

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

20MPD1321

7/27/20

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION	20MPD1321
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME *	Millersburg
<input checked="" type="checkbox"/> PRIVATE PROPERTY			NCIC *	03801
			HIT/SKIP	2
			1 - SOLVED	
			2 - UNSOLVED	
			NUMBER OF UNITS	2
			UNIT IN ERROR	1
			98 - ANIMAL	
			99 - UNKNOWN	

COUNTY*	38	LOCALITY*	2	LOCATION: CITY, VILLAGE, TOWNSHIP*	Millersburg	CRASH DATE / TIME*	09/06/2020 12:00	CRASH SEVERITY	5
---------	----	-----------	---	------------------------------------	-------------	--------------------	------------------	----------------	---

ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	Private Property	ROAD TYPE	ST	LATITUDE DECIMAL DEGREES	40.554741
------------	--------------	--------	--	--------------------	------------------	-----------	----	--------------------------	-----------

ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	25 N Washington St	ROAD TYPE		LONGITUDE DECIMAL DEGREES	-81.918077
------------	--------------	--------	--	---	--------------------	-----------	--	---------------------------	------------

REFERENCE POINT	3	DIRECTION FROM REFERENCE	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES	
-----------------	---	--------------------------	--	------------	---	-----------	--	---	----------------------	---	----------------------	--

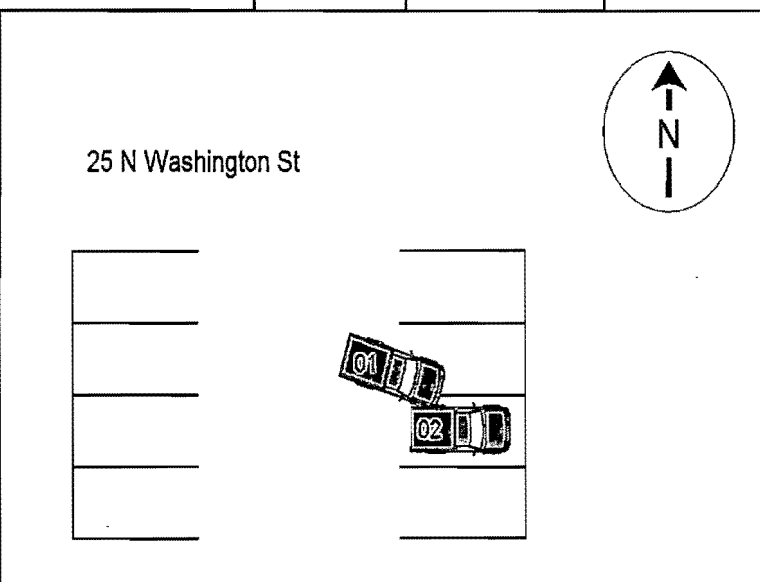
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE	1 - MILES 2 - FEET 3 - YARDS	ROADWAY	<input type="checkbox"/> ROADWAY DIVIDED
-------------------------	--	--------------------------	------------------------------------	---------	--

LOCATION OF FIRST HARMFUL EVENT	6	MANNER OF CRASH COLLISION/IMPACT	9	DIRECTION OF TRAVEL	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE	1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN
---------------------------------	---	----------------------------------	---	---------------------	--	-------------	---

<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE	1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR	1	CONDITIONS	1	SURFACE	2
---	----------------	---	--------------------------------	---	---------	---	------------	---	---------	---

LIGHT CONDITION	1	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER	1	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN
-----------------	---	---	---------	---	--

NARRATIVE
Unit 02 was parked in a parking space on private property. Unit 02 was struck by an unknown Unit 01 backing out of a parking space causing damage to Unit 02 driver rear side.



CRASH REPORTED DATE / TIME	09/06/2020 13:39	DISPATCH DATE / TIME	09/06/2020 13:40	ARRIVAL DATE / TIME	09/06/2020 13:40	SCENE CLEARED DATE / TIME	09/06/2020 13:45	REPORT TAKEN BY	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	0	OTHER INVESTIGATION TIME	20	TOTAL MINUTES	25	OFFICER'S NAME*	Genet, Stephanie	CHECKED BY OFFICER'S NAME*	
				OFFICER'S BADGE NUMBER*	107	CHECKED BY OFFICER'S BADGE NUMBER*		SUPPLEMENT	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

UNIT # **1** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE

INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS VEHICLE WEIGHT GVWR/GCWR HAZARDOUS MATERIAL: MATERIAL RELEASED PLACARD CLASS # PLACARD ID #

- UNIT TYPE **99**
- 1 - PASSENGER CAR
 - 2 - PASSENGER VAN (MINIVAN)
 - 3 - SPORT UTILITY VEHICLE
 - 4 - PICK UP
 - 5 - CARGO VAN
 - 6 - VAN (9-15 SEATS)
 - 7 - MOTORCYCLE 2-WHEELED
 - 8 - MOTORCYCLE 3-WHEELED
 - 9 - AUTOCYCLE
 - 10 - MOPED OR MOTORIZED BICYCLE
 - 11 - ALL TERRAIN VEHICLE (ATV/UTV)
 - 12 - GOLF CART
 - 13 - SNOWMOBILE
 - 14 - SINGLE UNIT TRUCK
 - 15 - SEMI-TRACTOR BICYCLE
 - 16 - FARM EQUIPMENT
 - 17 - MOTORHOME
 - 18 - LIMO (LIVERY VEHICLE)
 - 19 - BUS (16+ PASSENGERS)
 - 20 - OTHER VEHICLE
 - 21 - HEAVY EQUIPMENT
 - 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE
 - 23 - PEDESTRIAN/SKATER
 - 24 - WHEELCHAIR (ANY TYPE)
 - 25 - OTHER NON-MOTORIST
 - 26 - BICYCLE
 - 27 - TRAIN
 - 99 - UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

- SPECIAL FUNCTION
- 1 - NONE
 - 2 - TAXI
 - 3 - ELECTRONIC RIDE SHARING
 - 4 - SCHOOL TRANSPORT
 - 5 - BUS - TRANSIT/COMMUTER
 - 6 - BUS - CHARTER/TOUR
 - 7 - BUS - INTERCITY
 - 8 - BUS - SHUTTLE
 - 9 - BUS - OTHER
 - 10 - AMBULANCE
 - 11 - FIRE
 - 12 - MILITARY
 - 13 - POLICE
 - 14 - PUBLIC UTILITY
 - 15 - CONSTRUCTION EQUIP.
 - 16 - FARM
 - 17 - MOWING
 - 18 - SNOW REMOVAL
 - 19 - TOWING
 - 20 - SAFETY SERVICE PATROL
 - 21 - MAIL CARRIER
 - 99 - OTHER / UNKNOWN

- CARGO BODY TYPE
- 1 - NO CARGO BODY TYPE / NOT APPLICABLE
 - 2 - BUS
 - 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE
 - 4 - LOGGING
 - 5 - INTERMODAL CONTAINER CHASSIS
 - 6 - CARGOVAN / ENCLOSED BOX
 - 7 - GRAIN/CHIPS/GRAVEL
 - 8 - POLE
 - 9 - CARGO TANK
 - 10 - FLAT BED
 - 11 - DUMP
 - 12 - CONCRETE MIXER
 - 13 - AUTO TRANSPORTER
 - 14 - GARBAGE/REFUSE
 - 99 - OTHER / UNKNOWN

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

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

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

- CONTRIBUTING CIRCUMSTANCES **99**
- 1 - NONE
 - 2 - FAILURE TO YIELD
 - 3 - RAN RED LIGHT
 - 4 - RAN STOP SIGN
 - 5 - UNSAFE SPEED
 - 6 - IMPROPER TURN
 - 7 - LEFT OF CENTER
 - 8 - FOLLOWING TOO CLOSE /ACDA
 - 9 - IMPROPER LANE CHANGE
 - 10 - IMPROPER PASSING
 - 11 - DROVE OFF ROAD
 - 12 - IMPROPER BACKING
 - 13 - IMPROPER START FROM A PARKED POSITION
 - 14 - STOPPED OR PARKED ILLEGALLY
 - 15 - SWERVING TO AVOID
 - 16 - WRONG WAY
 - 17 - VISION OBSTRUCTION
 - 18 - OPERATING DEFECTIVE EQUIPMENT
 - 19 - LOAD SHIFTING /FALLING/SPILLING
 - 20 - IMPROPER CROSSING
 - 21 - LYING IN ROADWAY
 - 22 - NOT DISCERNIBLE
 - 23 - OPENING DOOR INTO ROADWAY
 - 99 - OTHER IMPROPER ACTION

- SEQUENCE OF EVENTS
- EVENTS
- 1 - OVERTURN/ROLLOVER
 - 2 - FIRE/EXPLOSION
 - 3 - IMMERSION
 - 4 - JACKKNIFE
 - 5 - CARGO / EQUIPMENT LOSS OR SHIFT
 - 6 - EQUIPMENT FAILURE
 - 7 - SEPARATION OF UNITS
 - 8 - RAN OFF ROAD RIGHT
 - 9 - RAN OFF ROAD LEFT
 - 10 - CROSS MEDIAN
 - 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
 - 12 - DOWNHILL RUNAWAY
 - 13 - OTHER NON-COLLISION
 - 14 - PEDESTRIAN
 - 15 - PEDALCYCLE
 - 16 - RAILWAY VEHICLE
 - 17 - ANIMAL - FARM
 - 18 - ANIMAL - DEER
 - 19 - ANIMAL - OTHER
 - 20 - MOTOR VEHICLE IN TRANSPORT
 - 21 - PARKED MOTOR VEHICLE
 - 22 - WORK ZONE MAINTENANCE EQUIPMENT
 - 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 - 24 - OTHER MOVABLE OBJECT
 - 25 - IMPACT ATTENUATOR / CRASH CUSHION
 - 26 - BRIDGE OVERHEAD STRUCTURE
 - 27 - BRIDGE PIER OR ABUTMENT
 - 28 - BRIDGE PARAPET
 - 29 - BRIDGE RAIL
 - 30 - GUARDRAIL FACE
 - 31 - GUARDRAIL END
 - 32 - PORTABLE BARRIER
 - 33 - MEDIAN CABLE BARRIER
 - 34 - MEDIAN GUARDRAIL BARRIER
 - 35 - MEDIAN CONCRETE BARRIER
 - 36 - MEDIAN OTHER BARRIER
 - 37 - TRAFFIC SIGN POST
 - 38 - OVERHEAD SIGN POST
 - 39 - LIGHT / LUMINARIES SUPPORT
 - 40 - UTILITY POLE
 - 41 - OTHER POST, POLE OR SUPPORT
 - 42 - CULVERT
 - 43 - CURB
 - 44 - DITCH
 - 45 - EMBANKMENT
 - 46 - FENCE
 - 47 - MAILBOX
 - 48 - TREE
 - 49 - FIRE HYDRANT
 - 50 - WORK ZONE MAINTENANCE EQUIPMENT
 - 51 - WALL
 - 52 - BUILDING
 - 53 - TUNNEL
 - 54 - OTHER FIXED OBJECT
 - 99 - OTHER / UNKNOWN
- COLLISION WITH FIXED OBJECT - STRUCK
- 1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT

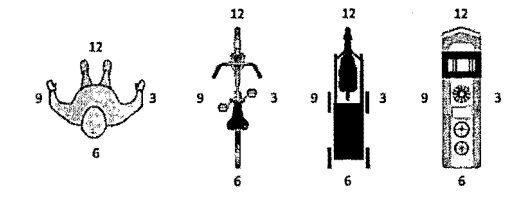
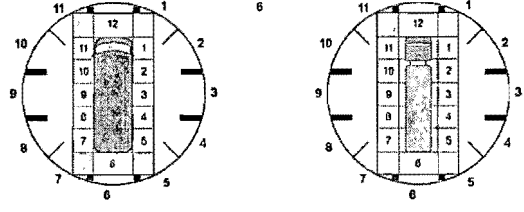
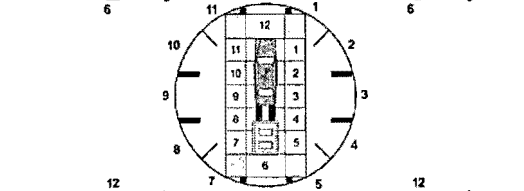
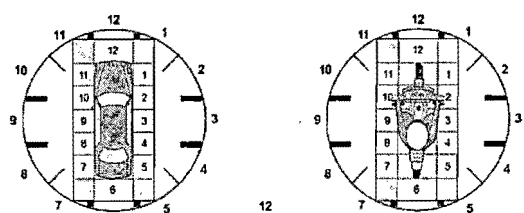
DAMAGE

DAMAGE SCALE

- 1 - NONE
- 2 - MINOR DAMAGE
- 3 - FUNCTIONAL DAMAGE
- 4 - DISABLING DAMAGE
- 9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



- NO DAMAGE [0]
- TOP [13]
- UNDERCARRIAGE [14]
- ALL AREAS [15]
- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

- 0 - NO DAMAGE
- 1 - 12 - REFER TO UNIT DIAGRAM
- 13 - TOP
- 14 - UNDERCARRIAGE
- 15 - VEHICLE NOT AT SCENE
- 99 - UNKNOWN

TRAFFIC

- TRAFFICWAY FLOW
- 1 - ONE-WAY
 - 2 - TWO-WAY
- TRAFFIC CONTROL
- 1 - ROUNDABOUT
 - 2 - SIGNAL
 - 3 - FLASHER
 - 4 - STOP SIGN
 - 5 - YIELD SIGN
 - 6 - NO CONTROL

- # of THROUGH LANES ON ROAD **2**
- RAIL GRADE CROSSING
- 1 - NOT INVOLVED
 - 2 - INVOLVED-ACTIVE CROSSING
 - 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

- FROM TO
- 1 - NORTH
 - 2 - SOUTH
 - 3 - EAST
 - 4 - WEST
 - 5 - NORTHEAST
 - 6 - NORTHWEST
 - 7 - SOUTHEAST
 - 8 - SOUTHWEST
 - 9 - OTHER / UNKNOWN

UNIT SPEED

DETECTED SPEED

- 1 - STATED / ESTIMATED SPEED
- 2 - CALCULATED / EDR
- 3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

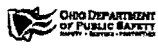
20MPD1321

UNIT # 1	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP OH					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAINING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURIES TAKEN BY	EJECTION		OL ENDORSEMENT	CONDITION		ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
SAFETY EQUIPMENT	TRAPPED		GENDER		DRUG TEST TYPE	DRUG TEST RESULT(S)
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

20MPD1321

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
GENDER		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			