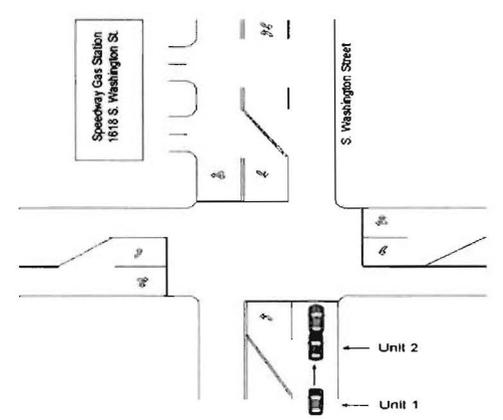


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

MKM 5-22-21

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION REPORTING AGENCY NAME * Millersburg		LOCAL REPORT NUMBER * 21MPD0388		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN	
COUNTY * 38		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 2		LOCATION: CITY, VILLAGE, TOWNSHIP* Millersburg				CRASH DATE / TIME* 03/19/2021 12:25		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5			
LOCATION ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2	ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2	LOCATION ROAD NAME Washington				ROAD TYPE ST	LATITUDE DECIMAL DEGREES 40.533572		LONGITUDE DECIMAL DEGREES -81.917298				
REFERENCE ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 1640 Washington St.	ROAD TYPE ST	ROAD TYPE ST	ROAD TYPE ST	ROAD TYPE ST	ROAD TYPE ST	ROAD TYPE ST	ROAD TYPE ST					ROAD TYPE ST
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 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 HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4					
DISTANCE FROM REFERENCE _____		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 1 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 2		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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL STONE 5 - DIRT 9 - OTHER / UNKNOWN			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 2		WEATHER 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 1		NARRATIVE Unit 2 was facing northbound stopped at the south light at 1640 S. Washington St.. Unit 1 was northbound on S. Washington Rd. and failed to come to a complete stop, striking Unit 2 from behind.									
CRASH REPORTED DATE / TIME 03/19/2021 12:32				DISPATCH DATE / TIME 03/19/2021 12:34		ARRIVAL DATE / TIME 03/19/2021 12:38		SCENE CLEARED DATE / TIME 03/19/2021 12:55		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 90	TOTAL MINUTES 111	OFFICER'S NAME* Newman, Jordan		OFFICER'S BADGE NUMBER* 129		CHECKED BY OFFICER'S NAME*		CHECKED BY OFFICER'S BADGE NUMBER*		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)		



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

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
134 FOWLR AV. EXT. A1, MERIDEN, CT, 06450

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

LP STATE **CT** LICENSE PLATE # **00MTPM** VEHICLE IDENTIFICATION # **1G8ZK5276VZ171292** VEHICLE YEAR **1997** VEHICLE MAKE **SATURN**

INSURANCE VERIFIED INSURANCE COMPANY **STATE FARM** INSURANCE POLICY # **0861264-F0907** COLOR **SIL** VEHICLE MODEL **SL2**

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

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

- UNIT TYPE **1**
- 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
 - 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 BICYCLE
 - 26 - BICYCLE
 - 27 - TRAIN
 - 99 - UNKNOWN OR HIT/SKIP
- # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**

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**
- 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**
- 1 - NO CARGO BODY TYPE / NOT APPLICABLE
 - 2 - BUS
 - 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE
 - 4 - LOGGING
 - 5 - INTERMODAL CONTAINER CHASSIS
 - 6 - CARGO VAN / 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
- 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 **1**
- 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 **8**
- 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 / ACDPA
 - 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

- COLLISION WITH FIXED OBJECT - STRUCK
- 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

FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT **1**

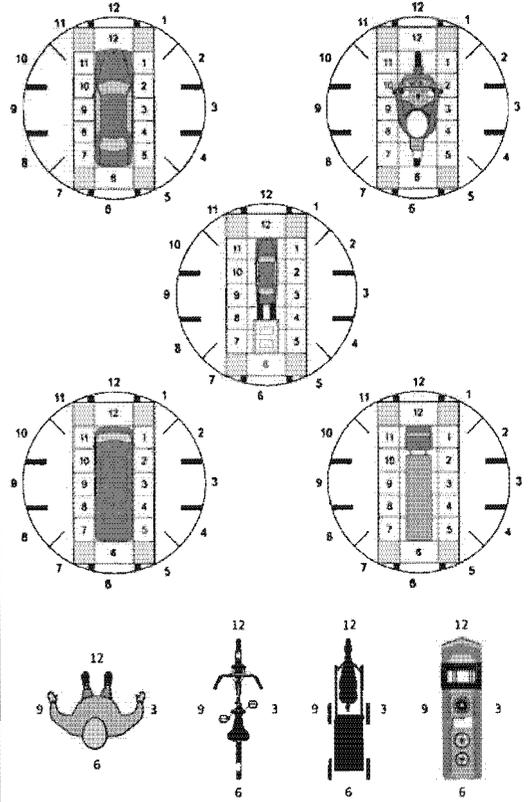
DAMAGE

DAMAGE SCALE

- 1** 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

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

TRAFFIC

- TRAFFICWAY FLOW **2** TRAFFIC CONTROL **2**
- 1 - ONE-WAY
 - 2 - TWO-WAY
 - 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**
- 1 - NOT INVOLVED
 - 2 - INVOLVED-ACTIVE CROSSING
 - 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

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

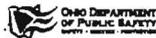
UNIT SPEED

10

DETECTED SPEED

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

POSTED SPEED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

21MPD0388

UNIT # 1	NAME: LAST, FIRST, MIDDLE MICHAEL, THOMPSON, JAMES					DATE OF BIRTH 04/25/1994			AGE 26	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 2622 CHRISTMAS, WOOSTER, OH, 44691					CONTACT PHONE - INCLUDE AREA CODE 203-278-1740							
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER TR441545		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER			
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 8	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 3	ALCOHOL TEST		DRUG TEST(S)			
							STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULTS SELECT UP TO 4
UNIT # 2	NAME: LAST, FIRST, MIDDLE DONOVAN, KEVIN, JOHN					DATE OF BIRTH 04/07/1956			AGE 64	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 9958 GIVERNY BLVD, CINCINNATI, OH, 45201					CONTACT PHONE - INCLUDE AREA CODE 513-582-3389							
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RJ390917		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER			
OL CLASS 2	ENDORSEMENT S	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)			
							STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	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		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
							STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4

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



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
21MPD0388

UNIT # 2	NAME: LAST, FIRST, MIDDLE DONOVAN, PAMELA, S	DATE OF BIRTH 08/19/1960	AGE 60	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 9958 GIVERNY BLVD, CINCINNATI, OH, 45201		CONTACT PHONE - INCLUDE AREA CODE 513-582-3389		

INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT 4	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION 3	AIR BAG USAGE 1	EJECTION 4	TRAPPED 1
----------------------	------------------------------	--------------------------	--	------------------------------	---	------------------------------	---------------------------	----------------------	---------------------

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	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
-----------------	-------------------------	--------------------------	--	-------------------------	---	-------------------------	----------------------	-----------------	----------------

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	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
-----------------	-------------------------	--------------------------	--	-------------------------	---	-------------------------	----------------------	-----------------	----------------

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	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
-----------------	-------------------------	--------------------------	--	-------------------------	---	-------------------------	----------------------	-----------------	----------------

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 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 - 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-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 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
INJURED TAKEN BY			EJECTION
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
GENDER			TRAPPED
F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

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		