

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

WV1010-11-21

| | | | | | | | |
|--|--|---|---|--------------------------------|--|----------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> PRIVATE PROPERTY | | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER | <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | LOCAL INFORMATION 21MPD0648 | LOCAL REPORT NUMBER * 21MPD0648 | | |
| REPORTING AGENCY NAME * Millersburg | | | | NCIC * 03801 | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | NUMBER OF UNITS 2 | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN |

| | | | | |
|---------------|---|---|--|---|
| COUNTY* 38 | LOCALITY* 2 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP* Millersburg | CRASH DATE / TIME* 05/06/2021 15:20 | 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 | LOCATION ROAD NAME Private Property | ROAD TYPE DR | LATITUDE DECIMAL DEGREES 40.543490 |
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 2105 Glen Dr (Rodhes IGA) | ROAD TYPE | LONGITUDE DECIMAL DEGREES -81.912850 |

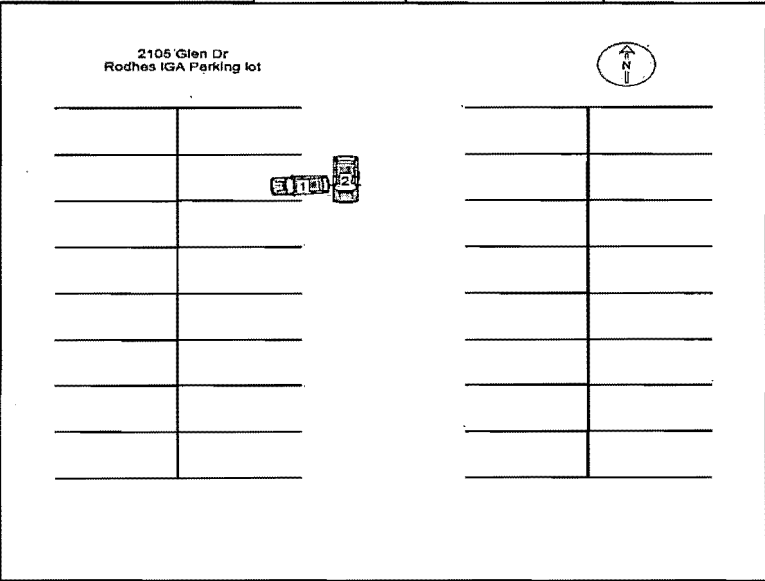
| | | | | |
|--|--|---|--|---|
| REFERENCE POINT 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS 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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | | |

| | | | |
|--|--|--|---|
| LOCATION OF FIRST HARMFUL EVENT 6 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 | MANNER OF CRASH COLLISION/IMPACT 5 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN | DIRECTION OF TRAVEL 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | MEDIAN TYPE 2 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN |
|--|--|--|---|

| | | | | | |
|---|---|---|---|--|--|
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN | CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN | SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN |
|---|---|---|---|--|--|

| | |
|---|--|
| LIGHT CONDITION 1 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 |
|---|--|

NARRATIVE
 Unit #1 backed out of parking space and failed to see Unit #2 which was southbound in the parking lot behind Unit #1. Unit #1 struck Unit #2 causing minor damage.



| | | | | |
|--|--|---|---|---|
| CRASH REPORTED DATE / TIME 05/06/2021 15:20 | DISPATCH DATE / TIME 05/06/2021 15:23 | ARRIVAL DATE / TIME 05/06/2021 15:25 | SCENE CLEARED DATE / TIME 05/06/2021 15:45 | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME 30 | TOTAL MINUTES 52 | OFFICER'S NAME* Lay, Jeffrey | CHECKED BY OFFICER'S NAME* |
| | | | OFFICER'S BADGE NUMBER* 109 | CHECKED BY OFFICER'S BADGE NUMBER* |
| | | | | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS) |

UNIT # 2 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER)
OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
 330-600-1237

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
 1056 WOOSTER RD, MILLERSBURG, OH, 44654

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

DAMAGE

DAMAGE SCALE

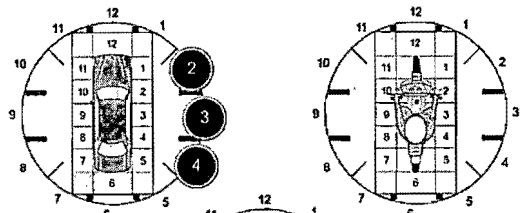
1 - NONE
 2 - MINOR DAMAGE
 3 - FUNCTIONAL DAMAGE
 4 - DISABLING DAMAGE
 9 - UNKNOWN

2

LP STATE OH **LICENSE PLATE #** HZU5709 **VEHICLE IDENTIFICATION #** JN8AZ1MW0DW307609 **VEHICLE YEAR** 2013 **VEHICLE MAKE** NISSAN

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

INSURANCE VERIFIED **INSURANCE COMPANY** PROGRESSIVE **INSURANCE POLICY #** 0490143 **COLOR** BLU **VEHICLE MODEL** MURANO



TYPE OF USE
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # **TOWED BY:** COMPANY NAME

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT **# OCCUPANTS**

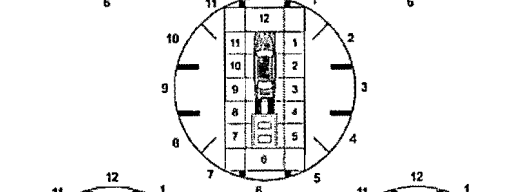
VEHICLE WEIGHT GVWR/GCWR
 1 - ≤10K LBS.
 2 - 10.001 - 26K LBS.
 3 - > 26K LBS.

HAZARDOUS MATERIAL
 MATERIAL CLASS # RELEASED PLACARD PLACARD ID #

UNIT TYPE 3

| | | | | |
|-----------------------------|------------------------------------|------------------------|--|----------------------------|
| 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

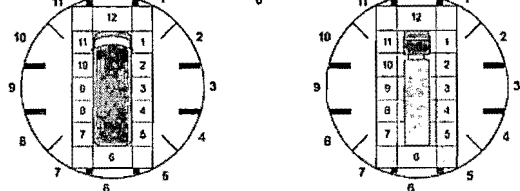


WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

0 - NO AUTOMATION
 1 - DRIVER ASSISTANCE
 2 - PARTIAL AUTOMATION
 3 - CONDITIONAL AUTOMATION
 4 - HIGH AUTOMATION
 5 - FULL AUTOMATION
 9 - UNKNOWN

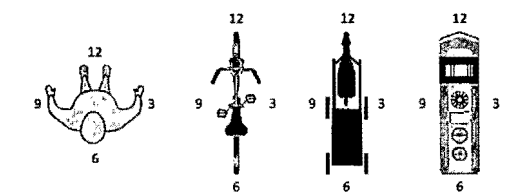
SPECIAL FUNCTION 1

| | | | | |
|-----------------------------|------------------------|--------------------------|----------------------------|----------------------|
| 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 - 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 - 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

| | | | | |
|----------------------------|---------------------------|--|---|--|
| 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 | | | |

INITIAL POINT OF CONTACT

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

2

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 | |
| 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 | | | | |

TRAFFIC

TRAFFICWAY FLOW 2

1 - ONE-WAY
 2 - TWO-WAY

TRAFFIC CONTROL 6

1 - ROUNDABOUT
 2 - SIGNAL
 3 - FLASHER
 4 - STOP SIGN
 5 - YIELD SIGN
 6 - NO CONTROL

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 | 24 - OTHER MOVABLE OBJECT |
| 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 | | |

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING 1

1 - NOT INVOLVED
 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

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 | |
| 30 - GUARDRAIL FACE | 36 - MEDIAN OTHER BARRIER | 43 - CURB | 50 - WORK ZONE MAINTENANCE EQUIPMENT | |
| | 37 - TRAFFIC SIGN POST | 44 - DITCH | 51 - WALL | |

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

21MPD0648

| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER | | | | | | | |
|--|-----------------------------------|---|---|---|---|------------------|---------------|----------|--------------|------|------------------------|
| 1 | MILLER, DAVID, A | 04/28/1942 | 79 | M | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 6744 SR 179, LAKEVILLE, OH, 44638 | | CONTACT PHONE - INCLUDE AREA CODE 330-378-5476 | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| 5 | 1 | | | 4 | | 1 | 1 | 1 | 1 | | |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | CITATION NUMBER | | | | | | |
| OH | RL555258 | | | | | | | | | | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | ALCOHOL TEST | | | DRUG TEST(S) | | |
| 4 | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | 1 | STATUS | TYPE | VALUE | STATUS | TYPE | RESULTS SELECT UP TO 4 |
| | | | | | | 1 | 1 | | 1 | 1 | |
| 2 | SNYDER, KRISTINA, L | 08/06/1988 | 32 | F | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 1056 WOOSTER RD, MILLERSBURG, OH, 44654 | | CONTACT PHONE - INCLUDE AREA CODE 330-600-1237 | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| 5 | 1 | | | 4 | | 1 | 1 | 1 | 1 | | |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | CITATION NUMBER | | | | | | |
| OH | SU167007 | | | | | | | | | | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | ALCOHOL TEST | | | DRUG TEST(S) | | |
| 4 | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | 1 | STATUS | TYPE | VALUE | STATUS | TYPE | RESULTS SELECT UP TO 4 |
| | | | | | | 1 | 1 | | 1 | 1 | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | CITATION NUMBER | | | | | | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | ALCOHOL TEST | | | DRUG TEST(S) | | |

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