

JJM 11/17/23



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

23MPD1838

<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 *		NCIC *
<input type="checkbox"/> PRIVATE PROPERTY	Millersburg		03801		HIT/SKIP 1 - SOLVED 2 - UNSOLVED
COUNTY* 38			LOCALITY* 2	LOCATION: CITY, VILLAGE, TOWNSHIP* Millersburg	NUMBER OF UNITS 2
CRASH DATE / TIME* 11/16/2023 16:54			UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN		

ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Jackson	ROAD TYPE ST	LATITUDE DECIMAL DEGREES 40.554111	CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Crawford	ROAD TYPE ST	LONGITUDE DECIMAL DEGREES -81.915047	

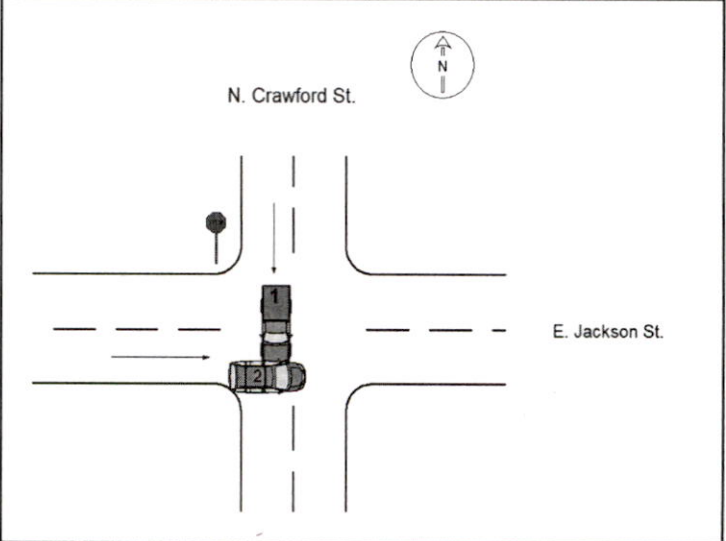
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	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	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED					

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	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 8 1 - NOT COLLISION 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	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
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<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
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LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN
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NARRATIVE  
Unit one was on N. Crawford St. at the stop sign, when the driver drove straight attempting to travel onto South Crawford St. Unit one did not yield for the right of way of traffic and sideswiped unit two who was traveling east bound on E. Jackson St.



CRASH REPORTED DATE / TIME 11/16/2023 16:55	DISPATCH DATE / TIME 11/16/2023 16:58	ARRIVAL DATE / TIME 11/16/2023 17:02	SCENE CLEARED DATE / TIME 11/16/2023 18:18	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 65	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 110	OFFICER'S NAME* Baker, Daniel	CHECKED BY OFFICER'S NAME* <i>Chief Shute</i>
			OFFICER'S BADGE NUMBER* 103	CHECKED BY OFFICER'S BADGE NUMBER* 100
				<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

**OWNER**

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**YODER, LAURA, A**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**5905 SR 754, MILLERSBURG, OH, 44654**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # KCM8490 VEHICLE IDENTIFICATION # 1FTFW1EF4BFA58026 VEHICLE YEAR 2011 VEHICLE MAKE FORD

INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 3832217-SFP-35 COLOR WHI VEHICLE MODEL F-150

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_ RIGZ \_\_\_\_\_

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS \_\_\_\_\_ VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10.001 - 26K LBS., 3 - > 26K LBS.

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

UNIT TYPE 4

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? 2

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 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 1

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

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 3 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 12 - DRIVERLESS 19 - STANDING 20 - OTHER NON-MOTORIST  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 19 - STANDING 20 - OTHER NON-MOTORIST  
 9 - OTHER / UNKNOWN 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 20 - OTHER NON-MOTORIST

CONTRIBUTING CIRCUMSTANCES 2

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 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

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 - 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  
 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 6 - EQUIPMENT FAILURE 6 - EQUIPMENT FAILURE 18 - ANIMAL - DEER

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 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  
 30 - GUARDRAIL FACE 36 - MEDIAN 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  
**23MPD1838**

**DAMAGE**

DAMAGE SCALE

4 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**

1 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 4

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 1 TO 2

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

UNIT SPEED 15 DETECTED SPEED 1

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

POSTED SPEED 35

OWNER #	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
	2	GLENN, DEBRA	419-651-4584
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )		
326 S WOOD ST, LOUDONVILLE, OH, 44842			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE																									
OH	JNP1612	2C4RC3GG9MR564115	2021	CHRYSLER																									
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL																									
	AMERICAN SELECT	WNP7493648	GRY	PACIFICA																									
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NON-MOTORIST LOCATION	1 - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE SIDEWALK	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	
	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	
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	14 - ENTERING OR CROSSING SPECIFIED LOCATION	20 - OTHER NON-MOTORIST	
		7 - MAKING U-TURN			
		8 - ENTERING TRAFFIC LANE			
CONTRIBUTING CIRCUMSTANCES	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	
	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 [20]	1 - OVERTURN/ROLLOVER
2 [ ]	2 - FIRE/EXPLOSION
3 [ ]	3 - IMMERSION
4 [ ]	4 - JACKKNIFE
5 [ ]	5 - CARGO / EQUIPMENT LOSS OR SHIFT
6 [ ]	6 - EQUIPMENT FAILURE
7 [ ]	7 - SEPARATION OF UNITS
8 [ ]	8 - RAN OFF ROAD RIGHT
9 [ ]	9 - RAN OFF ROAD LEFT
10 [ ]	10 - CROSS MEDIAN
11 [ ]	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
12 [ ]	12 - DOWNHILL RUNAWAY
13 [ ]	13 - OTHER NON-COLLISION
14 [ ]	14 - PEDESTRIAN
15 [ ]	15 - PEDALCYCLE
16 [ ]	16 - RAILWAY VEHICLE
17 [ ]	17 - ANIMAL - FARM
18 [ ]	18 - ANIMAL - DEER
19 [ ]	19 - ANIMAL - OTHER
20 [ ]	20 - MOTOR VEHICLE IN TRANSPORT
21 [ ]	21 - PARKED MOTOR VEHICLE
22 [ ]	22 - WORK ZONE MAINTENANCE EQUIPMENT
23 [ ]	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 [ ]	24 - OTHER MOVABLE OBJECT
COLLISION WITH FIXED OBJECT - STRUCK	
25 [ ]	25 - IMPACT ATTENUATOR / CRASH CUSHION
26 [ ]	26 - BRIDGE OVERHEAD STRUCTURE
27 [ ]	27 - BRIDGE PIER OR ABUTMENT
28 [ ]	28 - BRIDGE PARAPET
29 [ ]	29 - BRIDGE RAIL
30 [ ]	30 - GUARDRAIL FACE
31 [ ]	31 - GUARDRAIL END
32 [ ]	32 - PORTABLE BARRIER
33 [ ]	33 - MEDIAN CABLE BARRIER
34 [ ]	34 - MEDIAN GUARDRAIL BARRIER
35 [ ]	35 - MEDIAN CONCRETE BARRIER
36 [ ]	36 - MEDIAN OTHER BARRIER
37 [ ]	37 - TRAFFIC SIGN POST
38 [ ]	38 - OVERHEAD SIGN POST
39 [ ]	39 - LIGHT / LUMINARIES SUPPORT
40 [ ]	40 - UTILITY POLE
41 [ ]	41 - OTHER POST, POLE OR SUPPORT
42 [ ]	42 - CULVERT
43 [ ]	43 - CURB
44 [ ]	44 - DITCH
45 [ ]	45 - EMBANKMENT
46 [ ]	46 - FENCE
47 [ ]	47 - MAILBOX
48 [ ]	48 - TREE
49 [ ]	49 - FIRE HYDRANT
50 [ ]	50 - WORK ZONE MAINTENANCE EQUIPMENT
51 [ ]	51 - WALL
52 [ ]	52 - BUILDING
53 [ ]	53 - TUNNEL
54 [ ]	54 - OTHER FIXED OBJECT
55 [ ]	55 - OTHER / UNKNOWN
1 [ ]	FIRST HARMFUL EVENT
1 [ ]	MOST HARMFUL EVENT

LOCAL REPORT NUMBER											
23MPD1838											
DAMAGE											
DAMAGE SCALE											
<table border="0"> <tr> <td>1 - NONE</td> <td>3 - FUNCTIONAL DAMAGE</td> </tr> <tr> <td>2 - MINOR DAMAGE</td> <td>4 - DISABLING DAMAGE</td> </tr> <tr> <td>9 - UNKNOWN</td> <td></td> </tr> </table>		1 - NONE	3 - FUNCTIONAL DAMAGE	2 - MINOR DAMAGE	4 - DISABLING DAMAGE	9 - UNKNOWN					
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2 - MINOR DAMAGE	4 - DISABLING DAMAGE										
9 - UNKNOWN											
DAMAGED AREA(S)											
INDICATE ALL THAT APPLY											
<input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ] <input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ] <input type="checkbox"/> UNIT NOT AT SCENE [ 16 ]											
INITIAL POINT OF CONTACT											
<table border="0"> <tr> <td>0 - NO DAMAGE</td> <td>14 - UNDERCARRIAGE</td> </tr> <tr> <td>1-12 - REFER TO UNIT DIAGRAM</td> <td>15 - VEHICLE NOT AT SCENE</td> </tr> <tr> <td>99 - UNKNOWN</td> <td></td> </tr> </table>		0 - NO DAMAGE	14 - UNDERCARRIAGE	1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE	99 - UNKNOWN					
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TRAFFIC											
TRAFFICWAY FLOW	TRAFFIC CONTROL										
<table border="0"> <tr> <td>1 - ONE-WAY</td> <td>4 - STOP SIGN</td> </tr> <tr> <td>2 - TWO-WAY</td> <td>5 - YIELD SIGN</td> </tr> <tr> <td></td> <td>6 - NO CONTROL</td> </tr> </table>	1 - ONE-WAY	4 - STOP SIGN	2 - TWO-WAY	5 - YIELD SIGN		6 - NO CONTROL	<table border="0"> <tr> <td>1 - NOT INVOLVED</td> </tr> <tr> <td>2 - INVOLVED-ACTIVE CROSSING</td> </tr> <tr> <td>3 - INVOLVED-PASSIVE CROSSING</td> </tr> </table>	1 - NOT INVOLVED	2 - INVOLVED-ACTIVE CROSSING	3 - INVOLVED-PASSIVE CROSSING	
1 - ONE-WAY	4 - STOP SIGN										
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1 - NOT INVOLVED											
2 - INVOLVED-ACTIVE CROSSING											
3 - INVOLVED-PASSIVE CROSSING											
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING										
2	<table border="0"> <tr> <td>1 - NOT INVOLVED</td> </tr> <tr> <td>2 - INVOLVED-ACTIVE CROSSING</td> </tr> <tr> <td>3 - INVOLVED-PASSIVE CROSSING</td> </tr> </table>	1 - NOT INVOLVED	2 - INVOLVED-ACTIVE CROSSING	3 - INVOLVED-PASSIVE CROSSING							
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2 - INVOLVED-ACTIVE CROSSING											
3 - INVOLVED-PASSIVE CROSSING											
UNIT / NON-MOTORIST DIRECTION											
<table border="0"> <tr> <td>1 - NORTH</td> <td>5 - NORTHEAST</td> </tr> <tr> <td>2 - SOUTH</td> <td>6 - NORTHWEST</td> </tr> <tr> <td>3 - EAST</td> <td>7 - SOUTHEAST</td> </tr> <tr> <td>4 - WEST</td> <td>8 - SOUTHWEST</td> </tr> <tr> <td></td> <td>9 - OTHER / UNKNOWN</td> </tr> </table>		1 - NORTH	5 - NORTHEAST	2 - SOUTH	6 - NORTHWEST	3 - EAST	7 - SOUTHEAST	4 - WEST	8 - SOUTHWEST		9 - OTHER / UNKNOWN
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2 - SOUTH	6 - NORTHWEST										
3 - EAST	7 - SOUTHEAST										
4 - WEST	8 - SOUTHWEST										
	9 - OTHER / UNKNOWN										
UNIT SPEED	DETECTED SPEED										
15	<table border="0"> <tr> <td>1 - STATED / ESTIMATED SPEED</td> </tr> <tr> <td>2 - CALCULATED / EDR</td> </tr> <tr> <td>3 - UNDETERMINED</td> </tr> </table>	1 - STATED / ESTIMATED SPEED	2 - CALCULATED / EDR	3 - UNDETERMINED							
1 - STATED / ESTIMATED SPEED											
2 - CALCULATED / EDR											
3 - UNDETERMINED											
POSTED SPEED											
35											



# MOTORIST / Non-MOTORIST

<b>LOCAL REPORT NUMBER</b> 23MPD1838	
<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> BEILER, DONOVAN
<b>DATE OF BIRTH</b> 11/14/2001	<b>AGE</b> 22
<b>GENDER</b> M	
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 7868 TWP RD 323, HOLMESVILLE, OH, 44633	
<b>CONTACT PHONE - INCLUDE AREA CODE</b> 330-641-4613	
<b>INJURIES TAKEN BY</b> 5	<b>EMS AGENCY (NAME)</b>
<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 4
<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1
<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1
<b>TRAPPED</b> 1	
<b>OL STATE</b> NC	<b>OPERATOR LICENSE NUMBER</b> 000045817451
<b>OFFENSE CHARGED</b> 331.19	<b>LOCAL CODE</b> <input checked="" type="checkbox"/>
<b>OFFENSE DESCRIPTION</b> STOP SIGN VIOLATIONS	
<b>CITATION NUMBER</b> 1WNQMZ	
<b>OL CLASS</b> 3	<b>ENDORSEMENT</b>
<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 1
<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	<b>CONDITION</b> 1
<b>ALCOHOL TEST</b>	
<b>STATUS</b> 1	<b>TYPE</b> 1
<b>VALUE</b>	<b>STATUS</b> 1
<b>TYPE</b> 1	<b>RESULTS SELECT UP TO 4</b>
<b>DRUG TEST(S)</b>	
<b>STATUS</b> 1	<b>TYPE</b> 1
<b>RESULTS SELECT UP TO 4</b>	

MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

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



# OCCUPANT / WITNESS ADDENDUM

<b>LOCAL REPORT NUMBER</b> 23MPD1838				
<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> COLE, LINDA	<b>DATE OF BIRTH</b> 08/13/1951	<b>AGE</b> 72	<b>GENDER</b> F
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1540 PLUM PLACE, MANSFIELD, OH, 44901		<b>CONTACT PHONE - INCLUDE AREA CODE</b> 419-961-7859		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT</b> 4
<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 6	<b>AIR BAG USAGE</b> 4	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> BUCKMASTER, SUSAN, A	<b>DATE OF BIRTH</b> 10/23/1952	<b>AGE</b> 71	<b>GENDER</b> F
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1067 OAKDALE DR., MANSFIELD, OH, 44901		<b>CONTACT PHONE - INCLUDE AREA CODE</b> 419-989-5264		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT</b> 4
<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 3	<b>AIR BAG USAGE</b> 4	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> DAWSON, MARIANNE	<b>DATE OF BIRTH</b> 07/21/1948	<b>AGE</b> 75	<b>GENDER</b> F
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 327 W CAMPBELL ST, LOUDONVILLE, OH, 44842		<b>CONTACT PHONE - INCLUDE AREA CODE</b> 419-651-3141		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT</b> 4
<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 8	<b>AIR BAG USAGE</b> 4	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> ROBINSON, JUDY	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b> F
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 944 WOODVILLE ROAD #204, MANSFIELD, OH, 44901		<b>CONTACT PHONE - INCLUDE AREA CODE</b> 419-544-8648		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT</b> 4
<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 4	<b>AIR BAG USAGE</b> 4	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

OCCUPANT

OCCUPANT

OCCUPANT

OCCUPANT

WITNESS

WITNESS

WITNESS

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
<b>INJURED TAKEN BY</b>			<b>EJECTION</b>
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
<b>GENDER</b>			<b>TRAPPED</b>
F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

<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>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>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>		