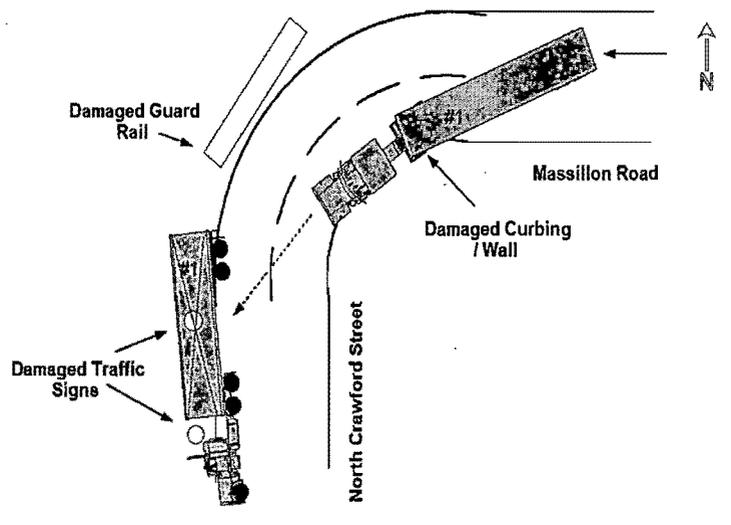


# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

WIN Y1251CU

|  |   |   |  |   |  |   |                                       |   |  |  |                 |  |  |  |  |
|--|---|---|--|---|--|---|---------------------------------------|---|--|--|-----------------|--|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY |   |   |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME *<br>Millersburg   |  | LOCAL REPORT NUMBER *<br>20MPD1420  |                                       | NCIC *<br>03801   |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   |                 | NUMBER OF UNITS<br>1   |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN   |  |
| COUNTY*<br>38  |   | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>2   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Millersburg   |  |   |                                       | CRASH DATE / TIME*<br>09/24/2020 09:57  |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>3  |                 |  |  |  |  |
| LOCATION<br>ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>1   | ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME<br>Crawford Street   |  |   |  | ROAD TYPE<br>ST   | LATITUDE DECIMAL DEGREES<br>40.556150 |   | REFERENCE<br>ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Massillon Road  | ROAD TYPE<br>RD | LONGITUDE DECIMAL DEGREES<br>-81.914818  |  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1   |   | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   |  | ROAD TYPE<br>AL - ALLEY    HW - HIGHWAY    RD - ROAD<br>AV - AVENUE    LA - LANE    SQ - SQUARE<br>BL - BOULEVARD    MP - MILEPOST    ST - STREET<br>CR - CIRCLE    OV - OVAL    TE - TERRACE<br>CT - COURT    PK - PARKWAY    TL - TRAIL<br>DR - DRIVE    PI - PIKE    WA - WAY<br>HE - HEIGHTS    PL - PLACE  |                                       | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>2 |  |  |                 |  |  |  |  |
| DISTANCE FROM REFERENCE<br>1 - MILES<br>2 - FEET<br>3 - YARDS  |   | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |  | LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN |                                       | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA     |  | CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN<br>4  |                 | CONDITIONS<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN<br>1 |  | SURFACE<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN<br>2 |  |
| WORK ZONE RELATED<br>WORKERS PRESENT<br>LAW ENFORCEMENT PRESENT<br>ACTIVE SCHOOL ZONE  |   | LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>1 |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN                                     |  | NARRATIVE<br>Unit number one was Southbound on Massillon Road when he lost control of his vehicle. He attempted to negotiate the turn onto North Crawford Street but struck a wall and flipped the semi onto its side. He also struck a guard rail and traffic signs.   |                                       |   |  |  |                 |  |  |  |  |
| CRASH REPORTED DATE / TIME<br>09/24/2020 09:57   |   |   |  | DISPATCH DATE / TIME<br>09/24/2020 09:57  |  | ARRIVAL DATE / TIME<br>09/24/2020 09:57   |                                       | SCENE CLEARED DATE / TIME<br>09/24/2020 17:10   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |                 |  |  |  |  |
| TOTAL TIME ROADWAY CLOSED<br>433   |   | OTHER INVESTIGATION TIME<br>30  |  | TOTAL MINUTES<br>463  |  | OFFICER'S NAME*<br>Herman, Kim  |                                       | CHECKED BY OFFICER'S NAME*  |  | OFFICER'S BADGE NUMBER*<br>101   |                 |  |  |  |  |



UNIT # **1** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER ) **BECKER FARMS,** OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER ) **330-262-1766**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**6061 ASHLAND RD, WOOSTER, OH, 44691**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP **BECKER FARMS, , 6061 ASHLAND RD, WOOSTER, OH, 44691** COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE **330-262-1766**

LP STATE **OH** LICENSE PLATE # **PVT9392** VEHICLE IDENTIFICATION # **1XKAD48X46R155757** VEHICLE YEAR **2006** VEHICLE MAKE **KENWORTH**

INSURANCE VERIFIED  INSURANCE COMPANY **MARVIN & JOHNSON** INSURANCE POLICY # **CLP85511V** COLOR **RED** VEHICLE MODEL **T600**

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE US DOT # **551308** TOWED BY: COMPANY NAME **NORTH END TOWING**

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS **3** VEHICLE WEIGHT GVWR/GCWR **3** 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS. HAZARDOUS MATERIAL CLASS # **PLACARD ID #**

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

# OF TRAILING UNITS **1**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0** 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

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

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

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

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

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

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

SEQUENCE OF EVENTS

EVENTS

1 **51** 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

2 **1** 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT

3 **31** 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE

4 **37** 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

5 **37** 5 - CARGO /EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 43 - CURB

6 **31** 6 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 17 - ANIMAL - FARM 18 - ANIMAL - DEER

COLLISION WITH FIXED OBJECT - STRUCK

4 **37** 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING

5 **37** 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL

5 **37** 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT

6 **37** 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN

6 **37** 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT

6 **37** 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL

1 **37** FIRST HARMFUL EVENT 2 **37** MOST HARMFUL EVENT

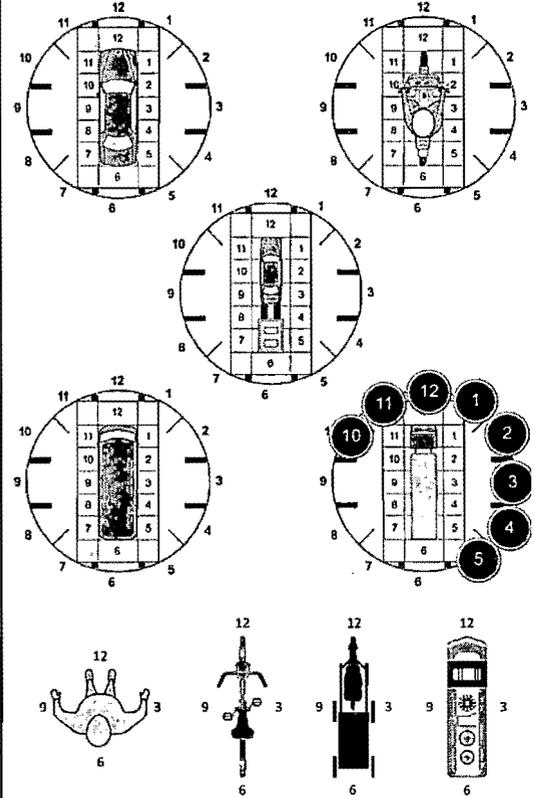
DAMAGE

DAMAGE SCALE

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

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



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

INITIAL POINT OF CONTACT

**11** 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
 13 - TOP

TRAFFIC

TRAFFICWAY FLOW **2** 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL **6** 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 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 **5** TO **2**

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

UNIT SPEED

**30**

POSTED SPEED

**35**

DETECTED SPEED

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

20MPD1420

|   |  |  |                                    |  |   |  |  |                              |                                   |                      |                     |                  |                               |
|---|--|--|------------------------------------|--|---|--|--|------------------------------|-----------------------------------|----------------------|---------------------|------------------|-------------------------------|
| <b>UNIT #</b><br>1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>CUNNINGHAM, WILLIAM, R |  |                                    |  | <b>DATE OF BIRTH</b><br>09/18/1964  |  | <b>AGE</b><br>56   | <b>GENDER</b><br>M           |                                   |                      |                     |                  |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>54102 TR 172, FRESNO, OH, 43824 |  |  |                                    |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>740-294-4448  |  |  |                              |                                   |                      |                     |                  |                               |
| <b>INJURIES</b><br>3  | <b>INJURED TAKEN BY</b><br>1                               | <b>EMS AGENCY (NAME)</b><br>HOLMES FIRE #1 |                                    | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>4                            | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1         | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |                  |                               |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b><br>RF745722                 |  | <b>OFFENSE CHARGED</b><br>4511.202 |  | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/>  | <b>OFFENSE DESCRIPTION</b><br>OPERATING VEHICLE WITHOUT REAS |  |                              | <b>CITATION NUMBER</b><br>149H7FU |                      |                     |                  |                               |
| <b>OL CLASS</b><br>1  | <b>ENDORSEMENT</b><br>T                                    | <b>RESTRICTION SELECT UP TO 3</b>          |                                    | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1  | <b>ALCOHOL TEST</b>          |                                   |                      | <b>DRUG TEST(S)</b> |                  |                               |
|   |  |  |                                    |  |   |  |  | <b>STATUS</b><br>1           | <b>TYPE</b><br>1                  | <b>VALUE</b>         | <b>STATUS</b><br>1  | <b>TYPE</b><br>1 | <b>RESULTS SELECT UP TO 4</b> |

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

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

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