

JM 9/18/23



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

23MPD1424

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

|               |                |                                                   |                                        |                     |
|---------------|----------------|---------------------------------------------------|----------------------------------------|---------------------|
| COUNTY*<br>38 | LOCALITY*<br>2 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Millersburg | CRASH DATE / TIME*<br>09/06/2023 14:45 | CRASH SEVERITY<br>5 |
|---------------|----------------|---------------------------------------------------|----------------------------------------|---------------------|

|           |            |              |                                                       |   |                                                               |                 |                                         |
|-----------|------------|--------------|-------------------------------------------------------|---|---------------------------------------------------------------|-----------------|-----------------------------------------|
| LOCATION  | ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | 1 | LOCATION ROAD NAME<br>Wooster                                 | ROAD TYPE<br>RD | LATITUDE DECIMAL DEGREES<br>40.561894   |
| REFERENCE | ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | 3 | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Close Street | ROAD TYPE<br>ST | LONGITUDE DECIMAL DEGREES<br>-81.919378 |

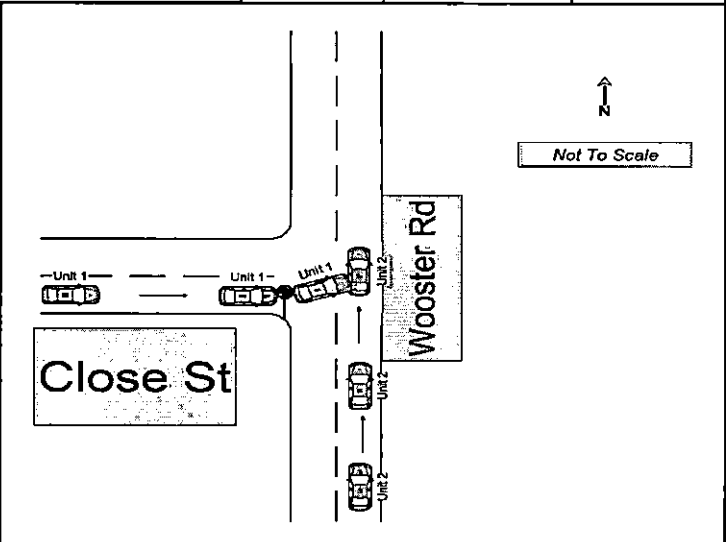
|                                                                     |                                                                            |                                                                                                                                                     |                                                                                                                     |                                                                                                                 |                                                                                   |                                                                                                                                                    |                           |
|---------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE # | 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<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA | NUMBER OF APPROACHES<br>2 |
| DISTANCE FROM REFERENCE                                             | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS             |                                                                                                                                                     |                                                                                                                     |                                                                                                                 |                                                                                   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                |                           |

|                                                                                                                                                                                   |                                                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | 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 | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION<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 | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                           |                                                                                                                                                   |                                                                                                                                                                             |              |                 |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|--------------|
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | 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 | CONDITIONS<br>1 | SURFACE<br>2 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|--------------|

|                                                                                                                                                                                |                                                                                           |                                                                                                                                          |                                                                                                                  |                                                                                                                                                                 |                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN | CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN | 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 | 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|

NARRATIVE  
Unit #1 was at the stop sign on Close St for Wooster Rd. Unit #2 was driving north on Wooster Rd as Unit #1 pulled out from the stop sign. Unit #1 struck Unit #2 on the left rear wheel. Unit #1 claimed to not have seen Unit #2.



|                                                |                                          |                                         |                                               |                                                                                                           |
|------------------------------------------------|------------------------------------------|-----------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| CRASH REPORTED DATE / TIME<br>09/06/2023 14:45 | DISPATCH DATE / TIME<br>09/06/2023 14:45 | ARRIVAL DATE / TIME<br>09/06/2023 14:50 | SCENE CLEARED DATE / TIME<br>09/06/2023 15:00 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED<br>0                 | OTHER INVESTIGATION TIME<br>30           | TOTAL MINUTES<br>45                     | OFFICER'S NAME*<br>Derrick, Hunter            | CHECKED BY OFFICER'S NAME*                                                                                |
|                                                |                                          |                                         | OFFICER'S BADGE NUMBER*<br>111                | CHECKED BY OFFICER'S BADGE NUMBER*                                                                        |
|                                                |                                          |                                         |                                               | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)        |

23MPD1424

**OWNER**

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
 GAMERTSFELDER, DAWN, D OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER )  
 330-763-1439

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 5601 TR 332, MILLERSBURG, OH, 44654

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

**DAMAGE**

**DAMAGE SCALE**

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

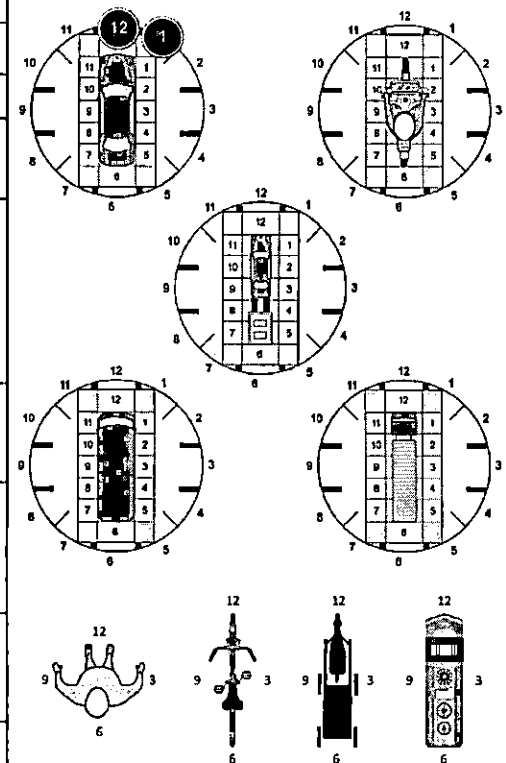
3

**VEHICLE**

LP STATE OH LICENSE PLATE # DKS8822 VEHICLE IDENTIFICATION # 2HKRM4H71EH665469 VEHICLE YEAR 2014 VEHICLE MAKE HONDA

INSURANCE VERIFIED INSURANCE COMPANY AMERICAN SELECT UNSURANC INSURANCE POLICY # WNP 4223062 COLOR BRO VEHICLE MODEL CR-V

**DAMAGED AREAS**  
 INDICATE ALL THAT APPLY



**TYPE OF USE**  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # N/A TOWED BY: COMPANY NAME

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

HAZARDOUS MATERIAL CLASS # PLACARD ID #

**UNIT TYPE**

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

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

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION

2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION MODE LEVEL

**SPECIAL FUNCTION**

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**

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 / ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 10 - FLAT BED 14 - GARBAGE/REFUSE

**VEHICLE DEFECTS**

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

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

**NON-MOTORIST LOCATION**

1 - INTERSECTION - MARKED CROSSWALK 4 - MIDDLEBLOCK - 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**

1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN  
 3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE  
 4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 19 - STANDING 20 - OTHER NON-MOTORIST  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION  
 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE  
 9 - OTHER / UNKNOWN 8 - FOLLOWING TOO CLOSE /ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY  
 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST  
 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  
 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

**INITIAL POINT OF CONTACT**

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

**CONTRIBUTING CIRCUMSTANCES**

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

**TRAFFIC**

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

**TRAFFIC CONTROL**  
 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

**SEQUENCE OF EVENTS**

1 20 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 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT  
 3 1 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE  
 4 1 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 5 1 - CARGO /EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 24 - OTHER MOVABLE OBJECT  
 6 1 - EQUIPMENT FAILURE 6 - EQUIPMENT FAILURE

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

**UNIT / NON-MOTORIST DIRECTION**

FROM 4 TO 1

**UNIT SPEED**  
 25

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

**POSTED SPEED**  
 25

**UNIT #** 2 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**OWNER PHONE:** INCLUDE AREA CODE (  SAME AS DRIVER )  
 330-231-3658  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 5568 TR 258, MILLERSBURG, OH, 44654  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** GBY 5210 **VEHICLE IDENTIFICATION #** ZHGFC1F36LH681744 **VEHICLE YEAR** 2020 **VEHICLE MAKE** HONDA  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** AMERICAN SELECT INSURANCE **INSURANCE POLICY #** WNP 6337284 **COLOR** BLU **VEHICLE MODEL** CIVIC

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** N/A **TOWED BY:** COMPANY NAME  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** **VEHICLE WEIGHT GVWR/GCWR**  
 1 - ≤ 10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - > 26K LBS.  
 **MATERIAL RELEASED**  **PLACARD** **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

**UNIT TYPE** 1 **# OF TRAILING UNITS** 0  
 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

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 2 **MODE LEVEL** 0  
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS 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** 1  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN  
 2 - BUS CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN / ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 10 - FLAT BED 14 - GARBAGE/REFUSE

**VEHICLE DEFECTS** 99  
 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** 1  
 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

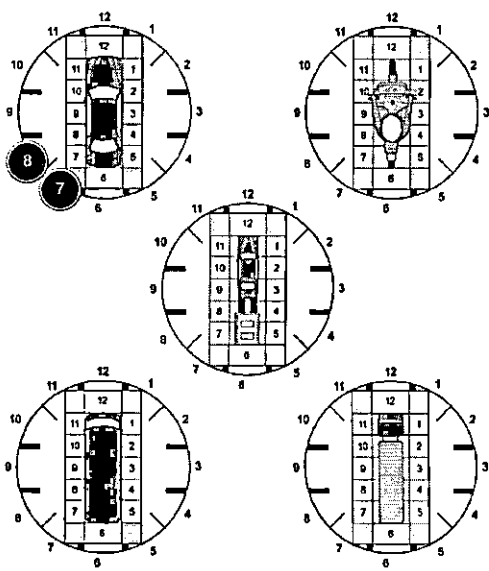
**ACTION** 4 **PRE-CRASH ACTIONS** 1  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN  
 3 - STRIKING 3 - CHANGING LANES 11 - SLOWING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

**CONTRIBUTING CIRCUMSTANCES** 1  
 1 - NONE 8 - FOLLOWING TOO CLOSE /ACDA 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 21 - LYING IN ROADWAY  
 4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 22 - NOT DISCERNIBLE  
 5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION  
 6 - IMPROPER TURN 7 - LEFT OF CENTER

**SEQUENCE OF EVENTS** 1 **EVENTS** 20  
 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 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT  
 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE  
 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE  
 6 - EQUIPMENT FAILURE 17 - ANIMAL - FARM  
 18 - ANIMAL - DEER

**COLLISION WITH FIXED OBJECT - STRUCK** 1  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES 46 - FENCE 53 - TUNNEL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIUM CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN  
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 37 - TRAFFIC SIGN POST 44 - DITCH 51 - WALL

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

**LOCAL REPORT NUMBER**  
 23MPD1424  
**DAMAGE**  
**DAMAGE SCALE**  
 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**  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN  
**TRAFFIC**  
**TRAFFICWAY FLOW** 2 **TRAFFIC CONTROL** 6  
 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 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 5 - NORTH-EAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN  
**UNIT SPEED** 35 **DETECTED SPEED** 1  
 1 - STATED / ESTIMATED SPEED  
**POSTED SPEED** 35 **2 - CALCULATED / EDR**  
 3 - UNDETERMINED



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
23MPD1424

|             |                                                           |                             |           |             |
|-------------|-----------------------------------------------------------|-----------------------------|-----------|-------------|
| UNIT #<br>1 | NAME: LAST, FIRST, MIDDLE<br>GAMERTSFELDER, DAWN, DELAINE | DATE OF BIRTH<br>07/01/1951 | AGE<br>72 | GENDER<br>F |
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|                                                                          |                                                   |
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| ADDRESS: STREET, CITY, STATE, ZIP<br>5601 TR 332, MILLERSBURG, OH, 44654 | CONTACT PHONE - INCLUDE AREA CODE<br>330-763-1439 |
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|               |                       |                   |                                                 |                            |                                                                                         |                       |                    |               |              |
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| INJURIES<br>5 | INJURED TAKEN BY<br>1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>4 | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | SEATING POSITION<br>1 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
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| OL STATE<br>OH | OPERATOR LICENSE NUMBER<br>RR382463 | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
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| OL CLASS<br>4 | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1 | ALCOHOL TEST |           |       | DRUG TEST(S) |           |                        |
|               |             |                            |                           |                                                                                                                                        |                | STATUS<br>1  | TYPE<br>1 | VALUE | STATUS<br>1  | TYPE<br>1 | RESULTS SELECT UP TO 4 |

|             |                                                 |                             |           |             |
|-------------|-------------------------------------------------|-----------------------------|-----------|-------------|
| UNIT #<br>2 | NAME: LAST, FIRST, MIDDLE<br>SHEARER, KRISTI, L | DATE OF BIRTH<br>06/30/1963 | AGE<br>60 | GENDER<br>F |
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|                                                                          |                                                   |
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| ADDRESS: STREET, CITY, STATE, ZIP<br>5568 TR 258, MILLERSBURG, OH, 44654 | CONTACT PHONE - INCLUDE AREA CODE<br>330-231-3658 |
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| INJURIES<br>5 | INJURED TAKEN BY<br>1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>4 | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | SEATING POSITION<br>1 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
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| OL STATE<br>OH | OPERATOR LICENSE NUMBER<br>RR396407 | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
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| OL CLASS<br>4 | ENDORSEMENT | RESTRICTION SELECT UP TO 3<br>3 | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1 | ALCOHOL TEST |           |       | DRUG TEST(S) |           |                        |
|               |             |                                 |                           |                                                                                                                                        |                | STATUS<br>1  | TYPE<br>1 | VALUE | STATUS<br>1  | TYPE<br>1 | RESULTS SELECT UP TO 4 |

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

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|----------|-------------------------|-----------------|----------------------------------------|---------------------|-----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
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| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | 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<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 | 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                                                                                               | 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 & CLASS B BUS<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 | 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                                   |
| <b>INJURIES TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                    | <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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <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                                                                                                                         | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                  |
| <b>SAFETY EQUIPMENT</b><br>1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                | <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | <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 |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
23MPD1424

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

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| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
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| 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 |
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| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
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| 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 |
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| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
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| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| 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                    | 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           |
|                              | 6 - CHILD RESTRAINT SYSTEM REAR FACING        | 6 - SECOND - RIGHT SIDE                                                                        | 9 - DEPLOYMENT UNKNOWN       |
|                              | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                                    |                              |
|                              | 8 - HELMET USED                               | 8 - THIRD - MIDDLE                                                                             |                              |
|                              | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 9 - THIRD - RIGHT SIDE                                                                         |                              |
|                              | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB                                                              |                              |
|                              | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS PICK-UP WITH CAP) |                              |
|                              | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                        |                              |
|                              |                                               | 13 - TRAILING UNIT                                                                             |                              |
|                              |                                               | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                            |                              |
|                              |                                               | 15 - NON-MOTORIST                                                                              |                              |
|                              |                                               | 99 - OTHER / UNKNOWN                                                                           |                              |

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| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
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| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
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