

7-25-18 SLS



# TRAFFIC CRASH REPORT

|                       |   |  |
|-----------------------|---|--|
| LOCAL REPORT NUMBER * | CRASH SEVERITY                          | HIT/SKIP   |
| 18 MPD 1301           | 3<br>1 - FATAL<br>2 - INJURY<br>3 - PDO | <input type="checkbox"/> 1 - SOLVED<br><input type="checkbox"/> 2 - UNSOLVED |

|  |  |                                  |  |  |   |
|--|--|----------------------------------|--|--|---|
| LOCAL INFORMATION<br>18MPD1301   |  | REPORTING AGENCY NCIC *<br>03801 | REPORTING AGENCY NAME *<br>Millersburg Police Department | NUMBER OF UNITS<br>2                     | UNIT IN ERROR<br>1<br>98 - ANIMAL<br>99 - UNKNOWN |
| PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | PRIVATE PROPERTY                 | COUNTY *<br>Holmes                                       | CITY, VILLAGE, TOWNSHIP *<br>Millersburg | CRASH DATE *<br>07/21/2018                        |
| DEGREES/MINUTES/SECONDS<br>LATITUDE<br>40:32:30.70   |  | LONGITUDE<br>81:54:59.10         |  | DECIMAL DEGREES<br>LATITUDE<br>LONGITUDE |   |

|   |  |                                  |   |   |   |  |  |   |          |
|---|--|----------------------------------|---|---|---|--|--|---|----------|
| ROADWAY DIVISION<br><input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL<br>N - NORTHBOUND<br>S - SOUTHBOUND | NUMBER OF THRU LANES<br>2        | ROAD TYPES OR MILEPOST<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD | CR - CIRCLE<br>CT - COURT<br>DR - DRIVE   | HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE | MP - MILEPOST<br>PK - PARKWAY<br>PI - PIKE | PL - PLACE<br>RD - ROAD<br>SQ - SQUARE | ST - STREET<br>TE - TERRACE<br>TL - TRAIL | WA - WAY |
| LOCATION ROUTE NUMBER<br>TYPE   | LOC PREFIX<br>S N,S<br>E,W   | LOCATION ROAD NAME<br>Washington | LOCATION ROAD TYPE<br>ST  | ROUTE TYPES<br>IR - INTERSTATE ROUTE (INC. TURNPIKE)<br>US - US ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>SR - STATE ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE |   |  |  |   |          |

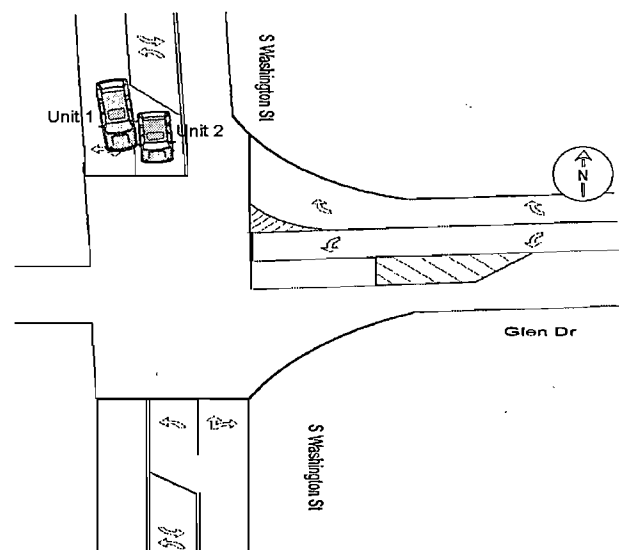
|   |                              |   |   |  |  |  |
|---|------------------------------|---|---|--|--|--|
| DISTANCE FROM REFERENCE<br>20<br><input type="checkbox"/> MILES<br><input checked="" type="checkbox"/> FEET<br><input type="checkbox"/> YARDS | DIR FROM REF<br>N N,S<br>E,W | REFERENCE ROUTE<br>TYPE   | REFERENCE ROUTE NUMBER  | REF PREFIX<br>N,S<br>E,W   | REFERENCE NAME (ROAD, MILEPOST, HOUSE #)<br>Glen | REFERENCE ROAD TYPE<br>DR  |
| REFERENCE POINT USED<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER   | CRASH LOCATION<br>02         | 01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ROUNDBOUT | 06 - FIVE-POINT, OR MORE<br>07 - ON RAMP<br>08 - OFF RAMP<br>09 - CROSSOVER<br>10 - DRIVEWAY ALLEY ACCESS | 11 - RAILWAY GRADE CROSSING<br>12 - SHARED-USE PATHS OR TRAILS<br>99 - UNKNOWN | <input type="checkbox"/> INTERSECTION RELATED    | 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 TRAFFICWAY<br>9 - UNKNOWN |

|   |                                |                                  |  |  |   |   |
|---|--------------------------------|----------------------------------|--|--|---|---|
| ROAD CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL                   | 4 - CURVE GRADE<br>9 - UNKNOWN | ROAD CONDITIONS<br>PRIMARY<br>01 | SECONDARY  | 01 - DRY<br>02 - WET<br>03 - SNOW<br>04 - ICE  | 05 - SAND, MUD, DIRT, OIL, GRAVEL<br>06 - WATER (STANDING, MOVING)<br>07 - SLUSH<br>08 - DEBRIS | 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT<br>10 - OTHER<br>99 - UNKNOWN |
| MANNER OF CRASH COLLISION/IMPACT<br>7 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT |                                |                                  | 8 - SIDESWIPE, OPPOSITE DIRECTION                | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE                             |   |   |
| ROAD SURFACE<br>2 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK          |                                |                                  | 4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER | LIGHT CONDITIONS<br>1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY | 5 - DARK - ROADWAY NOT LIGHTED<br>6 - DARK - UNKNOWN ROADWAY LIGHTING<br>7 - GLARE<br>8 - OTHER | 9 - UNKNOWN<br>10 - OTHER<br>99 - UNKNOWN                             |

|  |   |  |  |   |
|--|---|--|--|---|
| WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (OTHER VEHICLE)<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | TYPE OF WORK ZONE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN | 4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA | 4 - ACTIVITY AREA<br>5 - TERMINATION AREA |
|--|---|--|--|---|

NARRATIVE

Unit 2 was southbound on S. Washington St. in the Left turn lane for Glen Drive. Unit 1 attempted to merge into the left turn lane striking Unit 2. Unit 1 stated she did not know Unit 2 was beside her.



|   |   |                       |                      |                      |                                |                     |
|---|---|-----------------------|----------------------|----------------------|--------------------------------|---------------------|
| REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS) |                       |                      |                      |                                |                     |
| DATE CRASH REPORTED<br>07/21/2018   | TIME CRASH REPORTED<br>1220   | DISPATCH TIME<br>1220 | ARRIVAL TIME<br>1224 | TIME CLEARED<br>1241 | OTHER INVESTIGATION TIME<br>30 | TOTAL MINUTES<br>51 |
| OFFICER'S NAME<br>Markley, Michelle   | OFFICER'S BADGE NUMBER<br>102   | CHECKED BY            |                      |                      |                                |                     |



# UNIT

LOCAL REPORT NUMBER

18 MPD 1301

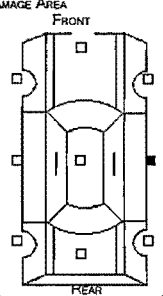
|  |  |   |   |  |
|--|--|---|---|--|
| UNIT NUMBER<br>1   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>Detweiler, Katie, N   | OWNER PHONE NUMBER<br>330-600-7442  | DAMAGE SCALE<br>3   | DAMAGE AREA<br>FRONT<br><br>REAR   |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>2649 Kidron Rd, Orrville, OH, 44667   |  |   | 1 - NONE<br>2 - MINOR<br>3 - FUNCTIONAL<br>4 - DISABLING<br>9 - UNKNOWN   |  |
| LP STATE<br>OH   | LICENSE PLATE NUMBER<br>HHA9552  | VEHICLE IDENTIFICATION NUMBER<br>JS3TX92V064100897  | # OCCUPANTS<br>1  |  |
| VEHICLE YEAR<br>2006   | VEHICLE MAKE<br>Suzuki   | VEHICLE MODEL<br>Xl-7 Or Xl-7 Grand Vitara  | VEHICLE COLOR<br>BLU  |  |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN   | INSURANCE COMPANY<br>Progressive   | POLICY NUMBER<br>918655371  | TOWED BY  |  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |  |   |   | CARRIER PHONE  |
| US DOT   | VEHICLE WEIGHT GWW/RGCVWR<br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS<br><input type="checkbox"/> 2 - 10,001 TO 26,000k LBS<br><input type="checkbox"/> 3 - MORE THAN 26,000k LBS.   | CARGO BODY TYPE<br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL  | TRAFFICWAY DESCRIPTION<br>1 - T WO-WAY, NOT DIVIDED<br>2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA<br>4 - T WO-WAY, DIVIDED, POSITIVE MEDIUM BARRIER<br>5 - ONE-WAY TRAFFICWAY<br><input type="checkbox"/> HIT / SKIP UNIT  |  |
| HM PLACARD ID NO.  | HAZARDOUS MATERIAL RELATED<br><input type="checkbox"/>   |   |   |  |
| HM CLASS NUMBER  |  |   |   |  |
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/>  | TYPE OF USE<br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE  | UNIT TYPE<br>06<br>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>99 - UNKNOWN OR HIT/SKIP  | MEDI/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MEDI/HEAVY VEHICLE<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |  |
| SPECIAL FUNCTION<br>01   | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EOPID.  | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE)   | MOST DAMAGED AREA<br>02<br>IMPACT AREA<br>03  | ACTION<br>3<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN  |
| PRE-CRASH ACTIONS<br>03  | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN   | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS   | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION  | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING<br>21 - OTHER NON-MOTORIST ACTION               |
| CONTRIBUTING CIRCUMSTANCE<br>PRIMARY<br>10   | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION   | VEHICLE DEFECTS<br><input type="checkbox"/>  |
| SEQUENCE OF EVENTS<br>1 20 2 3 4 5 6   | FIRST HARMFUL EVENT<br>1   | MOST HARMFUL EVENT<br>1   | 99 - UNKNOWN  |  |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED   |  | COLLISION WITH FIXED OBJECT   |   |  |
| 14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT | 21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT  | 25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER   | 33 - MEDIUM CABLE BARRIER<br>34 - MEDIUM GUARDRAIL BARRIER<br>35 - MEDIUM CONCRETE BARRIER<br>36 - MEDIUM OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE  | 41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |
| UNIT SPEED<br>5  | POSTED SPEED<br>35   | TRAFFIC CONTROL<br>12   | UNIT DIRECTION<br>FROM 1 TO 2   | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN  |
| <input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED   |  | 01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE   | 07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS  | 13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED  |



# UNIT

LOCAL REPORT NUMBER

18 MPD 1301

|   |  |  |                          |  |                |
|---|--|--|--------------------------|--|----------------|
| UNIT NUMBER<br><b>2</b>   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>Carr, Briana, D | OWNER PHONE NUMBER<br>330-231-2209                 | DAMAGE SCALE<br><b>3</b> | DAMAGE AREA<br> |                |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>7513 Millbrook Rd, Shreve, OH, 44676 |  |  | 1 - NONE                 |  |                |
| LP STATE<br>OH  | LICENSE PLATE NUMBER<br>GGV2137  | VEHICLE IDENTIFICATION NUMBER<br>5J6YH28398L006759 | # OCCUPANTS<br>1         |  | 2 - MINOR      |
| VEHICLE YEAR<br>2008  | VEHICLE MAKE<br>Honda  | VEHICLE MODEL<br>Element                           | VEHICLE COLOR<br>RED     |  | 3 - FUNCTIONAL |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN   | INSURANCE COMPANY<br>Erie  | POLICY NUMBER<br>Q107407572                        | TOWED BY                 | 4 - DISABLING  |                |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP   |  |  |                          | 9 - UNKNOWN  |                |
|   |  |  |                          | CARRIER PHONE  |                |

|                   |   |   |  |  |
|-------------------|---|---|--|--|
| US DOT            | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS<br><input type="checkbox"/> 2 - 10,001 TO 26,000K LBS<br><input type="checkbox"/> 3 - MORE THAN 26,000K LBS. | CARGO BODY TYPE<br><b>01</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE /REFUSE<br>99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - T WO-WAY, NOT DIVIDED<br>2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA<br>4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY<br><input type="checkbox"/> HIT / SKIP UNIT |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL RELATED<br><input type="checkbox"/>  |   |  |  |
| HM CLASS NUMBER   |   |   |  |  |

|   |   |   |  |  |
|---|---|---|--|--|
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/><br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BIYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN CROSSING ISLAND<br>10 - DRIVE WAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>06</b><br>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LMD (9 OR MORE INCLUDING DRIVER)<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | 21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
| <input type="checkbox"/> HAS HM PLACARD   |   |   |  |  |

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EOP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>04</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL (ALL AREAS)<br>14 - OTHER | ACTION<br><b>4</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
|--|---|---|--|--|--|

|  |   |  |   |                                |
|--|---|--|---|--------------------------------|
| PRE-CRASH ACTIONS<br><b>01</b><br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN | MOTORIST<br>07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING/RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
|--|---|--|---|--------------------------------|

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|--|---|--|--|
| CONTRIBUTING CIRCUMSTANCE<br>PRIMARY<br><b>01</b><br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>99 - UNKNOWN | MOTORIST<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><input type="checkbox"/><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
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| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <b>1</b> MISC HARMFUL EVENT <b>1</b> | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD LEFT<br>09 - RAN OFF ROAD RIGHT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |
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| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT | 21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT | COLLISION WITH FIXED OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |
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|   |                           |   |  |
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| UNIT SPEED<br><b>2</b>  | POSTED SPEED<br><b>35</b> | TRAFFIC CONTROL<br><b>12</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS | UNIT DIRECTION<br>FROM <b>1</b> TO <b>2</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
| <input type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED |                           |   |  |



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

18 MPD 1301

|  |   |  |  |  |
|--|---|--|--|--|
| UNIT NUMBER<br>1   | NAME: LAST, FIRST, MIDDLE<br>Detweiler, Katie, N  | DATE OF BIRTH<br>09/08/1994  | AGE<br>23  | GENDER<br><input checked="" type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE  |
| ADDRESS, CITY, STATE, ZIP<br>2649 Kidron Rd, Orrville, OH, 44667   |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>330-600-7442  |  |
| INJURIES<br><input checked="" type="checkbox"/>  | INJURED TAKEN BY<br><input checked="" type="checkbox"/>   | EMS AGENCY   | MEDICAL FACILITY INJURED TAKEN TO  | SAFETY EQUIPMENT USED<br>04  |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER<br>UQ393314   | OL CLASS<br>4  | No <input type="checkbox"/> VALID DL   | M/C END <input type="checkbox"/>   |
| CONDITION<br>1   | ALCOHOL/DRUG SUSPECTED<br>1   | ALCOHOL TEST STATUS<br>1   | ALCOHOL TEST TYPE<br>1   | ALCOHOL TEST VALUE   |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)   | OFFENSE DESCRIPTION   | CITATION NUMBER  | HANDS-FREE DEVICE USED<br><input type="checkbox"/>   | DRIVER DISTRACTED BY<br><input checked="" type="checkbox"/>  |
| UNIT NUMBER<br>2   | NAME: LAST, FIRST, MIDDLE<br>Carr, Briana, D  | DATE OF BIRTH<br>11/18/1982  | AGE<br>35  | GENDER<br><input checked="" type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE  |
| ADDRESS, CITY, STATE, ZIP<br>7513 Millbrook RD, Shreve, OH, 44676  |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>330-231-2209  |  |
| INJURIES<br><input checked="" type="checkbox"/>  | INJURED TAKEN BY<br><input checked="" type="checkbox"/>   | EMS AGENCY   | MEDICAL FACILITY INJURED TAKEN TO  | SAFETY EQUIPMENT USED<br>04  |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER<br>RW191380   | OL CLASS<br>4  | No <input type="checkbox"/> VALID DL   | M/C END <input type="checkbox"/>   |
| CONDITION<br>1   | ALCOHOL/DRUG SUSPECTED<br>1   | ALCOHOL TEST STATUS<br>1   | ALCOHOL TEST TYPE<br>1   | ALCOHOL TEST VALUE   |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)   | OFFENSE DESCRIPTION   | CITATION NUMBER  | HANDS-FREE DEVICE USED<br><input type="checkbox"/>   | DRIVER DISTRACTED BY<br><input type="checkbox"/>   |
| INJURIES<br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL   | INJURED TAKEN BY<br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN   | SAFETY EQUIPMENT USED<br>99 - UNKNOWN SAFETY EQUIPMENT   | MOTORIST<br>01 - NONE USED, VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT ONLY USED              | NON-MOTORIST<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM-REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)                     |
| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN    | AIR BAG USAGE<br>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 |  |
| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE  | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS  | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OTHER THAN M/C)<br>5 - M/C/MOPED ONLY  | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS                                  | ALCOHOL/DRUG SUSPECTED<br>5 - FELL ASLEEP, FAINTED, FATIGUE<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER   |
| ALCOHOL TEST STATUS<br>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  | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  | DRUG TEST STATUS<br>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 | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/EMAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE (NAVIGATION DEVICE, RADIO, DVD)<br>5 - OTHER ELECTRONIC DEVICE<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |
| UNIT NUMBER  | NAME: LAST, FIRST, MIDDLE   | DATE OF BIRTH  | AGE  | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE   |
| ADDRESS, CITY, STATE, ZIP  |   |  | CONTACT PHONE - INCLUDE AREA CODE  |  |
| INJURIES<br><input type="checkbox"/>   | INJURED TAKEN BY<br><input type="checkbox"/>  | EMS AGENCY   | MEDICAL FACILITY INJURED TAKEN TO  | SAFETY EQUIPMENT USED  |
| OL STATE   | OPERATOR LICENSE NUMBER   | OL CLASS   | No <input type="checkbox"/> VALID DL   | M/C END <input type="checkbox"/>   |
| CONDITION  | ALCOHOL/DRUG SUSPECTED  | ALCOHOL TEST STATUS  | ALCOHOL TEST TYPE  | ALCOHOL TEST VALUE   |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)   | OFFENSE DESCRIPTION   | CITATION NUMBER  | HANDS-FREE DEVICE USED<br><input type="checkbox"/>   | DRIVER DISTRACTED BY<br><input type="checkbox"/>   |
| UNIT NUMBER  | NAME: LAST, FIRST, MIDDLE   | DATE OF BIRTH  | AGE  | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE   |
| ADDRESS, CITY, STATE, ZIP  |   |  | CONTACT PHONE - INCLUDE AREA CODE  |  |
| INJURIES<br><input type="checkbox"/>   | INJURED TAKEN BY<br><input type="checkbox"/>  | EMS AGENCY   | MEDICAL FACILITY INJURED TAKEN TO  | SAFETY EQUIPMENT USED  |
| OL STATE   | OPERATOR LICENSE NUMBER   | OL CLASS   | No <input type="checkbox"/> VALID DL   | M/C END <input type="checkbox"/>   |
| CONDITION  | ALCOHOL/DRUG SUSPECTED  | ALCOHOL TEST STATUS  | ALCOHOL TEST TYPE  | ALCOHOL TEST VALUE   |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)   | OFFENSE DESCRIPTION   | CITATION NUMBER  | HANDS-FREE DEVICE USED<br><input type="checkbox"/>   | DRIVER DISTRACTED BY<br><input type="checkbox"/>   |