OF PUBLIC BAPKTY
OF PUBLIC BAPKTY
AND THE SECOND STREET TRAFFIC CRASH REPORT \*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT 22MPD0142 UNIT IN ERROR REPORTING AGENCY NAME \* NCIC \* HIT/SKIP NUMBER OF UNITS OH-1P OTHER SECONDARY CRASH 98 - ANIMAL 99 - UNKNOWN 1 - SOLVED Millersburg 03801 2 .1 PRIVATE PROPERTY 2 - UNSOLVED LOCALITY\* COUNTY\* CRASH SEVERITY LOCATION: CITY, VILLAGE TOWNSHIP\* CRASH DATE / TIME\* 1 - FATAL 2 - VILLAGE 3 - TOWNSHIP 2 Millersburg 38 01/22/2022 11:58 2 - SERIOUS INJURY SUSPECTED ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH LOCATION ROAD NAME ROAD TYPE LATITUDE DECIMAL DEGREES - SOUTH 3 - MINOR INJURY 40,540440 - EAST ST Washington SUSPECTED 4 - WEST 4 - INJURY POSSIBLE ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE LONGITUDE DECIMAL DEGREES S - PROPERTY DAMAGE 2 - SOUTH - EAST -81.916051 1129 S. Washington St ONLY 4 - WEST INTERSECTION RELATED REFERENCE POINT DIRECTION FROM REFERENCE ROUTE TYPE ROAD TYPE 1 - INTERSECTION AL - ALLEY HW - HIGHWAY RD - ROAD 1 - NORTH IR - INTERSTATE ROUTE (TP) WITHIN INTERSECTION OR ON APPROACH 3 | 2 - MILE POST - SOUTH AV - AVENUE LA - LANE SQ - SQUARE 2 - SOUT 3 - EAST US - FEDERAL US ROUTE BL - BOULEVARD MP - MILEPOST ST - STREET 3 - HOUSE # WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4 - WEST SR - STATE ROUTE CR - CIRCLE OV - OVAL TE - TERRACE DISTANCE UNIT OF MEASURE DISTANCE FROM REFERENCE ROADWAY CT - COURT PK - PARKWAY TL - TRAIL CR - NUMBERED COUNTY ROUTE 1 - MILES DR - DRIVE PI - PIKE WA - WAY TR - NUMBERED TOWNSHIP ROADWAY DIVIDED 2 - FEET PL - PLACE HE - HEIGHTS 10.00 3 - YARDS LOCATION OF FIRST HARMFUL EVENT DIRECTION OF TRAVEL MANNER OF CRASH COLLISION/IMPACT MEDIAN TYPE 1 - ON ROADWAY 9 - CROSSOVER 1 - NOT COLLISION 4 - REAR-TO-REAR 1 - DIVIDED FLUSH MEDIAN 1 - NORTH 2 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS BETWEEN 5 - BACKING 2 - SOUTH ( <4 FFFT ) 3 - IN MEDIAN TWO MOTOR 11 - RAILWAY GRADE CROSSING 3 - EAST 2 - DIVIDED FLUSH MEDIAN 6 - ANGLE VEHICLES IN 4 - ON ROADSIDE 12 - SHARED USE PATHS OR 4 - WEST (>4 FEET) 7 - SIDESWIPE, SAME DIRECTION TRANSPORT 5 - ON GORE TRAILS 3 - DIVIDED, DEPRESSED MEDIAN 8 - SIDESWIPE, OPPOSITE DIRECTION 2 - REAR-END 6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE 4 - DIVIDED, RAISED MEDIAN 3 - HEAD-ON 9 - OTHER / UNKNOWN 7 - ON RAMP 14 - TOLL BOOTH (ANY TYPE) 8 - OFF RAMP 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN CONDITIONS SURFACE CONTOUR WORK ZONE RELATED **WORK ZONE TYPE** LOCATION OF CRASH IN WORK ZONE 1 1 - LANE CLOSURE 1 - BEFORE THE 1ST WORK ZONE 1 <sub>1</sub> 2 <sub>1</sub> WORKERS PRESENT WARNING SIGN 2 - LANE SHIFT/ CROSSOVER - STRAIGHT 1 - DRY - CONCRETE 2 - ADVANCE WARNING AREA LAW ENFORCEMENT PRESENT 3 - WORK ON SHOULDER LEVEL 2 - WET BLACKTOP. 3 - TRANSITION AREA OR MEDIAN BITUMINOUS. STRAIGHT 3 - SNOW 4 - ACTIVITY AREA 4 - INTERMITTENT OR MOVING WORK ASPHALT GRADE 4 - ICE ACTIVE SCHOOL ZONE 5 - TERMINATION AREA - BRICK/BLOCK S - OTHER - CURVE LEVEL 5 - SAND, MUD, DIRT, 4 - SLAG , GRAVEL, OIL, GRAVEL 4 - CURVE GRADE LIGHT CONDITION WEATHER STONE 6 - WATER (STANDING, 9 - OTHER 1 - DAYLIGHT 1 - CLEAR 6 - SNOW 5 - DIRT /UNKNOWN MOVING) 2 - DAWN/DUSK 2 - CLOUDY 7 - SEVERE CROSSWINDS le - OTHER 7 - SLUSH 3 - DARK - LIGHTED ROADWAY / UNKNOWN 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER / UNKNOWN 4 - DARK - ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE 5 - DARK - UNKNOWN ROADWAY LIGHTING 5 - SLEET HAN 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN NARRATIVE Unit 2 was stopped in traffic. Unit 1 failed to leave enough space in between himself and Unit 2 and rolled into the back of Unit 2 casuing minor damage. Not To Scale Washington St 1129 S. Washington St. (BellStores South) CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY POLICE AGENCY 01/22/2022 11:58 01/22/2022 11:59 01/22/2022 12:02 01/22/2022 12:18 MOTORIST TOTAL TIME OFFICER'S NAME CHECKED BY OFFICER'S NAME OTHER TOTAL OADWAY CLOSED INVESTIGATION TIME MINUTES Bailey, Connor SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OFFICER'S BADGE NUMBERS CHECKED BY OFFICER'S BADGE NUMBER\* 0 10 29 106

| OHO DEPARTMENT | U | N | I. | Г |
|----------------|---|---|----|---|
|----------------|---|---|----|---|

## 22MPD0142 DAMAGE OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER) OWNER PHONE:INCLUDE AREA CODE ( SAME AS DRIVER) UNIT# DAVIS, KEVIN, M 614-551-8447 DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP ( [] SAME AS DRIVER) 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 701 N. MARKET ST., SHREVE, OH, 44676 9 - UNKNOWN COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE MAKE VEHICLE YEAR DODGE INSURANCE INSURANCE COMPANY VERIFIED NATIONALIS JAN3143 1D7RV1GP2BS660913 2011 INSURANCE POLICY # COLOR VEHICLE MODEL 9234) 338340 BLK RAM TOWED BY: COMPANY NAME TYPE OF USE US DOT # GOVERNMENT IN EMERGENCY RESPONSE COMMERCIAL HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR INTERLOCK # OCCUPANTS 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. CLASS # PLACARD ID 4 DEVICE HIT/SKIP UNIT RELEASED EQUIPPED PLACARD 3 - > 26K LBS. 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 ~ GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER 2 - PASSENGER VAN 7 ~ MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 4 (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT 25 - OTHER NON-MOTORIST 20 - OTHER VEHICLE UNIT TYPE 3 - SPORT UTILITY 9 - AUTOCYCLE TRUCK 21 - HEAVY EQUIPMENT 26 - BICYCLE VEHICLE 15 - SEMI-TRACTOR 10 - MOPED OR MOTORIZED 27 - TRAIN 22 - ANIMAL WITH RIDER OR 4 - PICK LIP BICYCLE 16 - FARM EQUIPMENT ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP S - CARGO VAN 11 - ALL TERRAIN VEHICLE 17 - MOTORHOME # of TRAILING UNITS 0 WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOW! 1 3 - ELECTRONIC RIDE SHARING 13 - POLICE 18 - SNOW REMOVAL 8 - BUS - SHUTTLE SPECIAL 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING FUNCTION 4 - SCHOOL TRANSPORT 10 - AMBULANCE 15 - CONSTRUCTION EQUIP. 20 - SAFETY SERVICE 5 - BUS - TRANSIT/COMMUTER PATROL 1 - NO CARGO BODY TYPE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 99 - OTHER / UNKNOWN 1 S - INTERMODAL / NOT APPLICABLE 8 - POLE 12 - CONCRETE MIXER 2 - BUS CONTAINER CHASSIS CARGO 9 - CARGO TANK 13 - AUTO TRANSPORTER 3 - VEHICLE TOWING 6 - CARGOVAN /ENCLOSED BOX BODY 10 - FLAT BED 14 - GARBAGE/REFUSE ANOTHER MOTOR VEHICLE Ø TYPE 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS S - STEERING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR VEHICLE ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE DEFECTS - UNDERCARRIAGE [ 14 ] - NO DAMAGE [ 0 ] 1 - INTERSECTION -7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 4 - MIDBLOCK -99 - OTHER / UNKNOWN - ALL AREAS [ 15 ] ☐-TOP | 13 1 MARKED CROSSWALK MARKED CROSSWALK 11 - SHARED USE PATHS A . SIDEWALK 2 - INTERSECTION -S - TRAVEL LANE -NON. OR TRAILS 9 - MEDIAN/CROSSING LIMMARKED CDOSSWALK OTHER LOCATION 12 - FIRST RESPONDER - UNIT NOT AT SCENE [ 16 ] LOCATION **ISLAND** 3 - INTERSECTION - OTHER 6 - BICYCLE LANE AT INCIDENT SCENE 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC 15 - WALKING RUNNING 21 - STANDING OUTSIDE 1 - NON-CONTACT INITIAL POINT OF CONTACT DISABLED VEHICLE LANE JOGGING, PLAYING 2 - BACKING 2 - NON-COLLISION 0 - NO DAMAGE 14 - UNDERCARRIAGE 3 - CHANGING LANES 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN 1 3 4 - OVERTAKING/PASSING PRE-CRASH 5 - MAKING RIGHT TURN 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 3 - STRIKING 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 12 18 - APPROACHING OR DIAGRAM ACTION 4-STRUCK 99 - UNKNOWN LEAVING VEHICLE ACTIONS 6 - MAKING LEFT TURN 12 - DRIVERLESS S - BOTH STRIKING 13 - TOP 19 - STANDING 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE & STRUCK 8 - ENTERING TRAFFIC 14 - ENTERING OR CROSSING 20 - OTHER NON-MOTORIST 9 - OTHER / UNKNOWN SPECIFIED LOCATION TRAFFIC 1 - NONE 8 - FOLLOWING TOO CLOSE 13 - IMPROPER START FROM 18 - OPERATING DEFECTIVE 23 - OPENING DOOR INTO TRAFFIC CONTROL TRAFFICWAY FLOW /ACDA A PARKED POSITION EQUIPMENT 2 - FAILURE TO YIELD 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 19 - LOAD SHIFTING 3 - RAN RED LIGHT IMPROPER LANE 14 - STOPPED OR PARKED 99 - OTHER IMPROPER 2 - TWO-WAY CHANGE 2 ~ SIGNAL S - YIELD SIGN ILLEGALLY /FALLING/SPILLING 8 4 - RAN STOP SIGN ACTION 2 S - UNSAFE SPEED 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING 3 - FLASHER 6 - NO CONTROL CONTRIBUTING 6 - IMPROPER TURN CIRCUMSTANCES 7 - LEFT OF CENTER 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - LYING IN ROADWAY RAIL GRADE CROSSING 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE # of THROUGH LANES ON ROAD 1 - NOT INVLOVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 2 EVENTS 3 - INVOLVED-PASSIVE CROSSING 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 19 - ANIMAL -OTHER 23 - STRUCK BY FALLING, 20 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT SHIFTING CARGO OR UNIT / NON-MOTORIST DIRECTION ANYTHING SET IN MOTION BY A MOTOR 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 10 - CROSS MEDIAN 21 - PARKED MOTOR - JACKKNIFE 15 - PEDALCYCLE 5 - NORTHEAST VEHICLE 24 - OTHER MOVABLE 5 - CARGO / FOUIPMENT 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE VEHICLE 2 - SOUTH 6 - NORTHWEST LOSS OR SHIFT OPPOSITE DIRECTION OF TRAVEL 22 - WORK ZONE 17 - ANIMAL - FARM 7 - SOUTHEAST 3 - EAST MAINTENANCE 6 - EQUIPMENT FAILURE 18 - ANIMAL - DEER 2 <sub>| 10</sub> 1 | 4 - WEST 8 - SOUTHWEST EQUIPMENT 9 - OTHER / UNKNOWN COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 52 - BUILDING 3B - OVERHEAD SIGN POST / CRASH CUSHION - BRIDGE OVERHEAD 32 - PORTABLE BARRIER 33 - MEDIAN CASLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT S3 - TUNNEL UNIT SPEED DETECTED SPEED 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN STRUCTURE 34 - MEDIAN GUARDRAIL 40 - UTILITY POLE 48 - TREE 49 - FIRE HYDRANT 1 - STATED / ESTIMATED SPEED 27 - BRIDGE PIER OR BARRIER 41 - OTHER POST, POLE 10 50 - WORK ZONE ABUTMENT 35 - MEDIAN CONCRETE OR SUPPORT MAINTENANCE 28 - BRIDGE PARAPET 42 - CULVERT | 2 - CALCULATED / EDR EQUIPMENT 36 - MEDIAN OTHER BARRIER 43 - CURB 44 - DITCH POSTED SPEED GUARDRAIL FACE 37 - TRAFFIC SIGN POST S1 - WALL 3 - UNDETERMINED 35

MOST HARMFUL EVENT

1

FIRST HARMFUL EVENT

LOCAL REPORT NUMBER



## LOCAL REPORT NUMBER

|                        | 22   | 2MPD0142   |
|------------------------|--|--|
| DRIVER)                |  | DAMAGE   |
|                        | 1 - NONE   | AMAGE SCALE  3 - FUNCTIONAL DAMAGE   |
|                        | 2 2 - MINOR DAM                                      |  |
| CODE                   |  | - UNKNOWN<br>MAGED AREA(S)   |
| AKE                    |  | ATE ALL THAT APPLY   |
| A                      | 12   | 12   |
| ODEL                   | 10 11 12 1 2 1 10 10 10 10 10 10 10 10 10 10 10 10 1 | 10 11 1 2 2 2 3 3  |
| D ID #                 | 8 7 6 5  | 8 7 8 5 4  |
| er<br>( Type)<br>Orist | 10   | 12<br>11<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10 |
| T/SKIP                 | 12 7   | 6 5 11 12 1  |
| ER                     | 10 12 1<br>11 1 2 2<br>9 8 1 3 3                     | 10 12 1<br>10 2 1<br>10 3 3  |
| KNOWN                  | 8 7 6 5 4  | 8 7 6 4 1<br>8 5 12 12 12  |
| KNOWN                  | 9 3 9  | 3 9 6 6  |
| IKNOWN                 | ☐- NO DAMAGE   | 6 6 6<br>[0] - UNDERCARRIAGE [14]  |
| KNOWN                  |  |  |
|                        | ∐-TOP[13]  | LI- ALL AREAS [15]   |
|                        | ∐- ∪   | INIT NOT AT SCENE[ 16]   |
| UTSIDE<br>HICLE        |  | POINT OF CONTACT   |
| KNOWN                  | 0 - NO DAM/<br>6 , 1-12 - REFER                      | AGE 14 - UNDERCARRIAGE TO UNIT 15 - VEHICLE NOT AT SCENE                         |
|                        | DIAGRA   | AM<br>99 - UNKNOWN   |
|                        | 13 - TOP   |  |
| OOR INTO               | TOACCIONAVEION                                       | TRAFFIC CONTROL  |
| ROPER                  | 1 - ONE-WAY  | 1 - ROUNDABOUT 4 - STOP SIGN   |
|                        | 2 - TWO-WAY  | 6 2 - SIGNAL S - YIELD SIGN 3 - FLASHER 6 - NO CONTROL                           |
|                        | # of THROUGH LANES                                   | RAIL GRADE CROSSING  |
|                        | ON ROAD  | 1 - NOT INVLOVED   |
| LLING,                 | 2  | 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING                       |
| GO OR<br>T IN          | UNIT / NO  | N-MOTORIST DIRECTION   |
| MOTOR                  |  | 1 - NORTH S - NORTHEAST  |
| BLE                    | . 1  | 2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST                                |
|                        | FROM 1 TO 2  | 4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                    |
|                        | UNIT SPEED   | DETECTED SPEED   |
| NOWN                   | 0  | 1 - STATED / ESTIMATED SPEED   |
|                        | POSTED SPEED   | 1 2 - CALCULATED / EDR   |

|   |  |   |  |   |  |  | 22MPD0142                               |   |  |  |  |
|---|--|---|--|---|--|--|---|---|--|--|--|
| _                                       | WNER NAME: LAST, FIRST,  | MIDDLE ( 🗆 SAME AS DRIVE  | R)   | OWNER   |  | A CODE ( SAME AS DRIVER)   | D A M A G E                             |   |  |  |  |
|   | ROYER, VERLIN, W.  |   |  |   | 574-536  | -4676  | DAMAGE SCALE                            |   |  |  |  |
| =                                       | PRESS: STREET, CITY, STATE, Z  |   |  |   |  |  | 1 - NONE<br>2 - MINOR DAMA              | 3 - FUNCTIONAL DAMAGE AGE 4 - DISABLING DAMAGE    |  |  |  |
| •                                       | 59, MILLERSBURG,   |   |  | т   |  |  |   | UNKNOWN   |  |  |  |
| COMMERCIA                               | L CARRIER: NAME, ADDRES  | S, CITY, STATE, ZIP   |  | Co  | MMERCIAL CARRIER PHO   | ONE: INCLUDE AREA CODE   |   | MAGED AREA(S)                                     |  |  |  |
|   |  | <u> </u>  |  |   | ·  |  |   | TE ALL THAT APPLY                                 |  |  |  |
| <b>3</b> 1                              | ICENSE PLATE #   |   | IICLE IDENTIFICATION #   |   | VEHICLE YEAR   | VEHICLE MAKE   |   |   |  |  |  |
|   | BM1705   |   | (RW2H8XKH663593  |   | 2019   | HONDA  | 11 12                                   | 11 12 1   |  |  |  |
| INSURANC<br>VERIFIED                    | INSURANCE COMPA  |   | INSURANCE POLICY #   |   | COLOR  | VEHICLE MODEL  |   |   |  |  |  |
| LOLIVERIFIED                            |  | <u> </u>  | WNP 3669910  |   | SIL  | CR-V   | 10 1 2                                  | 10 11 1 2   |  |  |  |
| F-7                                     | TYPE OF USE  | IN EMERGENCY  | US DOT#  | IOW   | ED BY: COMPANY N   | AME  |   |   |  |  |  |
| COMMERC                                 | IAL GOVERNMENT   | RESPONSE  | EHICLE WEIGHT GVWR/GCW   | R -   | HAZARDOU   | S MATERIAL   |   |   |  |  |  |
| INTERLOCI                               | HIT/SKIP UNIT  | # OCCUPANTS   | 1 - ≤10K L85.  |   | MATERIAL CLAS  | S# PLACARD ID#   | 7 5 4                                   | 7 7 5 1/4   |  |  |  |
| EQUIPPED                                |  |   | 2 - 10,001 - 26K LBS.<br>3 - > 26K LBS.  |   | ELEASED<br>LACARD  | 11   |   |   |  |  |  |
|   | 1 - PASSENGER CAR 6 - VA   | N (9-15 SEATS)  |  |   |  | PEDESTRIAN/SKATER  | 6 1                                     | 6 .   |  |  |  |
| _ >                                     |  | OTORCYCLE 2-WHEELED   |  |   |  | WHEELCHAIR (ANY TYPE)  | 10 /                                    | 12  |  |  |  |
| 3                                       | (MINIVAN) 8 - M  | OTORCYCLE 3-WHEELED   | 14 - SINGLE UNIT 20 -  | OTHER VEH   | · ·  | OTHER NON-MOTORIST   | 7                                       |   |  |  |  |
| UNIT TYPE                               | MELICE E   | JTOCYCLE<br>MOPED OR MOTORIZED  | 15 - SEMI-TRACTOR  | HEAVY EQ  |  | BICYCLE  | 9                                       | 5 3 3   |  |  |  |
| 4                                       |  | ICYCLE  | 16 - FARM FOLIPMENT 22 -   |   |  | TRAIN  | <del>-</del>                            |   |  |  |  |
|   |  | LL TERRAIN VEHICLE  | 17 - MOTORHOME   | - 11 THE PARTY OF   | 99.  | UNKNOWN OR HIT/SKIP  | 8                                       | 7 5 4   |  |  |  |
|   | # OF TRAILING UNITS  | /UTV)   |  |   |  |  | 12 7                                    | 5 12  |  |  |  |
| VEHIOLE<br>O                            | VAS VEHICLE OPERATING IN A   | UTONOMOUS   | 2 22   |   |  | *  | " 101                                   | 6 11 12   |  |  |  |
| E                                       | MODE WHEN CRASH OCCURRE  |   |  |   | IONAL AUTOMATION   | 9 - UNKNOWN  | 10 1 2                                  | 10 2  |  |  |  |
| . 2 .                                   |  |   |  |   | UTOMATION  |  | 4 10 2 4                                | <u> </u>  |  |  |  |
| 1                                       | -YES 2-NO 9-OTHER/   | JNKNOWN AUTONO<br>MODE L  | MOUS 2 - PARTIAL AUTOMATION :<br>EVEL  | 5 - FULL AU   | JTOMATION  |  | 9 8 3 3                                 | B B 3   |  |  |  |
| 1                                       | 1 - NONE   | 6 - BUS - CHARTER   |  | 16 - F  | ARM  | 21 - MAIL CARRIER  |   |   |  |  |  |
| . 1 . 2                                 | 2 - TAXI   | 7 - BUS - INTERCITY   | 12 - MILITARY  |   | NOWING   | 99 - OTHER / UNKNOWN   | 8 7 5 4                                 | 8 7 7 6 7   |  |  |  |
| *************************************** | 3 - ELECTRONIC RIDE  | 8 - BUS - SHUTTLE   | 13 - POLICE  |   | NOW REMOVAL  |  | 7 5                                     | 7 0 5   |  |  |  |
| SPECIAL FUNCTION 4                      | SHARING<br>4 - SCHOOL TRANSPORT  | 9 - BUS - OTHER<br>10 - AMBULANCE   | 14 - PUBLIC UTILITY  |   | OWING<br>AFETY SERVICE   |  | 6                                       | 8   |  |  |  |
| rosterios                               | S - BUS - TRANSIT/COMMUTER   | IU - AMBULANCE  | 15 - CONSTRUCTION EQU  |   | ATROL  |  |   | 12 12 12  |  |  |  |
| . 1                                     | I - NO CARGO BODY TYPE   | 4 - LOGGING   | 7 - GRAIN/CHIPS/GRAVEL   | 11 - 0  | IIMP   | 99 - OTHER / UNKNOWN   | 12                                      |   |  |  |  |
| ı                                       | / NOT APPLICABLE   | S - INTERMODAL  | 8 - POLE   |   | ONCRETE MIXER  | 33 - 0 (11611) 01111101111   | 9.9                                     |   |  |  |  |
| wildo                                   | 2 - BUS  | CONTAINER CHAS  |  |   | UTO TRANSPORTER  |  | و دارگراو                               | 3   |  |  |  |
| BODY 3                                  | 3 - VEHICLE TOWING<br>ANOTHER MOTOR VEHICLE  | 6 - CARGOVAN<br>/ENCLOSED BOX   | 10 - FLAT BED  | 14 - G  | ARBAGE/REFUSE  |  |   | <b>*    </b>                                      |  |  |  |
|   | 1 - TURN SIGNALS   | 4 - BRAKES  | 7 WORM OF CHEEF TIPE   |   | STOR TROUBLE   | DO OTHER HANDING   | 6                                       | $\Theta$  |  |  |  |
| 1                                       | 2 - HEAD LAMPS   | 5 - STEERING  | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT   |   | OTOR TROUBLE<br>HISABLED FROM PRIOR  | 99 - OTHER / UNKNOWN   |   | 6 6 6   |  |  |  |
| VEHICLE .                               | 3 - TAIL LAMPS   | 6 - TIRE BLOWOUT  | DEFECTIVE  |   | CCIDENT  |  |   |   |  |  |  |
| DEFECTS                                 | ,  |   |  |   |  |  | - NO DAMAGE                             | [0]  - UNDERCARRIAGE [14]                         |  |  |  |
|   | 1 - INTERSECTION -   | 4 - MIDBLOCK -  | 7 - SHOULDER/ROADSIDE  |   | PRIVEWAY ACCESS  | 99 - OTHER / UNKNOWN   |   |   |  |  |  |
| NON. 2                                  | MARKED CROSSWALK<br>2 - INTERSECTION -   | MARKED CROSS  | 9 - PINEMATK   |   | HARED USE PATHS<br>OR TRAILS   |  | TOP[13]                                 | L- ALL AREAS [15]                                 |  |  |  |
| MOTORIST                                | UNMARKED CROSSWAUK   | OTHER LOCATIO   | N 9 - MEDIAN/CROSSING<br>ISLAND  | 12 - F  | IRST RESPONDER   |  | □- v                                    | NIT NOT AT SCENE [ 16 ]                           |  |  |  |
|   | 3 - INTERSECTION - OTHER   | 6 - BICYCLE LANE  |  |   | T INCIDENT SCENE   |  |   |   |  |  |  |
|   | 1 - NON-CONTACT  | 1 - STRAIGHT AHEAD<br>2 - BACKING   | 9 - LEAVING TRAFFIC<br>LANE  |   | VALKING, RUNNING,<br>DGGING, PLAYING   | 21 - STANDING OUTSIDE<br>DISABLED VEHICLE  | INITIAL                                 | POINT OF CONTACT                                  |  |  |  |
| , a                                     | 2 - NON-COLLISION 11   |   | •  |   | VORKING  | 99 - OTHER / UNKNOWN   | 0 - NO DAMA                             | GE 14 - UNDERCARRIAGE                             |  |  |  |
|   | 3 - STRIKING   | 3 - CHANGING LANE 4 - OVERTAKING/PAS H S - MAKING RIGHT TI  | SSING 11 - SLOWING OR STOPPER  |   | USHING VEHICLE   |  |   | TO UNIT 15 - VEHICLE NOT AT SCENE                 |  |  |  |
|   | 4-STRUCK ACTIONS   | H S - MAKING RIGHT TI<br>S 6 - MAKING LEFT TUP  |  |   | APPROACHING OR<br>EAVING VEHICLE   |  | DIAGRA                                  | 99 - UNKNOWN                                      |  |  |  |
| •                                       | S - BOTH STRIKING<br>& STRUCK  | 7 - MAKING U-TURN   | 13 - NEGOTIATING A CURV  |   | TANDING  |  | 13 - TOP                                | İ   |  |  |  |
|   | 9 - OTHER / UNKNOWN  | 8 - ENTERING TRAFF<br>LANE  | IC 14 - ENTERING OR CROSSII<br>SPECIFIED LOCATION  | NG 20 - C   | OTHER NON-MOTORIS  | Ī  |   | TRAFFIC   |  |  |  |
|   | 1 - NONE   | B - FOLLOWING TOO   | CLOSE 13 - IMPROPER START FROM   | M 18 - O  | PERATING DEFECTIVE   | 23 - OPENING DOOR INTO   | TRAFFICWAY FLOW                         | TRAFFIC CONTROL                                   |  |  |  |
|   | 2 - FAILURE TO YIELD   | /ACDA   | A PARKED POSITION  | EC  | QUIPMENT   | ROADWAY  | 1 - ONE-WAY                             | 1 - ROUNDABOUT 4 - STOP SIGN                      |  |  |  |
| . 1                                     | 3 - RAN RED LIGHT<br>4 - RAN STOP SIGN   | 9 - IMPROPER LANE<br>CHANGE   | 14 - STOPPED OR PARKED ILLEGALLY   |   | DAD SHIFTING<br>ALLING/SPILLING  | 99 - OTHER IMPROPER<br>ACTION  | 2 - TWO-WAY                             | 2 - SIGNAL S - VIELD SIGN                         |  |  |  |
|   | S - UNSAFE SPEED   | 10 - IMPROPER PASS  |  |   | APROPER CROSSING   | 7 100 100 1  |   | 6 3 - FLASHER 6 - NO CONTROL                      |  |  |  |
| CONTRIBUTING CIRCUMSTANCE               | 6 - IMPROPER TURN<br>5 7 - LEFT OF CENTER  | 11 - DROVE OFF ROA  |  |   | YING IN ROADWAY  |  | # as Tilperious to the                  | DAU CRAST CROSSING                                |  |  |  |
| Ĕ                                       | 7 - LEFT OF CENTER   | 12 - IMPROPER BACK  | ING 17 - VISION OBSTRUCTION  | 22 - N  | OT DISCERNIBLE   |  | # OF THROUGH LANES<br>ON ROAD           | RAIL GRADE CROSSING  1 - NOT INVLOVED             |  |  |  |
| SEQUENCE C                              | OF EVENTS  |   |  |   |  |  | _                                       | 2 - INVOLVED-ACTIVE CROSSING                      |  |  |  |
| <u>w</u>                                | American and a manual three lands of   | ACCOMPANIES AND   | EVENTS   |   | marine same of the state of the same of th | annessen i sperior superior superior de la companya del companya de la companya de la companya del companya de la companya del la companya de | 2                                       | 3 - INVOLVED-PASSIVE CROSSING                     |  |  |  |
| 1 20                                    | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION  | 7 - SEPARATION OF UI<br>B - RAN OFF ROAD RIS  |  |   | NIMAL -OTHER<br>NOTOR VEHICLE IN   | 23 - STRUCK BY FALLING,<br>SHIFTING CARGO OR   |   |   |  |  |  |
|   | 3 - IMMERSION  | 9 - RAN OFF ROAD LE   | FT 14 - PEDESTRIAN   | TF  | RANSPORT   | ANYTHING SET IN  | NON / TINU                              | 4-MOTORIST DIRECTION                              |  |  |  |
| 2                                       | 4 - JACKKNIFE<br>S - CARGO / EQUIPMENT   | 10 - CROSS MEDIAN   | 15 - PEDALCYCLE  |   | ARKED MOTOR<br>EHICLE  | MOTION 8Y A MOTOR<br>VEHICLE   |   | 1 - NORTH S - NORTHEAST                           |  |  |  |
|   | LOSS OR SHIFT  | 11 - CROSS CENTERLIN<br>OPPOSITE DIRECT   |  |   | VORK ZONE  | 24 - OTHER MOVABLE<br>OBJECT   |   | 2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST |  |  |  |
|   | C FOI DREATHET CARLIER   | OF TRAVEL   | 18 - ANIMAL - DEER   | M   | IAINTENANCE  | Speci  | FROM 1 TO 2                             | 3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST  |  |  |  |
| 3                                       | 6 - EQUIPMENT FAILURE  |   |  | FC  | QUIPMENT   | an management  | *************************************** | 9 - OTHER / UNKNOWN                               |  |  |  |
| 3                                       | 6 - EQUIPMENT FAILURE  |   | ILISION WITH FIXED OR IEST   | - STRUCE  | K  |  |   |   |  |  |  |
| 3                                       | 25 - IMPACT ATTENUATOR   | 31 - GUARDRAIL END  | DLLISION WITH FIXED OBJECT<br>3B - OVERHEAD SIGN POS   | T 45 - EI   | MBANKMENT  | 52 - BUILDING  |   |   |  |  |  |
| 3                                       | e de la composition de servicion de servicion de la composition della composition de |   | 3B - OVERHEAD SIGN POS<br>ER 39 - LIGHT / LUMINARIES   | T 45 - EI<br>46 - FI  | MBANKMENT<br>ENCE  | 53 - TUNNEL  | UNIT SPEED                              | DETECTED SPEED                                    |  |  |  |
| 4                                       | 25 - IMPACT ATTENUATOR<br>/CRASH CUSHION<br>26 - BRIDGE OVERHEAD<br>STRUCTURE  | 31 - GUARDRAIL END<br>32 - PORTABLE BARRII<br>33 - MEDIAN CABLE B<br>34 - MEDIAN GUARDR   | 3B - OVERHEAD SIGN POS'<br>ER 39 - LIGHT / LUMINARIES<br>ARRIER SUPPORT<br>VAIL 40 - UTILITY POLE  | T 45 - EI<br>46 - FI<br>47 - M<br>48 - TI                           | MBANKMENT<br>ENCE<br>MAILBOX<br>REE  | 53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT  | _                                       |   |  |  |  |
| 3<br>4<br>5                             | 25 - IMPACT ATTENUATOR<br>/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR  | 31 - GUARDRAIL END<br>32 - PORTABLE BARRI<br>33 - MEDIAN CABLE B.<br>34 - MEDIAN GUARDR<br>BARRIER  | 3B - OVERHEAD SIGN POS<br>59 - LIGHT / LUMINARIES<br>ARRIER SUPPORT<br>AGIL 40 - UTILITY POLE<br>41 - OTHER POST, POLE                     | T 45 - EI<br>46 - FI<br>47 - M<br>48 - TI<br>49 - FI                | MBANKMENT<br>ENCE<br>MAILBOX<br>REE  | 53 - TUNNEL<br>54 - OTHER FIXED  | UNIT SPEED                              | DETECTED SPEED  1 - STATED / ESTIMATED SPEED      |  |  |  |
| 5                                       | 25 - IMPACT ATTENUATOR<br>/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR<br>ABUTMENT<br>28 - BRIDGE PARAPET   | 31 - GUARDRAIL END<br>32 - PORTABLE BARRII<br>33 - MEDIAN CABLE B.<br>34 - MEDIAN GUARDR<br>BARRIER<br>35 - MEDIAN CONCRE<br>BARRIER                        | 3B - OVERHEAD SIGN POS ER 39 - LIGHT / LUMINARIES SUPPORT AIL 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 42 - CULVERT | T 4S - EI<br>46 - FI<br>47 - M<br>48 - TI<br>49 - FI<br>50 - W      | MBANKMENT<br>ENCE<br>AALBOX<br>REE<br>REE HYDRANT<br>YORK ZONE<br>MAINTENANCE  | 53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT  | 0                                       |   |  |  |  |
| 4                                       | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE PAIL  | 31 - GUARDRAIL END 32 - PORTABLE BARRII 33 - MEDIAN CABLE B. 34 - MEDIAN GUARDR BARRIER 35 - MEDIAN CONCRE BARRIER 36 - MEDIAN OTHER E                      | 38 - OVERHEAD SIGN POS ER 39 - LIGHT / LUMINARIES SUPPORT LAIL 40 - UTILITY POLE TTE OR SUPPORT DARRIER 43 - CULVERT AMERIER 43 - CURB     | T 4S - EI<br>46 - FI<br>47 - M<br>48 - TI<br>49 - FI<br>50 - W<br>M | MBANKMENT ENCE MAILBOX REE IRE HYDRANT VORK ZONE MAINTENANCE QUIPMENT  | 53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT  | _                                       | 1 - STATED / ESTIMATED SPEED                      |  |  |  |
| 5                                       | 25 - IMPACT ATTENUATOR<br>/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR<br>ABUTMENT<br>28 - BRIDGE PARAPET   | 31 - GUARDRAIL END 32 - PORTABLE BARRII 33 - MEDIAN CABLE B. 34 - MEDIAN GUARDR BARRIER 35 - MEDIAN CONCRE BARRIER 36 - MEDIAN OTHER E 37 - TRAFFIC SIGN PO | 38 - OVERHEAD SIGN POS ER 39 - LIGHT / LUMINARIES SUPPORT LAIL 40 - UTILITY POLE TTE OR SUPPORT DARRIER 43 - CULVERT AMERIER 43 - CURB     | T 4S - EI<br>46 - FI<br>47 - M<br>48 - TI<br>49 - FI<br>50 - W      | MBANKMENT ENCE MAILBOX REE IRE HYDRANT VORK ZONE MAINTENANCE QUIPMENT  | 53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT  | 0                                       | 1 - STATED / ESTIMATED SPEED                      |  |  |  |

| CON PUBLIC                                   | Motorist / Non-Motorist   |                       |                                |           |                   |  |                              |  |   |               | PORT NU                                |  |            |                                 |                      |                |  |
|--|---|-----------------------|--------------------------------|-----------|-------------------|--|------------------------------|--|---|---------------|--|--|------------|---------------------------------|----------------------|----------------|--|
| UNIT #                                       |   |                       |                                |           |                   |  |                              |  |   |               | ATE OF BIRTH                           |  | AGE GENDER |                                 |                      |                |  |
| 1  | DAVIS, KEVIN, M   |                       |                                |           |                   |  |                              |  |   | 05/20/1972 4  |  |  |            |                                 | 49                   | М              |  |
| -44  | S: STREET, CITY, STATE, ZIP   |                       |                                |           |                   |  |                              |  |   | CONT          | ACT PHO                                | NE - INCLUDE                                   | AREA CODE  |                                 |                      |                |  |
| 0  | N. MARKET ST., SHREVE, OH, 44676  |                       |                                |           |                   |  |                              |  |   | 614-          | 551-84                                 |  |            |                                 |                      |                |  |
| W INJURIES                                   | INJURED<br>TAKEN  | EMS AGENCY            | (NAME)                         |           | INJURED.          | TAKEN TO: MEDI                                 | ICAL FACILITY (NAME C        | (YY)   | SAFETY EQUIPMENT<br>USED                                      |               | Г-Сомриа                               |  | AIR BAC    | USAGE                           | EJECTION             | TRAPPED        |  |
| S 5  | BY 1  |                       |                                |           |                   |  |                              | <del>,</del>   | 4   | МС            | HELMET                                 | 1 1  | .1         |                                 | 1                    | 1              |  |
| OL STATE                                     | OPERATOR  | LICENSE NU            | MBER                           |           | OFFEN!            | SE CHARGED                                     |                              | LOCAL  | OFFENSE DESCRI  | PTION         |  |  | CITAT      | ION NU                          | MBER                 |                |  |
| OH   | RR93688   | · ·                   |                                |           |                   |  |                              |  |   |               |  |  |            | >0.1.0                          |                      | -              |  |
| OL CLASS                                     | ENDORSEM  | RESTRI                | CTION SELECT UP TO 3           | DI        | RIVER<br>STRACTED |  | . / DRUG SUSPE               |  | CONDITION   | STATUS        | TYPE                                   | L TEST<br>VALUE                                | STATUS     | TYPE                            | RESULTS              | SELECT UP TO 4 |  |
| 4  |   |                       |                                | ВУ        | 1                 | OTHER D  | d                            |  | 1   | 1             | 1                                      | •  | 1          | 1                               |                      |                |  |
| UNIT #                                       | NAME: LAS   | T, FIRST, MID         | DLE                            |           |                   | <b>A</b>                                       |                              |  |   |               |  | ATE OF BIRTH                                   |            |                                 | AGE                  | GENDER         |  |
| 2  | TROYER,   | VERLIN, V             | V                              |           |                   |  |                              |  |   | 1             | 1                                      | 2/10/1943                                      |            |                                 | 78                   | М              |  |
| ADDRESS:                                     | STREET, CITY  |                       |                                |           |                   |  |                              |  |   | CONT          | ACT PHO                                | NE - INCLUDE                                   | AREA CODE  |                                 |                      |                |  |
| 5272 TR                                      |   |                       | OH, 44654                      |           |                   |  |                              |  |   | 574-          | 536-46                                 |  |            |                                 |                      |                |  |
| 5272 TR INJURIES 5                           | INJURED<br>TAKEN<br>BY 1  | EMS AGENCY            | (NAME)                         |           | INJURED           | TAKEN TO: MEDI                                 | ICAL FACILITY (NAME C        | CITY)  | SAFETY EQUIPMENT<br>USED<br>4                                 |               | T-COMPLIA<br>HELMET                    |  | AIR BAG    |                                 | EJECTION<br>1        | N TRAPPED      |  |
|  | OPERATOR  | LICENSE NUI           | MBER                           |           | OFFEN!            | SE CHARGED                                     |                              | LOCAL  | OFFENSE DESCRI  | PTION         |  |  | CITAT      | ION NU                          | MBER                 |                |  |
| ОН   | UN07932   | 20                    |                                |           |                   |  |                              | CODE   |   |               |  |  |            |                                 |                      |                |  |
| OL CLASS                                     | ENDORSEM  | ENT RESTRI            | ICTION SELECT UP TO 3          |           | RIVER             | !  | . / DRUG SUSPE               | CTED   | CONDITION   | A             | СОНС                                   | L TEST   |            | DRUG                            | TEST(                | S)             |  |
| 4  | İ   |                       |                                | DI<br>BY  | STRACTED          |  | learned.                     | ANA  | 1   | STATUS        | TYPE                                   | VALUE  | STATŲS     | TYPE                            | RESULTS              | SELECT UP TO 4 |  |
| UNIT #                                       | NAME-14   | ST, FIRST, MID        | DIF                            |           |                   | OTHER D  | RUG                          |  |   | 1             | 1 .                                    | ATE OF BIRTH                                   | 1          | -                               | AGE                  | GENDER         |  |
|  |   | . (1 - (1 sac) 1 ssna |                                |           |                   |  |                              |  |   |               | •                                      |  |            |                                 |                      | GEO CE         |  |
| ADDRESS:                                     | STREET, CITY  | , STATE, ZIP          |                                |           |                   |  |                              |  |   | CONT          | ACT PHO                                | NE - INCLUDE                                   | AREA CODE  |                                 |                      |                |  |
| OTOR   |   |                       |                                |           |                   |  |                              |  |   |               |  |  |            |                                 |                      |                |  |
| INJURIES INJURIES                            | IES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED |                       |                                |           |                   |  | T-COMPLIA<br>HELMET          |  | AIR BA  | 5 USAGE       | EJECTIO                                | N TRAPPED                                      |            |                                 |                      |                |  |
|  | OPERATOR  | LICENSE NU            | MBER                           | :         | OFFEN             | SE CHARGED                                     |                              | LOCAL  | OFFENSE DESCRI  | PTION         |  |  | CITAT      | ION NO                          | MBER                 |                |  |
| OL CLASS                                     | ENDORSEM  | ENT RESTR             | I <b>CTION</b> SELECT UP TO 3  | DE        | RIVER             | ALCOHOL  | L / DRUG SUSPE               | CTED   | CONDITION   | A             | СОНО                                   | L TEST   |            | DRUG                            | TEST(                | S)             |  |
|  |   | 1                     |                                |           | STRACTED          | i  | ALCOHOL MARIJUANA            |  |   | STATUS        | TYPE                                   | VALUE  | STATUS     | TYPE                            | _                    | SELECT UP TO 4 |  |
|  |   |                       |                                |           |                   | OTHER D  | RUG .                        |  | ,   |               |  |  |            |                                 |                      |                |  |
| INU<br>1 - FATAL                             | URIES   | * 3. E. W 1-628.      | ING POSITION                   | 1 - NOT   | AIR BAC           | 100  | OL CLAS                      | SS   | OL RESTRIC  | 200           | · sale registration                    | VER DISTRA                                     | CTION      | TE                              | 100                  | ATUS           |  |
| 2 - SUSPECTED                                | SERIOUS   | MOTO                  | PRCYCLE DRIVER)  - MIDDLE      | 2 - DEPL  | OYED FROM         | 1. 2000 A. A. A. A. A. A. A. A. A. A. A. A. A. | - CLASS B                    |  | 1 - ALCOHOL INTER   |               | 2 - N                                  | ANUALLY OPERA                                  | TING AN    | 1 - NON<br>2 - TEST<br>3 - TEST | REFUSED              |                |  |
| INJURY<br>3 - SUSPECTED                      | MINOR   | 3 - FRONT             | RIGHT SIDE                     | 4 - DEPL  | OYED BOTH         | trace to the                                   | - CLASS C                    |  | 2 - COL'INTRASTATI<br>3 - CORRECTIVE LEN<br>4 - FARM WAIVER   |               | , la ci                                | MMUNICATION<br>EXTING, TYPING,                 | DEVICE     | CONT                            |                      | ED SAMPLE      |  |
| INJURY<br>4 - POSSIBLE IN                    | <b>DURY</b>   | (MOTO                 | PRCYCLE PASSENGER)             | 5 - NOT   | APPLICABLE        |  | - Regular Clas<br>(Ohio = D) | SS .   | 5 - EXCEPT CLASS A<br>6 - EXCEPT CLASS A                      |               | , D                                    | ALKING ON HAN                                  | OS-FREE    | 4 - TEST                        | GIVEN,<br>LTS KNO    | ANI            |  |
| 5 - NO APPARE                                | NTINURY   | 6 - SECON             | ID - RIGHT SIDE<br>- LEFT SIDE | 6.        | FIFETIO           |  | - M/C MOPED C                | NLY.   | & CLASS B BUS<br>7 - EXCEPT TRACTO                            | R-TRAILER     | 4 - T/                                 | OMMUNICATION<br>ALKING ON HANI                 | 2-HELD     | 5-TEST                          |                      |                |  |
| INJURIES                                     | TAKEN B   | y (MOTO               | RCYCLE SIDE CAR)<br>- MIDDLE   | 1 - NOT   | EJECTED S         | 6  | - NO VALID OL                |  | 8 - INTERMEDIATE I<br>RESTRICTIONS                            |               | 5 - O                                  | OMMUNICATION<br>THER ACTIVITY W                | ITH AN     | v.*                             | The state of         | EST TYPE       |  |
| 1 - NOT TRAN                                 | SAMPAN, "   | 9 - THIRD             | - RIGHT SIDE<br>PER SECTION    |           | IALLY EJECTÍ      | ) · · · · · · · · · · · · · · · · · · ·        | OL ENDORSE                   | MENT   | 9 - LEARNER'S PERM<br>RESTRICTIONS                            |               | 6-P                                    | ECTRONIC DEVIC<br>ASSENGER<br>THER DISTRACTION | t i        | 1 - NONI<br>2 - BLOO            | E                    |                |  |
| 2 - EMS                                      |   | OF TH                 | RUCK CAB<br>ENGER IN           | 4 - NOT   | APPLICABLE        | NAME OF STREET                                 | I - HAZMAT<br>I - MOTORCYCLI | en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de<br>El companya de la companya de la companya de la companya de la companya de la companya de la companya de la co | 10 - LIMITED TO DA  | after a       | , in                                   | SIDE THE VEHICL<br>THER DISTRACTION            | E          | 3 - URIN<br>4 - BREA            | E .                  |                |  |
| 3 - POLICE<br>9 - OTHER / L                  | INPROMA   | OTHE                  | R ENCLOSED CARGO               | 1 - NOT   | TRAPPED           | P  | - PASSENGER                  |  | 11 - LIMITED TO EM<br>12 - LIMITED - OTH<br>13 - MECHANICAL I | ER 🗀          | 10                                     | UTSIDE THE VEHI<br>THER / UNKNOW               | CLE        | 5 - OTHE                        |                      |                |  |
|  | Za .  | BUS, PK               | K-UP WITH CAP)<br>ENGER IN     | 2 - EXTR  | ICATED BY         |  | I - TANKER<br>2 - MOTOR SCOO | )TER   | (SPECIAL BRAKI  | S, HAND,      |  | CONDITIO                                       | N          | DRU<br>15, NON                  | JG TES<br>E          | T TYPE         |  |
| 1 - NONE USE                                 |   | UNEN<br>113 - TRAIL   | ICLOSED CARGO AREA<br>ING UNIT | 3 - FREEI |                   |  | - THREE-WHEEL                |  | ADAPTIVE DEVI   | CES)          | ************************************** | PARENTLY NORI                                  | 1ENT       | 2 - BLOC<br>3 - URIN            | E                    |                |  |
| 2 - SHOULDER<br>USED                         |   | EXTE                  | IG ON VEHICLE                  |           |                   |  | MOTORCYCLE<br>- SCHOOL BUS   |  | 15 - MOTOR VEHIC<br>WITHOUT AIR I                             | LES<br>BRAKES | 3 - E1                                 | NOTIONAL (E.G.)<br>PRESSED, ANGRY,             |            | 4 - OTHE                        | R                    | Inches of      |  |
| 3 - LAP BELT O<br>4 - SHOULDER               |   | 15 - NON              | TRAILING UNIT)<br>-MOTORIST    | 1.5       |                   | )<br>  | - DOUBLE & TRI               | PLE:   | 16 - OUTSIDE MIRR<br>17 - PROSTHETIC A                        | OR 🐫 🔠        | 4 - IL                                 | STURBED)<br>LNESS                              |            | 100                             | IETAMINI             | 2<br>Seanfig   |  |
| USED<br>5 - CHILD REST                       |   |                       | R/UNKNOWN                      |           |                   | riik i   | - TANKER / HAZ               | MAT .  | 18 - OTHER  |               | . FA                                   | LL ASLEEP, FAINT<br>ITIGUED, ETC.              |            |                                 | ITURATES<br>ODIAZEPI |                |  |
| 6 - CHILD REST                               |   | 1                     |                                |           |                   |  | GENDE                        | R Table  |   |               | , M                                    | NDER THE INFLU<br>EDICATIONS / DR              | NCE OF     |                                 | IABINOID             |                |  |
| - REAR FAC<br>7. BOOSTER'S                   | EAT   |                       |                                |           |                   | 9,000  | - FEMALE                     |  |   |               |  | COHOL<br>THER / UNKNOW                         |            |                                 | ES / OPK             | DIDS           |  |
| 8 - HELMET US<br>9 - PROTECTIV               | E PADS USED   | 14.5                  |                                |           |                   | 8 X 1943.5 , \$13                              | 1 - MALE<br>) - OTHER / UNK  | NOWN.  |   | , II          |  |  |            | 8 - NEGA                        | TIVE RESI            | ilts           |  |
| 10 - REFLECTIV                               |   |                       |                                |           | A MARIE A         |  |                              |  |   |               |  |  |            |                                 |                      |                |  |
| 11 - LIGHTING<br>/ BICYCLE<br>99 - OTHER / L | ONLY  |                       |                                |           |                   |  |                              | T.a.   |   |               |  |  |            |                                 |                      |                |  |

| OCCUPANT / WITNESS ADDENDUM   |  |   |   |  |   |   |  | LOCAL REPORT NUMBER 22MPD0142   |   |  |                   |  |  |  |  |  |
|---|--|---|---|--|---|---|--|---|---|--|-------------------|--|--|--|--|--|
| UNIT #  | UNIT # NAME: LAST, FIRST, MIDDLE   |   |   |  |   |   |  |   |   | AGE                                      | GENDER            |  |  |  |  |  |
| ADDRESS:  | STREET, CITY   | , STATE, ZIP                                    | CONTACT PHONE   | - INCLUDE ARI  | EA CODE   |   |  |   |   |  |                   |  |  |  |  |  |
| INJURIES  | INJURED<br>TAKEN<br>BY   | EMS AGENCY (NAME)                               | · · · · · · · · · · · · · · · · · · ·   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CIT  | IIY) SAFE   | TY EQUIPMENT  | DOT-COMPLIANT  | SEATING<br>POSITION   | AIR BAG USA   | ELECTION                                 | TRAPPED           |  |  |  |  |  |
| UNIT #  | NAME: LA   | ST, FIRST, MIDDLE                               | DA  | TE OF BIRTH  |   | AGE   | GENDER   |   |   |  |                   |  |  |  |  |  |
| ADDRESS:  | STREET, CITY   | , STATE, ZIP                                    |   |  |   |   | CONTACT PHONE  | - INCLUDE AR  | EA CODE   |  |                   |  |  |  |  |  |
| INJURIES  | INJURED EMS AGENCY (NAME) INJURED TAKEN BY                                     |   |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CIT  | CITY) SAFE  | TY EQUIPMENT  | DOT-COMPLIANT  | SEATING<br>POSITION   | AIR BAG USA   | GE EJECTION                              | TRAPPED           |  |  |  |  |  |
| UNIT #  | NAME: LA   | ST, FIRST, MIDDLE                               |   |  |   |   | DA   | TE OF BIRTH   | AGE   | GENDER                                   |                   |  |  |  |  |  |
| ADDRESS:  | STREET, CIT  | r, State, Zip                                   |   |  |   |   | CONTACT PHONE  | - INCLUDE ARI   | EA CODE   | •  |                   |  |  |  |  |  |
| INJURIES  | INJURED<br>TAKEN<br>BY   | EMS AGENCY (NAME)                               |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CIT  | CITY) SAFE  | TY EQUIPMENT  | DOT-COMPLIANT  | SEATING<br>POSITION   | AIR BAG USA   | GE EJECTION                              | TRAPPED           |  |  |  |  |  |
| UNIT #  | NAME: LA   | I<br>ST, FIRST, MIDDLE                          |   | ,  |   |   | DA   | TE OF BIRTH   |   | AGE                                      | GENDER            |  |  |  |  |  |
| ADDRESS:  | STREET, CIT  | r, STATE, ZIP                                   |   |  |   |   | CONTACT PHONE  | - INCLUDE AR  | EA CODE   | AGE GENDER                               |                   |  |  |  |  |  |
|   | INJURED<br>TAKEN<br>BY   | EMS AGENCY (NAME)                               |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CIT  | SAFE  | TY EQUIPMENT  | DOT-COMPLIANT MC HELMET  | SEATING<br>POSITION   | AIR BAG USA   | SE EJECTION                              | TRAPPED           |  |  |  |  |  |
| V.S. 44 - 42  | IN.  | IURIES  | SAFET   | Y EQUIPMENT USED   | SE,   | ATING POS   | ITION  |   | AIR BAG   | USAGE                                    | densk ek ar . 3 ° |  |  |  |  |  |
| 3 - SUS<br>4 - POS<br>5 - NO<br>1 - NO<br>TRE<br>2 - EMS<br>3 - POL<br>9 - OTH<br>H - MV<br>U - OTH | PECTED S PECTED N SIBLE INJ APPAREN INJURE I TRANSP ATED AT S ICE IER / UNK GI | IT INJURY D TAKEN BY ORTED / SCENE INOWN SINDER | 2 - SHOULE 3 - LAP BEL 4 - SHOULE 5 - CHILD R FORWA 6 - GHILD R REAR FA 7 - BOOSTE 8 - HELMET 9 - PROTEC (ELBOW 10 - REFLEC | T ONLY USED  T ONLY USED  A DER & LAP BELT USED  SESTRAINT SYSTEM - ACING  RESTRAINT SYSTEM - ACING  RESEAT  USED  TIVE PADS USED  TIVE PADS USED  TIVE CLOTHING  NG - PEDESTRIAN  LE ONLY  TUNKNOWN  12 | - FRONT - FRONT - FRONT - SECOND (MOTORC SECOND - THIRD - L (MOTORC THIRD - FO) - SLEEPER 1 - PASSEN CARGO SUCH AS 2 - PASSEN CARGO 3 - TRAILIN 4 - RIDING (NON-TRA 5 - NON-M | RIGHT SIDE - LEFT SIDE - LEFT SIDE - MIDDLE - RIGHT SIDE - RIGHT SIDE - VCLE SIDE, C MIDDLE RIGHT SIDE AREA (NON-TI GER IN OTHI GER IN UNE AREA G UNIT ON VEHICLE MILING UNIT | NGER)  ETRUCK CAB ER ENCLOSED RAILING UNIT P WITH CAP) NCLOSED  EXTERIOR | 2 - DEPL<br>3 - DEPL<br>4 - DEPL<br>FRON<br>5 - NOT<br>9 - DEPL<br>1 - NOT<br>2 - PART<br>3 - TOTA<br>4 - NOT<br>2 - EXTR<br>MEGE<br>3 - FREE | DEPLOYED OYED FROI OYED SIDE OYED SOTI IT/SIDE APPLICABL OYMENT U EJECT EJECTED IALLY EJECTI APPLICABL TRAPP ICATED BY IANICAL M D BY MECHANI | E<br>NKNOW<br>ON<br>TED<br>D<br>E<br>PED |                   |  |  |  |  |  |
| ADDRESS   | : STREET, CIT  | Y, STATE, ZIP                                   |   |  |   |   | CONTACT PHON   | E - INCLUDE AR  | EA CODE   |  |                   |  |  |  |  |  |
| NAME: LA  | ST, FIRST, M   | DDLE  |   |  |   |   | DA   | TE OF BIRTH   |   | AGE                                      | GENDER            |  |  |  |  |  |
| ADDRESS   | : STREET, CIT  | Y, STATE, ZIP                                   |   |  |   |   | CONTACT PHON   | E - INCLUDE AR  | EA CODE   |  |                   |  |  |  |  |  |
| NAME: LA  | ST, FIRST, M   | IDDLE   |   |  |   |   | DA   | TE OF BIRTH   |   | AGE                                      | GENDER            |  |  |  |  |  |
| ADDRESS   | STREET, CIT  | Y, STATE, ZIP                                   |   |  |   |   | CONTACT PHON   | E - INCLUDE AR  | EA CODE   |  | 1                 |  |  |  |  |  |