <b>□</b> - <b>TOP</b> [13]    | Γ                    | - ALL AREAS [ 15 ]                           |
| NON-<br>MOTORIST  | 2 - INTERSECTION -<br>UNMARKED CROSSWALK                       | 5 - TRAVEL LANE -<br>OTHER LOCATION                 | 8 - Sidewalk<br>9 - Median/Crossing              | OF                     | R TRAILS<br>RST RESPONDER                  |  |                               | UNIT NOT AT          | • •  |
| LOCATION          |  | 6 - BICYCLE LANE                                    | ISLAND   | AT                     | INCIDENT SCENE                             |  |                               | ONII NUI AI          | SCENE [ 10 ]                                 |
|                   | 1 - NON-CONTACT  | 1 - STRAIGHT AHEAD<br>2 - BACKING                   | 9 - LEAVING TRAFFIC<br>LANE                      |                        | ALKING, RUNNING,<br>XGGING, PLAYING        | 21 - STANDING OUTSIDE<br>DISABLED VEHICLE                |                               | AL POINT OF CO       |  |
| 1 3               | 2 - NON-COLLISION  | 3 - CHANGING LANES                                  | 10 - PARKED                                      | 16 - W                 | ORKING                                     | 99 - OTHER / UNKNOWN                                     | 0 - NO DA                     |                      | - UNDERCARRIAGE                              |
| ACTION            |  | 4 - OVERTAKING/PASSING<br>4 5 - MAKING RIGHT TURN   | 11 - SLOWING OR STOPPED<br>IN TRAFFIC            | 18 - Al                | JSHING VEHICLE<br>PPROACHING OR            |  | 1 '- 1                        | RAM                  | ~ VEHICLE NOT AT SCENE                       |
|                   | 5 - BOTH STRIKING  | 6 - MAKING LEFT TURN<br>7 - MAKING U-TURN           | 12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE      |                        | AVING VEHICLE<br>FANDING                   |  | 13 - TOP                      | 99                   | - UNKNOWN                                    |
|                   | & STRUCK<br>9 - OTHER / UNKNOWN                                | 8 - ENTERING TRAFFIC<br>LANE                        | 14 - ENTERING OR CROSSING<br>SPECIFIED LOCATION  |                        |  |  |                               | TRAFFIC              |  |
|                   | 1 - NONE   | 8 - FOLLOWING TOO CLOSE                             | 13 - IMPROPER START FROM                         |                        |  | 23 - OPENING DOOR INTO                                   | TRAFFICWAY FLOW               |                      | AFFIC CONTROL                                |
|                   | 2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT                      | /ACDA<br>9 - IMPROPER LANE                          | A PARKED POSITION<br>14 - STOPPED OR PARKED      |                        | UIPMENT<br>AD SHIFTING                     | ROADWAY<br>99 - OTHER IMPROPER                           | 1 - ONE-WAY                   | 1 - R                | OUNDABOUT 4 - STOP SIGN                      |
| 4                 | J 4 - RAN STOP SIGN<br>5 - UNSAFE SPEED                        | CHANGE<br>10 - IMPROPER PASSING                     | ILLEGALLY  15 - SWERVING TO AVOID                | /FA                    | ALLING/SPILLING<br>PROPER CROSSING         | ACTION   | 2 -TWO-WAY                    | 4 .                  | IGNAL 5 - YIELD SIGN LASHER 6 - NO CONTROL   |
| CONTRIBUT         | ING 6 - IMPROPER TURN NCES 7 - LEFT OF CENTER                  | 11 - DROVE OFF ROAD                                 | 16 - WRONG WAY                                   | 21 - LYI               | ING IN ROADWAY                             |  |                               |                      |  |
|                   | 7 - LEFT OF CENTER   | 12 - IMPROPER BACKING                               | 17 - VISION OBSTRUCTION                          | 22 - NC                | OT DISCERNIBLE                             |  | # OF THROUGH LANES<br>ON ROAD |                      | GRADE CROSSING<br>OT INVLOYED                |
| SEQUENC           | E OF EVENTS  |   | construction to the second second                |                        |  | our Minustinaus de référêment publicarie actific à l'éta | 1 2 1                         | 1 1 <sup>2-1</sup> N | VOLVED-ACTIVE CROSSING                       |
| . 1 20            | 1 - OVERTURN/ROLLOVER  | 7 - SEPARATION OF UNITS                             | EVENTS -<br>12 - DOWNHILL RUNAWAY                |                        |  | 3 - STRUCK BY FALLING,                                   |                               | 3 - IW               | VOLVED-PASSIVE CROSSING                      |
| 1                 | 2 - FIRE/EXPLOSION 3 - IMMERSION                               | 8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT     | 13 - OTHER NON-COLUSION<br>14 - PEDESTRIAN       |                        | otor vehicle in<br>Ansport                 | SHIFTING CARGO OR<br>ANYTHING SET IN                     | UNIT / N                      | ON-MOTORIS           | DIRECTION                                    |
| 2                 | 4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT                         | 10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE -        | 15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE          |                        | ARKED MOTOR<br>HICLE                       | MOTION BY A MOTOR<br>VEHICLE                             |                               | 1 - NOF              |  |
|                   | LOSS OR SHIFT  | OPPOSITE DIRECTION<br>OF TRAVEL                     | 17 - ANIMAL - FARM                               | 22 - W                 | ORK ZONÉ                                   | 4 - OTHER MOVABLE<br>OBJECT                              | 2                             | 2 - SOU<br>4 3 - EAS |  |
| з                 | 6 - EQUIPMENT FAILURE  | m m   | 18 - ANIMAL - DEER                               | EQ                     | AINTENANCE                                 |  | FROM 2 TO                     | 1 4-WES              | T23WHTUO2 - 8                                |
| ادا               | 25 - IMPACT ATTENUATOR   | 31 - GUARDRAIL END                                  | N WITH FIXED OBJECT S<br>38 - OVERHEAD SIGN POST |                        |  | 2 - BUILDING   |                               |                      | 9 - OTHER / UNKNOWN                          |
| 4                 | CRASH CUSHION 26 - BRIDGE OVERHEAD                             | 32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER  | 39 - LIGHT / LUMINARIES<br>SUPPORT               | 46 - FE<br>47 - M      | NCE 5<br>AILBOX 5                          | 3 - TUNNEL<br>4 - OTHER FIXED                            | UNIT SPEED                    |                      | DETECTED SPEED                               |
| 5                 | STRUCTURE<br>27 - BRIDGE PIER OR                               | 34 - MEDIAN GUARDRAIL<br>BARRIER                    | 40 - UTILITY POLE<br>41 - OTHER POST, POLE       |                        | EE<br>REHYDRANT 9                          | OBJECT<br>9 - OTHER/UNKNOWN                              | ı 25 ı                        |                      | 1 ~ STATED / ESTIMATED SPEED                 |
|                   | ABUTMENT<br>28 - SRIDGE PARAPET                                | 35 - MEDIAN CONCRETE<br>BARRIER                     | OR SUPPORT  42 - CULVERT                         | 50 - W                 | ORK ZONE<br>AINTENANCE                     | -  |                               |                      |  |
| 6                 | 29 - BRIDGE PARAPEI<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST |  |                        | UIPMENT                                    |  | POSTED SPEED                  |                      | 2 - CALCULATED / EDR                         |
| . 1               |  |   |  | J: • VV.               | Chi  |  | ı 25 i                        |                      | 3 - UNDETERMINED                             |
| l 🗀               | FIRST HARMFUL EVEN   | " MOST  | HARMFUL EVENT                                    |                        |  |  |                               | 1                    |  |



## LOCAL REPORT NUMBER

## 24MPD0601

| UNIT#            | OWNER NAME: LAST, FIRST,                    | MIDDLE ( CI SAME AS DRIVER)                      |   | OWNER               | PHONE::NCLUDE AR                  | EA CODE ( SAME AS DRIVER)            | DAMAGE                               |  |  |  |  |  |  |
|------------------|---|--|---|---------------------|-----------------------------------|--------------------------------------|--------------------------------------|--|--|--|--|--|--|
| 1.               | DISHONG, TIMOTHY                            |  |   |                     | 419-376                           |                                      | DAMAGE SCALE                         |  |  |  |  |  |  |
|                  | DRESS: STREET, CITY, STATE, Z               |  |   |                     | 113 31                            |                                      | 1 - NONE 3 - FUNCTIONAL DAMAG        |  |  |  |  |  |  |
| 1692 API         | PLE VALLEY DR, HOW                          | VARD OH 43028                                    |   |                     |                                   | · ·                                  | 2 - MINOR DAMAGE 4 - DISABLING DAMAG |  |  |  |  |  |  |
|                  | AL CARRIER: NAME ADDRES                     |  |   | Cos                 | AMERCIAL CARRIER PHI              | ONE: INCLUDE AREA CODE               | 9 - UNKNOWN                          |  |  |  |  |  |  |
|                  | •   |  |   |                     |                                   |                                      | DAMAGED AREA(S)                      |  |  |  |  |  |  |
| I D CTATE        | LICENSE PLATE #                             | VENIC  | LE IDENTIFICATION #                                   |                     | Verner E VEAD                     | MELLIGIE BRAKE                       | INDIC                                | ATE ALL THAT APPLY                         |  |  |  |  |  |
|                  | GPN 5646                                    |  |   |                     | VÉHICLE YEAR<br>2016              | VEHICLE MAKE<br>CHRYSLER             |                                      |  |  |  |  |  |  |
|                  |   |  | CCBB5GN127977<br>INSURANCE POLICY #                   | •                   | COLOR                             | VEHICLE MODEL                        | 11 2                                 | 11 12                                      |  |  |  |  |  |
| INSURAN          | NATIONWIDE IN                               | 1  | 234J 326560   |                     | GRY                               | 200                                  |                                      | " <\ <del>\\"</del> -\\\\.                 |  |  |  |  |  |
|                  | TYPE OF USE                                 | 301011102  |   | Tow                 | ED BY: COMPANY N                  |                                      |                                      |  |  |  |  |  |  |
| СОММЕЯ           |   | IN EMERGENCY                                     | US DOT#   |                     | R AMERICA TO                      |                                      |                                      |  |  |  |  |  |  |
|                  |   | # OCCUPANTS VEH                                  | ICLE WEIGHT GVWR/GCWR                                 |                     | HAZARDOU                          |                                      |                                      |  |  |  |  |  |  |
| DEVICE           | HIT/SKIP UNIT                               | " OCCUPANIS                                      | 1 - ≤10K LBS.<br>1 2 - 10.001 - 26K LBS.              |                     | ATERIAL CLAS<br>ELEASED           | S # PLACARD ID #                     | 8 / 1 = 5 V4                         | 8 7 7 5 4                                  |  |  |  |  |  |
| EQUIPPE          | , <del>-</del>                              | <u>  1   L</u>                                   | 3 -> 26K LBS.   |                     | LACARD                            |                                      |                                      | 7 5  |  |  |  |  |  |
|                  | 1 - PASSENGER CAR 6 - VA                    | NI (9-15 SEATS)                                  | 12 - GOLF CART 18 - LI                                | MO (LIVEF           | RYVEHICLE) 23 -                   | PEDESTRIAN/SKATER                    | 6                                    |  |  |  |  |  |  |
| 1 1 .            |   | OTORCYCLE 2-WHEELED                              |   | US (16+ P/          | ASSENGERS) 24 -                   | WHEELCHAIR (ANY TYPE)                | 10 /                                 | <del>░</del> │∰⋛                           |  |  |  |  |  |
|                  |   | OTORCYCLE 3-WHEELED<br>ЛОСУСLЕ                   | TRUCK   | THER VEH            |                                   | OTHER NON-MOTORIST                   | ĺ <i>–</i>                           | 12 -                                       |  |  |  |  |  |
| UNII IYPE        | VEHICLE 10 - N                              | MOPED OR MOTORIZED                               | 15 - SEMI-TRACTOR 21 - H                              | EAVY EQU            |                                   | BICYCLE                              | 9 (                                  | 9 2 3                                      |  |  |  |  |  |
|                  |   | CYCLE  | 16 - PARM EQUIPMENT                                   |                     |                                   | TRAIN<br>UNKNOWN OR HIT/SKIP         | $\vdash$                             |  |  |  |  |  |  |
|                  |   | all Terrain Vehicle<br>/UTV)                     | 17 - MOTORHOME  |                     | 33-                               | CHANGEN ON THEFTANIF                 | 8 🗸                                  | <u> </u>                                   |  |  |  |  |  |
|                  | # OF TRAILING UNITS                         | ,,   |   |                     |                                   |                                      | 12                                   | 5 12                                       |  |  |  |  |  |
|                  | WAS VEHICLE OPERATING IN A                  | UTONOMOUS  | 0 - NO AUTOMATION 3 -                                 | CONDITIO            | ONAL AUTOMATION                   | 9 - LINKNOWN                         |                                      |  |  |  |  |  |  |
| λη<br>>          | MODE WHEN CRASH OCCURRE                     | <sup>10?</sup> 1 0 1                             |   |                     | TOMATION                          | 2 GINGTOTH                           | 10 11 2                              | 10 1 2                                     |  |  |  |  |  |
| 1 2 1            | 1-YES 2-NO 9-OTHER/1                        | INKNOWN AUTONOMO                                 | US 2 - PARTIAL AUTOMATION 5                           |                     |                                   |                                      | <u>/</u> № 2 →                       |  |  |  |  |  |  |
|                  |   | MODE LEVE  |   | round               | TOMORIO.Y                         |                                      | 9 9                                  | , a a 3                                    |  |  |  |  |  |
|                  | 1 - NONE                                    | 6 - BUS - CHARTER/TOU                            | R 11 - FIRE   | 16 - FA             | RM                                | 21 - MAIL CARRIER                    |                                      | \H \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \     |  |  |  |  |  |
| 1 1              | 2 - TAXI                                    | 7 - BUS - INTERCITY                              | 12 - MILITARY   |                     | OWING                             | 99 - OTHER / UNKNOWN                 | '\H <del>-</del> H\'                 | *\ <del> \\\\</del>                        |  |  |  |  |  |
| SPECIAL          | 3 - ELECTRONIC RIDE<br>SHARING              | 8 - BUS - SHUTTLE<br>9 - BUS - OTHER             | 13 - POLICE<br>14 - PUBLIC UTILITY                    | 18 - SA<br>19 - TO  | IOW REMOVAL                       |                                      | 3                                    | 7  |  |  |  |  |  |
| FUNCTION         |   | 10 - AMBULANCE                                   | 15 - CONSTRUCTION EQUIP.                              |                     | FETY SERVICE                      |                                      | •                                    | Ţ.   |  |  |  |  |  |
|                  | 5 - BUS - TRANSIT/COMMUTER                  | <u> </u>   |   | PA                  | TROL                              |                                      |                                      | 12 12 12                                   |  |  |  |  |  |
| . 1 .            | 1 - NO CARGO BODY TYPE                      | 4 - LOGGING                                      | 7 - GRAIN/CHIPS/GRAVEL                                | 11 - DU             | JMP                               | 99 - OTHER/UNKNOWN                   | 12                                   |  |  |  |  |  |  |
| CARCO            | / NOT APPLICABLE<br>2 - BUS                 | 5 - INTERMODAL                                   | 8 - POLE  | 12 - CC             | NCRETE MIXER                      |                                      | $\sim M_{\odot}$                     |  |  |  |  |  |  |
| ~1100            | 3 - VEHICLE TOWING                          | CONTAINER CHASSIS<br>6 - CARGOVAN                | 9 - CARGO TANK  |                     | ITO TRANSPORTER                   |                                      | و د لاکتاب ا                         | ada 9 <b>1</b>                             |  |  |  |  |  |
| TYPE             | ANOTHER MOTOR VEHICLE                       | VENCLOSED BOX                                    | 10 - FLAT BED   | 14 - GA             | ARBAGE/REFUSE                     |                                      |                                      |  |  |  |  |  |  |
| 99 1             | 1 - TURN SIGNALS                            | 4 - BRAKES                                       | 7 - WORN OR SUCK TIRES                                | 9 - MO              | TOR TROUBLE                       | 99 - OTHER / UNKNOWN                 | 6                                    | <b> ■</b>                                  |  |  |  |  |  |
| 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                            |                                      | <b>—</b>                             |  |  |  |  |  |  |
|                  |   |  |   |                     |                                   |                                      | ☐- NO DAMAGE                         | [0] L- UNDERCARRIAGE [14]                  |  |  |  |  |  |
| l                | 1 - INTERSECTION -<br>MARKED CROSSWALK      | 4 - MIDBLOCK -<br>MARKED CROSSWAL                | 7 - SHOULDER/ROADSIDE                                 |                     | RIVEWAY ACCESS<br>LARED USE PATHS | 99 - OTHER / UNKNOWN                 | ☐-TOP[13]                            | - ALL AREAS [ 15 ]                         |  |  |  |  |  |
| NON-             | 2 - INTERSECTION -                          | 5 - TRAVEL LANE -                                | 8 - SIDEWALK 9 - MEDIAN/CROSSING                      | OR                  | TRAILS                            |                                      |                                      |  |  |  |  |  |  |
| LOCATION         | UNMARKED CROSSWALK 3 - INTERSECTION - OTHER | OTHER LOCATION<br>6 - BICYCLE LANE               | ISLAND  |                     | IST RESPONDER<br>INCIDENT SCENE   |                                      | ∐-ւ                                  | INIT NOT AT SCENE [ 16 ]                   |  |  |  |  |  |
|                  | 1 - NON-CONTACT                             | 1 - STRAIGHT AHEAD                               | 9 - LEAVING TRAFFIC                                   |                     | ALKING, RUNNING,                  | 21 - STANDING OUTSIDE                | IAITIKI                              | POINT OF CONTACT                           |  |  |  |  |  |
|                  | 2 - NON-COLLISION                           | 2 - BACKING                                      | LANE  | JO                  | GGING, PLAYING                    | DISABLED VEHICLE                     | 0 - NO DAM                           |  |  |  |  |  |  |
| 4 1              | 1 1   | 3 - CHANGING LANES  4 - OVERTAKING/PASSIN        | 10 - PARKED  G 11 - SLOWING OR STOPPED                |                     | ORKING<br>ISHING VEHICLE          | 99 - OTHER / UNKNOWN                 | _                                    | TO UNIT 15 - VEHICLE NOT AT SCENE          |  |  |  |  |  |
| ACTION           | 3 - STRIKING PRE-CRASH                      | 5 - MAXING RIGHT TURN                            |   |                     | PROACHING OR                      |                                      | DIAGR                                | AM   |  |  |  |  |  |
| ,,_,,,           | 5 - BOTH STRIKING                           | 6 - MAKING LEFT TURN                             | 12 - DRIVERLESS                                       |                     | AVING VEHICLE                     |                                      | 13 - TOP                             | 99 - UNKNOWN                               |  |  |  |  |  |
|                  | & STRUCK                                    | 7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC        | 13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING |                     | anding<br>Ther non-motorist       |                                      | 10 101                               |  |  |  |  |  |  |
|                  | 9 - OTHER / UNKNOWN                         | LANE   | SPECIFIED LOCATION                                    |                     |                                   |                                      |                                      | TRAFFIC                                    |  |  |  |  |  |
|                  | 1 - NONE                                    | 8 - FOLLOWING TOO CLC /ACDA                      | OSE 13 - IMPROPER START FROM<br>A PARKED POSITION     |                     | ERATING DEFECTIVE<br>JIPMENT      | 23 - OPENING DOOR INTO<br>ROADWAY    | TRAFFICWAY FLOW                      | TRAFFIC CONTROL                            |  |  |  |  |  |
|                  | 2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT   | 9 - IMPROPER LANE                                | 14 - STOPPED OR PARKED                                |                     | AD SHIFTING                       | 99 - OTHER IMPROPER                  | 1 - ONE-WAY                          | 1 - ROUNDABOUT 4 - STOP SIGN               |  |  |  |  |  |
| ı 1 ı            | 4 - RAN STOP SIGN                           | CHANGE   | ILLEGALLY   |                     | LLING/SPILLING                    | ACTION                               | 2-TWO-WAY                            | 6 2 - SIGNAL 5 - YIELD SIGN                |  |  |  |  |  |
| CONTRIBUTIN      | 5 - UNSAFE SPEED<br>G 6 - IMPROPER TURN     | 10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD     | 15 - SWERVING TO AVOID<br>16 - WRONG WAY              |                     | 'ROPER CROSSING<br>NG IN ROADWAY  |                                      |                                      | 3 - FLASHER 6 - NO CONTROL                 |  |  |  |  |  |
| CIRCUMSTANC      | ES 7 - LEFT OF CENTER                       | 12 - IMPROPER BACKING                            |   |                     | T DISCERNIBLE                     |                                      | # of through lanes                   | RAIL GRADE CROSSING                        |  |  |  |  |  |
|                  |   |  |   |                     |                                   |                                      | ON ROAD                              | 1 - NOT INVLOVED                           |  |  |  |  |  |
| SEQUENCE         | OF EVENTS                                   |  | EVENTS  | . Dender . als      |                                   | er ander edge der entrete            | 121                                  | 2 - INVOLVED-ACTIVE CROSSING               |  |  |  |  |  |
| . 1 20           | 1 - OVERTURN/ROLLOVER                       | 7 - SEPARATION OF UNITS                          |   | 19 - AN             | IMAL-OTHER 2                      | 23 - STRUCK BY FALLING,              |                                      | 3 - INVOLVED-PASSIVE CROSSING              |  |  |  |  |  |
| '                | 2 - FIRE/EXPLOSION<br>3 - IMMERSION         | 8 - RAN OFF ROAD RIGHT                           | 13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN           |                     | OTOR VEHICLE IN<br>ANSPORT        | SHIFTING CARGO OR<br>ANYTHING SET IN | UNIT / NO                            | N-MOTORIST DIRECTION                       |  |  |  |  |  |
| l <sub>- 1</sub> | 4 - JACKKNIFE                               | 9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN       | 15 - PEDALCYCLE                                       |                     | RKED MOTOR                        | MOTION BY A MOTOR                    |                                      | 1 - NORTH 5 - NORTHEAST                    |  |  |  |  |  |
| Z                | 5 - CARGO / EQUIPMENT                       | 11 - CROSS CENTERLINE -                          | 16 - RAILWAY VEHICLE                                  | VE                  | HICLE 2                           | VEHICLE<br>24 - OTHER MOVABLE        |                                      | 2 - SOUTH 6 - NORTHWEST                    |  |  |  |  |  |
| ١.               | LOSS OR SHIFT  6 - EQUIPMENT FAILURE        | OPPOSITE DIRECTION<br>OF TRAVEL                  | 17 - ANIMAL - FARM<br>18 - ANIMAL - DEER              |                     | ORK ZONE<br>INTENANCE             | OBJECT                               | <br>  EDOM   3   TO   4              | 3 - EAST 7 - SOUTHEAST                     |  |  |  |  |  |
| 3 L              |   |  |   | EQI                 | UIPMENT                           |                                      | FROM 5 TO 2                          | 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN |  |  |  |  |  |
| 4.1              | 25 - IMPACT ATTENUATOR                      |  | SION WITH FIXED OBJECT - S<br>38 - OVERHEAD SIGN POST |                     |                                   | i<br>52 - BUILDING                   |                                      | 3 - OTHER ANDROWN                          |  |  |  |  |  |
| 4 1              | CRASH CUSHION 26 - BRIDGE OVERHEAD          | 32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRI | 39 - LIGHT / LUMINARIES                               | 46 - FEN<br>47 - MA | NCE S                             | 53 - TUNNEL                          | UNIT SPEED                           | DETECTED SPEED                             |  |  |  |  |  |
| e 1              | STRUCTURE                                   | 34 - MEDIAN GUARDRAIL                            | 40 - UTILITY POLE                                     | 48 - TRI            | EE                                | 54 - OTHER FIXED<br>OBJECT           |                                      |  |  |  |  |  |  |
| <u>-</u>         | 27 - BRIDGE PIER OR<br>ABUTMENT             | BARRIER  | 41 - OTHER POST, POLE<br>OR SUPPORT                   |                     | E HYDRANT 9<br>ORK ZONE           | 99 - OTHER/UNKNOWN                   | 25                                   | 1 - STATED / ESTIMATED SPEED               |  |  |  |  |  |
|                  | 28 - BRIDGE PARAPET                         | 35 - MEDIAN CONCRETE<br>BARRIER                  | 42 - CULVERT  | MA                  | INTÉNANCE                         |                                      |                                      | 1 12-CALCULATED/EDR                        |  |  |  |  |  |
| . 6 ∟            | 29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE     | 36 - MEDIAN OTHER BARR<br>37 - TRAFFIC SIGN POST | NER 43 - CURB<br>44 - DITCH                           | EQI<br>51 - WA      | JIPMENT<br>ALL                    |                                      | POSTED SPEED                         |  |  |  |  |  |  |
|                  |   | _  |   | _, - +17            |                                   |                                      | ı 25 ı                               | 3 - UNDETERMINED                           |  |  |  |  |  |
| <u> </u>         | FIRST HARMFUL EVEN                          | IT MOS   | ST HARMFUL EVENT                                      |                     |                                   |                                      |                                      | 1  |  |  |  |  |  |

| CHANGE PARTY                     | Motorist / Non-Motorist                 |            |  |          |   |   |                                   |            |  | LOCAL REPORT NUMBER          |                        |                 |                                |                 |   |                        |                  |  |
|----------------------------------|---|------------|--|----------|---|---|-----------------------------------|------------|--|------------------------------|------------------------|-----------------|--------------------------------|-----------------|---|------------------------|------------------|--|
| UNIT #                           | NAME: LAST, FIRST, MIDDLE               |            |  |          |   |   |                                   |            |  | 24MPD0601                    |                        |                 |                                |                 |   |                        | T                |  |
| siii                             | MENZIE                                  | •          | •  |          |   |   |                                   |            |  | 1                            |                        |                 |                                |                 | GENDER  |                        |                  |  |
|                                  | STREET, CITY                            |            | <u>-                                      </u>                         |          | -   |   |                                   |            |  | 01/20/2005 19 F              |                        |                 |                                |                 |   |                        | F                |  |
| K121 CR                          | 3, MCCLI                                | JRE,       | OH, 43534  |          |   |   |                                   |            |  | 1                            | 624-0                  |                 | - INCCUDE A                    | AKEA CODI       | -   |                        |                  |  |
| INJURIES                         |   |            |  |          |   |   |                                   |            | SAFETY EQUIPMENT   | NT SEATING AIR BAG USAGE EJE |                        |                 |                                |                 |   | E EJECTIO              | N TRAPPED        |  |
| 5 S                              | TAKEN BY 1                              |            |  |          |   |   |                                   |            | 4  |                              | HELM                   |                 | POSITION<br>1                  |                 | 1 1 1   |                        |                  |  |
| OL STATE                         | E OPERATOR LICENSE NUMBER OFFENSE CHA   |            |  |          |   |   | ED                                | LOCAL      | OFFENSE DESCR  | IPTION                       |                        |                 |                                | CITA            | CITATION NUMBER                               |                        |                  |  |
| OH OH                            | VF036510 3                              |            |  |          |   | )2  |                                   | X          | STOP SIGN V  | 'IOLATI                      | ONS                    |                 |                                | 1GZ             | 1GZD7Q  |                        |                  |  |
| OL CLASS                         |   |            |  |          | RIVER                                     | . [—  |                                   |            |  |                              | * ALCOHOL TEST         |                 |                                |                 |   | G-TEST(                | ` '              |  |
| - 4                              | ļ                                       | Ì          |  | В        | Y 1                                       |   | OHOL MARUI<br>ER DRUG             | AMAL       | 1  | STATUS<br>1                  | TYPE<br>1              |                 | VALUE                          | STATUS<br>1     | STATUS TYPE RESU                              |                        | S SELECT UP 10 4 |  |
| UNIT #                           | NAME: LA                                | ST, FIR    | ST, MIDDLE   | ·        |   | ] L   | - 'A                              |            | <u> </u>   | <u> </u>                     | <u>'</u>               | DATE            | OF BIRTH                       | '               | +   | AGE                    | GENDER           |  |
| 2                                | DISHON                                  | IG, TI     | MOTHY, WAYNE   |          |   |   |                                   |            |  |                              |                        | 08/1            | 12/1958                        |                 |   | 65                     | М                |  |
| ADDRESS:                         | STREET, CITY                            | , STA      | E, ZIP   |          |   |   |                                   |            |  | CONT                         | ACT PI                 |                 | - INCLUDE A                    | AREA CODE       | <u>_</u>                                      |                        |                  |  |
| 1692 AP                          | PLE VALL                                | EY DI      | R, HOWARD, OH, 4302  | 8        |   |   |                                   |            |  | 419-                         | 376-1                  | 536             |                                |                 |   |                        |                  |  |
| INJURIES                         | INJURED<br>TAKEN                        | EMS        | AGENCY (NAME)  |          | INJURED                                   | TAKEN TO:   | MEDICAL FACILITY (NAME,           | спу)       | SAFETY EQUIPMENT   | po                           | Т-Сомр                 | LLANT           | SEATING<br>POSITION            | AIR B           | AG USAG                                       | E EJECTIO              | N TRAPPED        |  |
| ON 5                             | BY _1                                   |            |  |          |   |   |                                   |            | 4  | Шмо                          | HELM                   | ET              | 1                              |                 | 3 1   |                        | 1                |  |
| OL STATE                         | OPERATOR                                | LICE       | SE NUMBER  |          | OFFEN                                     | ISE CHARG   | iED                               | LOCAL      | OFFENSE DESCR  | IPTION                       |                        |                 |                                | CITA            | TION N  | IUMBER                 |                  |  |
| ОН                               | RF44311                                 | 1          |  |          |   |   |                                   |            |  |                              |                        |                 |                                |                 | <u>                                      </u> |                        |                  |  |
| OL CLASS                         | ENDORSEM                                | ENT        | RESTRICTION SELECT UP TO 3   |          | RIVER<br>ISTRACTEI                        |   | HOL / DRUG SUSPE                  |            | CONDITION  |                              | LCOH                   | IOL T           |                                | eT              |   | GTEST(                 |                  |  |
| 4                                |   | - 1        |  | B,       |   |   | R DRUG                            | JANA       | 1  | STATUS                       | TYPE 1                 |                 | VALUE                          | STATUS<br>1     | TYPE 1  | RESULTS                | S SELECT UP TO 4 |  |
| UNIT #                           | NAME: LA                                | ST, FIR    | ST, MIDDLE   |          |   |   | V #6                              |            |  |                              |                        | DATE            | OF BIRTH                       | '               | ╈   | AGE                    | GENDER           |  |
|                                  | }                                       |            |  |          |   |   |                                   |            |  |                              |                        |                 |                                |                 |   |                        |                  |  |
| ADDRESS:                         | STREET, CITY                            | , STAT     | E, ZIP   |          |   |   | -                                 |            |  | CONT                         | ACT PI                 | IONE            | - INCLUDE A                    | AREA CODE       | \-<br>:                                       |                        |                  |  |
| 0<br>0                           |   |            |  |          |   |   |                                   |            |  |                              |                        |                 |                                |                 |   |                        |                  |  |
| NON INJURIES                     | INJURED EMS AGENCY (NAME) INJURED TAKEN |            |  |          |   | LIURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT USED |                                   |            |  |                              | DOT-COMPLIANT POSITION |                 |                                |                 | IG USAG                                       | EJECTIO                | N TRAPPED        |  |
| ·                                | BY                                      | <u> </u>   |  |          |   |   |                                   |            | PTION  |                              |                        |                 |                                |                 |   |                        |                  |  |
| OF STATE                         | OPERATOR                                | LICE       | ISE NUMBER   |          | OFFENSE CHARGED LOCAL OFFENSE DESCRIF     |   |                                   |            |  |                              |                        |                 | IPTION                         | CITATION NUMBER |   |                        |                  |  |
| OL CLASS                         | ENDORSEM                                | ENT        | RESTRICTION SELECT UP TO 3   | I.       | DRIVER ALCOHOL / DRUG SUSPECTED CONDITION |   |                                   |            | , A'   | LCOH                         | OL T                   | EST             |                                | DDII            | G TEST(                                       | (C)                    |                  |  |
|                                  |   |            | REPRESENTATION SELECTOR TO 3   | D        | ISTRACTE                                  | 1   | · —                               |            | COMPINION  | STATUS                       | TYPE                   | Ĭ               | VALUE                          | 2UTAT?          | TYPE  |                        | SELECT UP TO 4   |  |
|                                  |   |            |  | В        | Υ   | ОТНЕ  | R DRUG                            |            |  |                              |                        | ۱.              |                                |                 |   | _                      |                  |  |
| _                                | JRIES                                   |            | SEATING POSITION   | 1 - NOT  | AIR BA                                    | G   | OL CLA                            | SS         | OL RESTRIC   |                              | _,                     |                 | <u>Distra</u>                  |                 |   | EST ST                 | ATUS             |  |
| 1 - FATAL<br>2 - SUSPECTED       | SERIOUS                                 | 6          | (MOTORCYCLE DRIVER)  | 2 - DEPI | LOYED FROM                                |   | 1 - CLASS A<br>2 - CLASS B        |            | 1 - ALCOHOL INTER  | RLOCK                        | 12-                    | MANU            | ISTRACTED<br>ALLY OPERAT       |                 |   | NE GIVEN<br>IT REFUSED | ,                |  |
| INJURY<br>3 - SUSPECTED          | MINOR                                   | , <b>3</b> | - FRONT - MIDDLE<br>- FRONT - RIGHT SIDE                               | 4 - DEPI | LOYED BOTH                                |   | 3 - CLASS C                       |            | 2 - COL INTRASTAT<br>3 - CORRECTIVE LEI                  |                              |                        |                 | UNICATION I                    | DEVICE          | · CO  |                        | ED SAMPLE        |  |
| INJURY<br>4 - POSSIBLE IN        |   | ,          | (wormerceryphiam)  | 5 - NOT  | APPLICABLI<br>LOYMENT U                   |   | 4 - REGULAR CLA                   | <b>s</b> s | 4 - FARM WAIVER<br>5 - EXCEPT CLASS A                    |                              | 1                      | DIALIN          | ig, Typing,<br>G<br>Ig on Hand | S-FRFF          | 4 - TES                                       | NUSABLE<br>IT GIVEN,   |                  |  |
| 5 - NO APPARE                    |   | ÷6         | - SECOND - MIDDLE<br>- SECOND - RIGHT SIDE                             | 3-0LF1   | 36 m                                      |   | ( (OH(O = D)<br>_ 5 - M/C MOPED C | ONLY       | 6 - EXCEPT CLASS A<br>& CLASS B BUS<br>7 - EXCEPT TRACTO |                              |                        | СОММ            | UNICATION I                    | DEVICE          | 5 - TES                                       | ULTS KNO!<br>IT GIVEN, |                  |  |
| ÍNJURIES                         | TAKEN B                                 | Ŷ          | - THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR)                           | 1 - NOT  | EJECTED                                   | )N  | 6 - NO VALID OL                   |            | 8 - INTERMEDIATE   |                              | •                      | сомм            | UNICATION I                    | DEVICE          |   | ULTS UNK               |                  |  |
| 1 - NOT TRAN                     |   | 9          | - THIRD - MIDDLE<br>- THIRD - RIGHT SIDE                               | 2 - PARI | NALLY EJECTE                              |   | OL ENDORS                         | EMENT      | 9 - LEARNER'S PERI<br>RESTRICTIONS                       | ИΙΤ                          |                        | ELECTR<br>PASSE | ONIC DEVICE<br>NGER            | E               | 1 - NO!                                       | NE                     | EST TYPE         |  |
| Z - EMS                          | AT SCENE                                |            | OF TRUCK CAB   |          | APPLICABL                                 |   | H - HAZMAT                        | _          | 10 - LIMITED TO DA                                       | YUGHT                        |                        |                 | DISTRACTIO<br>THE VEHICLE      |                 | 2 - BLO<br>3 - URI                            | NE                     |                  |  |
| 3 - POLICE                       |   | 2.1        | 1 - PASSENGER IN<br>OTHER ENCLOSED CARGO                               | 1 NOT    | TRAPPI                                    | Ð   | M - MOTORCYCLI<br>P - PASSENGER   | E          | 11 - LIMITED TO EN<br>12 - LIMITED - OTH                 | ER                           |                        | OUTSID          | DISTRACTIO<br>E THE VEHIC      | LE              | 4 - BRE                                       |                        |                  |  |
| 9 - OTHER/U                      |   |            | AREA (NON-TRAILING UNIT,<br>BUS, PICK-UP WITH CAP)<br>2 - PASSENGER IN | 2 - EXTR | TRAPPED<br>RICATED BY<br>HANICAL M        | <b>CANC</b>   | N - TANKER                        |            | 13 - MECHANICAL I<br>(SPECIAL BRAK                       | ES, HAND                     | 9                      |                 | /UNKNOWI                       | _               |   | UG TES                 | т түре           |  |
| SAFETY E                         |   |            | UNENCLOSED CARGO AREA  | 3 - FREE |   |   | Q - MOTOR SCOO<br>R - THREE-WHEEL |            | CONTROLS, OF<br>ADAPTIVE DEV                             | ICES)                        | _                      |                 | ENTLY NORM                     |                 |   |                        |                  |  |
| 2 - SHOULDER I                   |   |            | 4 - RIDING ON VEHICLE  EXTERIOR  | 14014    | . ,                                       |   | MOTORCYCLE S - SCHOOL BUS         |            | 14 - MILITARY VEHIC<br>15 - MOTOR VEHIC<br>WITHOUT AIR   | LES                          | 3 - EMOTIONAL (E.G.,   |                 |                                |                 | 4 - OT  | HER                    |                  |  |
| 3 - LAP BELT OF<br>4 - SHOULDER  |   | 1          | (NON-TRAILING UNIT) 5 - NON-MOTORIST                                   | :        |   |   | T - DOUBLE & TR                   | IPLE       | 16 - OUTSIDE MIRR<br>17 - PROSTHETIC A                   | OR                           | ۱ ۱                    | DISTURB         | ED)                            |                 |   | TEST E                 | RESULT(S)        |  |
| USED<br>5 - CHILD REST           |   | 9          | OTHER / UNKNOWN  | ·<br>}   |   |   | TRAILERS<br>, X - TANKER / HAZ    | ZMAT.      | 18 - OTHER   |                              | 5 -                    | FELL AS         | LEEP, FAINTI<br>ED, ETC.       | ED,             | 2 - BAR                                       | BITURATES<br>ZODIAZEPI |                  |  |
| - FORWARD<br>6 - CHILD REST      | FACING                                  |            | :  | i<br>L   |   |   | GENDE                             | R          | Ī  |                              | 6 -                    | UNDER           | THE INFLUE                     |                 |   | INABINOID              |                  |  |
| - REAR FACIL<br>7 - BOOSTER SE   | NG                                      |            | •  | :        |   |   | F - FEMALE                        |            | •  |                              |                        | ALCOH           |                                |                 |   | ATES / OPIC            | DID\$            |  |
| 8 - HELMET USS<br>9 - PROTECTIVE | D                                       |            | 2  | ;        |   |   | 'M' - MALE<br>U - OTHER/UNK       | พดพพ       | :  |                              | -                      |                 |                                | -               |   | ATIVE RESU             | ULTS             |  |
| (ELBOWS, K                       | NEES, ETC)                              |            |  |          |   |   | 3 - GINER/ ONK                    | 1.04414    |  |                              |                        |                 |                                |                 |   |                        |                  |  |
| 11 - UGHTING -                   | PEDESTRIAN                              | 4 9        | ž  | ŀ        |   |   | •                                 |            | †<br>†   |                              |                        |                 |                                |                 | ,   |                        |                  |  |
| 99 - OTHER / U                   |   |            |  | i        |   |   |                                   |            |  |                              | :                      |                 |                                |                 |   |                        |                  |  |

| V          | Ser Prints                         | C SAVETY O       | CCUPANT /  | WITN                     | LOCAL REPORT NUMBER 24MPD0601         |                                   |  |                                   |                                   |             |                        |           |  |  |  |
|------------|------------------------------------|------------------|--|--------------------------|---------------------------------------|-----------------------------------|--|-----------------------------------|-----------------------------------|-------------|------------------------|-----------|--|--|--|
| ľ          | UNIT #                             | NAME: LA         | ST, FIRST, MIDDLE  | DA                       | TE OF BIRTH                           |                                   | AGE  | GENDER                            |                                   |             |                        |           |  |  |  |
|            | 2                                  | DISHON           | IG, ROBYN, LYNN  |                          |                                       | 10                                | /13/1960   |                                   | 63                                | F           |                        |           |  |  |  |
|            |                                    |                  | Y, STATE, ZIP  | <u>-</u> .               |                                       | CONTACT PHONE - INCLUDE AREA CODE |  |                                   |                                   |             |                        |           |  |  |  |
| 13         |                                    | ,                | EY DR, HOWARD, OH,   | 43028                    |                                       | 419-376-1536                      |  |                                   |                                   |             |                        |           |  |  |  |
| ı          | INJURIES                           | TAKEN            | EMS AGENCY (NAME)  |                          | INJURED TAKEN TO: MEDICAL FACILITY    | (NAME, CITY)                      | SAFETY EQUIPMENT   | DOT-COMPLIANT                     | SEATING<br>POSITION               | AIR BAG USA | SE EJECTION            | TRAPPED   |  |  |  |
| 5          | 5                                  | BY _1            |  | _                        | · · · · · · · · · · · · · · · · · · · |                                   | 4  | MC HELMET                         | 3                                 | 3           | 1 1                    | 1         |  |  |  |
|            | UNIT #                             | NAME; LA         | ST, FIRST, MIDDLE  |                          |                                       | DA                                | TE OF BIRTH  |                                   | AGE                               | GENDER      |                        |           |  |  |  |
| Z          | ADDRESS:                           | STREET, CIT      | Y, STATE, ZIP  |                          |                                       |                                   |  |                                   |                                   |             |                        |           |  |  |  |
| OCCUPAN    |                                    |                  | ,, 0,, 1, 4, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,   |                          |                                       |                                   |  | CONTACT PHONE - INCLUDE AREA CODE |                                   |             |                        |           |  |  |  |
| ŏ          | INJURIES                           |                  | EMS AGENCY (NAME)  |                          | INJURED TAKEN TO: MEDICAL FACILITY    | (NAME CITY)                       | SAFETY EQUIPMENT   | DOT-COMPILANT                     | SEATING                           | AIR BAG USA | USAGE EJECTION TRAPPED |           |  |  |  |
| ł          |                                    | TAKEN<br>BY      |  |                          |                                       | MC HELMET                         | POSITION   |                                   | ľ                                 |             |                        |           |  |  |  |
|            | UNIT #                             | NAME: LA         | ST, FIRST, MIDDLE  |                          |                                       |                                   | <u>.</u>   | DA                                | TE OF BIRTH                       | <u> </u>    | AGE                    | GENDER    |  |  |  |
|            |                                    |                  |  |                          |                                       |                                   |  |                                   |                                   | ľ           |                        |           |  |  |  |
| M G        | ADDRESS:                           | STREET, CIT      | Y, STATE, ZIP  |                          |                                       |                                   |  | CONTACT PHON                      | E - INCLUDE ARE                   | A CODE      |                        |           |  |  |  |
| <b>B</b> - | IN SIGNES                          | u.u.nen          | Installation of the last of th |                          | ININ INCO TARCALTO                    |                                   | [  |                                   |                                   | T           |                        |           |  |  |  |
| ŀ          | INJURIES                           | TAKEN<br>BY      | EMS AGENCY (NAME)  |                          | INJURED TAKEN TO: MEDICAL FACILITY    | (KAME CITY)                       | SAFETY EQUIPMENT   | DOT-COMPLIANT                     | SEATING<br>POSITION               | AIR BAG USA | E EECTION              | I TRAPPED |  |  |  |
| 5          | UNIT #                             |                  | ST, FIRST, MIDDLE  |                          |                                       |                                   |  |                                   |                                   | <u> </u>    | 1                      |           |  |  |  |
|            | ONII #                             | MANIE: LA        | SI, FIRSI, MIDDLE  |                          |                                       |                                   |  | DA                                | TE OF BIRTH                       |             | AGE                    | GENDER    |  |  |  |
| 4          | ADDRESS:                           | STREET, CIT      | r, state, zip  |                          | <del></del>                           |                                   |  | CONTACT PHONI                     | E - INCLUDE ARE                   | A CODE      |                        |           |  |  |  |
| NVJIO      |                                    |                  |  |                          |                                       |                                   |  |                                   | . WEDDE AND                       | JA COOL     |                        |           |  |  |  |
| Ö-         | INJURIES                           |                  | EMS AGENCY (NAME)  |                          | INJURED TAXEN TO: MEDICAL FACILITY (  | (NAME, CITY)                      | SAFETY EQUIPMENT   | DOT-COMPLIANT                     | SEATING<br>POSITION               | AIR BAG USA | E EJECTION             | TRAPPED   |  |  |  |
| F          |                                    | TAKEN<br>BY      |  |                          |                                       | MC HELMET                         | POSITION   | ļ                                 |                                   |             |                        |           |  |  |  |
|            |                                    | IN.              | URIES  | SAFET                    | EQUIPMENT USED                        |                                   | SEATING POS  | ITION                             |                                   | AIR BAG     | JSAGE                  |           |  |  |  |
| ŧ          | 1 - FATA                           | <b>A</b> L       | 1 · · · · · · · · · · · · · · · · · · ·  | 1 - NONE U               |                                       |                                   | IT - LEFT SIDE<br>FORCYCLE DRIVE                         | 'D\                               | 1 - NOT (                         | DEPLOYED    | . ,                    | · *** *** |  |  |  |
|            |                                    |                  | ERIOÙS INJURY  |                          | E OCCUPANT<br>DER BELT ONLY USED      | 2 - FRON                          | 2 - DEPLOYED FRONT                                       |                                   |                                   |             |                        |           |  |  |  |
|            |                                    | PECTED N         | AINOR INJURY   |                          | T ONLY USED                           | *3 - FRON<br>1 4 - SECO           | 3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH                   |                                   |                                   |             |                        |           |  |  |  |
|            |                                    |                  | T INJURY '   | 4 - SHOULD               | ER & LAP BELT USED                    | (MOT                              | NGER)  | 1                                 | ,                                 |             |                        |           |  |  |  |
| L          |                                    | IMILIDE          | TAKEN BY   |                          | ESTRAINT SYSTEM -<br>RD FACING        | 5 - SECO<br>6 - SECO              | :  | APPLICABL                         |                                   |             |                        |           |  |  |  |
| ľ          | 1 - NOT                            |                  | ORTED /  |                          | ESTRAINT SYSTEM -                     | 7 - THIRE                         | ■,   | DYMENT U                          | IT UNKNOWN                        |             |                        |           |  |  |  |
|            | TREA                               | ATED AT S        | •  | REAR FA                  |                                       | (MOTe                             | AR)  |                                   | EJECTI                            | ECTION      |                        |           |  |  |  |
| :          | 2 - EMS<br>3 - POLI                |                  | i<br>,   | 7 ~ BOOSTE               |                                       | 9 - THIRE                         | 1 - NOT EJECTE 2 - PARTIALLY 1                           |                                   |                                   |             |                        |           |  |  |  |
|            |                                    | IER / UNK        | NOWN   | 8 - HELMET<br>9 - PROTEC | TIVE PADS USED                        |                                   | F TRUCK CAB 2 - PARTIALLY E<br>ER ENCLOSED 3 - TOTALLY E |                                   |                                   |             | ļ                      |           |  |  |  |
|            |                                    |                  |  |                          | S, KNEES, ETC)                        | CAR                               | GO AREA (NON-TI  | RAILING UNIT                      | 4 - NOT APPLICABLE                |             |                        |           |  |  |  |
|            |                                    |                  | NDER   |                          | TIVE CLOTHING                         |                                   | H AS A BUS, PICK-UI<br>SENGER IN UNE                     |                                   | ED                                | nod on a se |                        |           |  |  |  |
|            | F - FEM                            |                  | ,  |                          | NG - PEDESTRIAN<br>ILE ONLY           |                                   | GO AREA<br>ILING ÜNIT                                    |                                   |                                   |             |                        |           |  |  |  |
| ł          | M - MA                             | ile<br>IER / UNI | /NICNA/NI  | NG ON VEHICLE            | EXTERIOR                              | FANC                              |  |                                   |                                   |             |                        |           |  |  |  |
|            | u - 017                            | TERY UNI         | ALCOVIA  |                          |                                       |                                   | -TRAILING UNIT)<br>1-MOTORIST                            |                                   | EANS                              | NS          |                        |           |  |  |  |
|            | ÷                                  |                  | 1.   | ER / UNKNOWN             | 1                                     | 3 - FREED<br>NON-                 | MECHANIC   | AL MEA                            | MEANS                             |             |                        |           |  |  |  |
| ľ          | NAME: LAS                          | ST, FIRST, MI    | DDLE   |                          | Constitution of the second            |                                   |  | DA                                | TE OF BIRTH                       |             | AGE                    | GENDER    |  |  |  |
|            | MILLER, CHRISTOPHER, D             |                  |  |                          |                                       |                                   |  |                                   | 01/19/1989 35                     |             |                        |           |  |  |  |
| 8          | ADDRESS: STREET, CITY, STATE, ZIP  |                  |  |                          |                                       |                                   |  |                                   | - INCLUDE ARE                     | A CODE      |                        |           |  |  |  |
| -          | 705 N. WALNUT ST, DOVER, OH, 44622 |                  |  |                          |                                       |                                   |  |                                   | TE OF BIRTH                       | -           | ACE I                  | CENDEO    |  |  |  |
| Š          | NAME: LAST, FIRST, MIDDLE          |                  |  |                          |                                       |                                   |  | J.A                               | as or bikin                       |             | AGE                    | GENDER    |  |  |  |
| H          | ADDRESS: STREET, CITY, STATE, ZIP  |                  |  |                          |                                       |                                   |  |                                   | CONTACT PHONE - INCLUDE AREA CODE |             |                        |           |  |  |  |
|            |                                    |                  |  |                          |                                       |                                   |  |                                   |                                   |             |                        |           |  |  |  |
| ,<br>S     | NAME: LAS                          | ST, FIRST, MI    | DDLE   |                          |                                       |                                   |  | DATE OF BIRTH AG                  |                                   |             |                        | GENDER    |  |  |  |
|            | ADDRESS:                           | STREET, CIT      | -<br>Y, STATE, ZIP   |                          |                                       |                                   |  | CONTACT PHONE                     | - INCLUDE ARE                     | A CODE      | i                      |           |  |  |  |
| JW.        |                                    |                  | · · · · · · · · · · · · · ·  |                          |                                       |                                   |  |                                   |                                   |             |                        |           |  |  |  |