MRM 2-8-22

OND DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER *						
X PHOTOS TAKEN			ОН-3		NFORMATION	3 MAIDAION I	TECO TON SOLITE		22MPD0234						
	Пон-	-1P	OTHER REPORTING AGENCY NAME * NCIC *				HIT/SKIP	NUMBER OF U	IUMBER OF UNITS UNIT IN EF						
SECONDARY CE	X PRIV	ATE PRO	OPERTY	Millersb	urg			03801	1 - SOLVED 2 - UNSOLVED	2		99 - UNKNOWN			
COUNTY* LOCAL	ITY* 1 - CITY	LOC	CATION: CIT	TY, VILLAGE	.TOWNSHIP*		CRASH DATE / TIME*					ASH SEVERITY FATAL			
38 2	2 - VILLAGE 3 - TOWNSHIF	Mil	llersburg						02/06/2022	SERIOUS INJURY					
NO ROUTE TYPE ROL	TE NUMBER		1 - NORTH 2 - SOUTH	LOCATIO	ON ROAD NAME			ROAD TYPE	LATITUDE DE	SUSPECTED MINOR INJURY					
3 - EAST Pri				Private	e Property			ST	40.5342	SUSPECTED					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH RE				REFEREN	NCE ROAD NAME (ROAD, N	ROAD TYPE	LONGITUDE pr	INJURY POSSIBLE PROPERTY DAMAGE							
ROUTE TYPE ROL	2 - SOUTH 2 3 - EAST 4 - WEST				S. Washington St.				-81.919464 ONLY						
REFERENCE POIN	IT DI	RECTION		RO	OUTE-TYPE	77533	ROAD TYPE	GENERAL S		INTERSECTION	N RELATE	D			
1 - INTERSECT	ION	1 - NO 2 - SOL	RTH IR-	INTERSTA		A CONTRACTOR OF	HW - HIGHWAY LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR O	N APPROAC	:н			
3 - HOUSE #		3 - EAS 4 - WE	ST US	10.188.4	L-US ROUTE BL	力。 化核化液	MP - MILEPOST	ST - STREET	WITHIN INTE	RCHANGE AREA	NUM	IBER OF APPROACHES			
DISTANCE FROM REFERENCE	DI	STANCE OF MEASU	SR :	- STATE RO	CT	CIRCLE	OV - OVAL PK - PARKWAY	TE - TERRACE TL - TRAIL	ROADWAY						
		1 - MI 2 - FEE	LE5		DR	DRIVE	PI - PIKE	, YAW - AW	□ ROADWAY D	IVIDED					
0.00	_2	3 - YA		ROUTE	S. M. B. A. J. C. S. S. S. L. P. 166	HEIGHTS *	PL-PLACE			TAIDED					
1 - ON RC	ATION OF FIRE		MFUL EVEN				COLLISION/IM		DIRECTION OF TRAN	Į.	MEDIA				
6 2-ON SE	HOULDER	10 -	DRIVEWAY,	/ALLEY AC	ccess 7 Betw	EEN 5	BACKING		1 - NORTH 2 - SOUTH		DIVIDED FLI (<4 FEET)	IVIDED FLUSH MEDIAN <4 FEET)			
3 - IN MEI 4 - ON RO			RAILWAY G SHARED US		OR VEHIC	CLES IN	· ANGLE · SIDESWIPE, SAM	IE DIDECTION	3 - EAST 4 - WEST		2 - DIVIDED FLUSH MEDIAN				
5 - ON GO	ORE DE TRAFFIC WA		TRAILS BIKE LANE		TRAN 2 - REAR	D D	· SIDESWIPE, OPP			3 -	3 - DIVIDED, DEPRESSED MEDIAN				
7 - ON RA			TOLL BOOT	гн	3 - HEAD		OTHER / UNKN	OWN			- DIVIDED, RAISED MEDIAN (ANY TYPE)				
8 - OFF RA	MP	99 -	OTHER / UI	NKNOWN							OTHER / UNKNOWN				
WORK ZONE RE	LATED	İ	_		K ZONE TYPE		N OF CRASH IN		CONTOUR	CONDIT		SURFACE			
WORKERS PRES	ENT	l		- LANE CL	LOSURE HIFT/ CROSSOVER	1	BEFORE THE 1ST WARNING SIGN			1	J	2			
LAW ENFORCEM	MENT PRESENT	,		- WORK C	ON SHOULDER	E - NO TAIGE TRAINING PAGE						1 - CONCRETE 2 - BLACKTOP,			
				OR MED	PIAN IITTENT OR MOVING WORK		ACTIVITY AREA		2 - STRAIGHT	3 - SNOW		BITUMINOUS, ASPHALT			
ACTIVE SCHOO	L ZONE	l		- OTHER	III TEI OR WOVING WORK	5 -	TERMINATION A	AREA	GRADE 3 - CURVE LEVEL	4 - ICE 5 - SAND, ML	D, DIRT,	3 - BRICK/BLOCK			
Ł	GHT CONDITI	ON		T		WEATHER	HER STONE					4 - SLAG , GRAVEL, STONE			
1 - DAYLIG					1 - CLEAR	6 - SNOW	SNOW JUNKNOWN MOVING) S - DIRT								
1:1:	· LIGHTED ROA	DWAY			2 - CLOUDY 3 - FOG, SMOG, SMOKE	T. SNOW		7 - SLUSH 9 - OTHER / L	NKNOMN	9 - OTHER /UNKNOWN					
I	- ROADWAY N - UNKNOWN F				4 - RAIN		rain or freezi								
:	UNKNOWN	COADWA	AI LIGHTIN		5 - SLEET, HAIL	99 - OTHER /	UNKNOWN								
NARRATIVE										<u> </u>	~~~				
				vhen it m	nade an improper turn	and		N							
struck Unit 2, pa	irked in a pa	irking s	spot.					1.	,						
								A	(-				
				*					(
								V	_						
								1		A					
									4						
									`						
											E ATT				
							Not To Scale								
							A VOIC / O COUNTY								
												<u> </u>			
CRASH REPOR	TED DATE / TI	ME	T	DISPATO	CH DATE / TIME	ARR	IVAL DATE / TI	ME	SCENE CLEARED	DATE / TIME		REPORT TAKEN BY			
02/06/2	2022 17:25			02/06	5/2022 17:25	02/	/06/2022 17:	28	02/06/202	2 17:48		POLICE AGENCY			
TOTAL TIME	OTHE	R	тот		OFFICER'S NAME*	-		HECKED BY OFFICE		***************************************	$\dashv \Box$	MOTORIST			
ROADWAY CLOSED					Bailey, Connor					`		SUPPLEMENT			
n	15		30	Ţ	OFFICER'S BAD			Снескео в	y OFFICER'S BADGE	NUMBER*	то	DRRECTION OR ADDITION AN EXISTING REPORT SENT TO			
0 15 38 106											OD	PSJ			



LOCAL REPORT NUMBER

22MPD0234								
DAMAGE								
DAMAGE SCALE								
1 - NONE 3 - FUNCTIONA								
2 - MINOR DAMAGE 4 - DISABLING	DAMAGE							
9 - UNKNOWN								
DAMAGED AREA(S)								
INDICATE ALL THAT APPLY								
11 12 11 11 11 11 11 11 11 11 11 11 11 1	12 1 2							
3 9 9	薨 -):							
B 7 5 4 B 7								
5 5 11 12 7	5							
10 11 2 2								
0 7 3 5								
1 1 2 1 6 1	12							
10 11 2 2 10 11								
9 9 9 8	□ □ □ 3							
8 7 5 4	4							
7 8	5							
12 12	12							
	9 (88) 3							
	(
6	[a]							
6 6 □- NO DAMAGE[0] □- UNDERCA	6 PPIAGE [14]							
_	Minimus [17]							
TOP[13] - ALL AREAS	5 [15]							
UNIT NOT AT SCENE [16]								
INITIAL POINT OF CONTACT								
0 - NO DAMAGE 14 - UNDERCAR								
1 1-12 - REFER TO UNIT 15 - VEHICLE NO	OT AT SCENE							
DIAGRAM 99 - UNKNOWN	1							
13 - TOP								
TRAFFIC								
TRAFFIC CONT	ROL							
1 - ONE-WAY 1 - ROUNDABOUT	4 - STOP SIGN							
li Di h	S - YIELD SIGN 6 - NO CONTROL							
# OF THROUGH LANES RAIL GRADE CRO								
2 - INVOLVED-ACTIVE	CROSSING							
3 - INVOLVED-PASSIV	E CROSSING							
UNIT / NON-MOTORIST DIRECTION								
	ORTHEAST							
2 5457 7 7	ORTHWEST OUTHEAST							
	DUTHEAST							
	THER / UNKNOWN							
UNIT SPEED DETECTED	SPEED							
	TIMATED SPEED							
POSTED SPEED 1 2 - CALCULATE	D / EDR							

		22IVIPD0234								
UNIT # OWNER NAME: LAST, FIRST	T, MIDDLE (□ SAME AS DRIVER)	O	WNER PHONE AR		D A M A G E DAMAGE SCALE					
1 HOUIN, CRAIG, A OWNER ADDRESS: STREET, CITY, STATE,	ZIP (SAME AS DRIVER)		419-552	1040	1 - NONE	3 - FUNCTIONAL DAMAGE				
6332 TR 466, LAKEVIEW, OH	, 43331				2 - MINOR DAMAG	i i				
COMMERCIAL CARRIER: NAME, ADDR	ESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PH	DNE: INCLUDE AREA CODE		INKNOWN				
					DAMAGED AREA(S) INDICATE ALL THAT APPLY					
OH GFL8328	16151	HKW5JJ250344	VEHICLE YEAR 2018	VEHICLE MAKE CHEVROLET						
INSURANCE COMPA	ANY IN:	SURANCE POLICY #	COLOR	VEHICLE MODEL	1 1	11 12				
	AAC	0 0009805 03	SIL	TRAVERSE	10 11 2	10 11 1 2				
TYPE OF USE	IN EMERGENCY	US DOT #	TOWED BY: COMPANY N	AME						
	# OCCUPANTS VEHICL	E WEIGHT GVWR/GCWR		S MATERIAL						
DEVICE HIT/SKIP UNIT	# Occor Airis	1 - ≤10K LBS. 2 - 10.001 - 26K LBS.	HRELEASED CON	S# PLACARD ID#	B 7 5 74	8 7 5 5				
		3 - > 26K LBS.	PLACARD		7 8 11	12 6				
2 - PASSENGER VAN 7 - I			-	PEDESTRIAN/SKATER WHEELCHAIR (ANY TYPE)	10	12 2				
	MOTORCYCLE 3-WHEELED 1- AUTOCYCLE	4 - SINGLE UNIT 20 - OTH	HER VEHICLE 25 -	OTHER NON-MOTORIST	/ _	10 2				
VENICLE 10 -	MOPED OR MOTORIZED 1	S - SEMI-TRACTOR 21 - HEA	IMAL WITH RIDER OR 27 -	BICYCLE TRAIN	9	9 h 3 3				
	ALL TERRAIN VEHICLE 1			UNKNOWN OR HIT/SKIP	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	11111111111111111111111111111111111111				
	V/UTV)				12	6 12				
# OF TRAILING UNITS WAS VEHICLE OPERATING IN MODE WHEN CRASH OCCUR!		0 - NO AUTOMATION 3 - C	CONDITIONAL AUTOMATION	9 - UNKNOWN	" P	11 12				
	RED?	•	HIGH AUTOMATION		10/	10/ 11/2 /				
1-YES 2-NO 9-OTHER	UNKNOWN AUTONOMOUS	2 - PARTIAL AUTOMATION S - FI	FULL AUTOMATION		9 3 3 3	9 3 3				
1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER		 				
1 2 - TAXI 3 - ELECTRONIC RIDE	7 - BUS - INTERCITY 8 - BUS - SHUTTLE	12 - MILITARY 13 - POLICE	17 - MOWING 18 - SNOW REMOVAL	99 - OTHER / UNKNOWN	8 0 0	8 4				
SPECIAL SHARING FUNCTION 4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING		8 5	6 5				
FUNCTION 4 - SCHOOL (RANSPORT S - BUS - TRANSIT/COMMUT	10 - AMBULANCE ER	1S - CONSTRUCTION EQUIP.	20 - SAFETY SERVICE PATROL			12 12 12				
1 - NO CARGO BODY TYPE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99 - OTHER / UNKNOWN	12					
CARGO 2 - 8US	S - INTERMODAL CONTAINER CHASSIS	B ~ POLE 9 ~ CARGO TANK	12 - CONCRETE MIXER		all o					
BODY 3 - VEHICLE TOWING	6 - CARGOVAN	9 - CARGO TANK 10 - FLAT BED	13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE		9 4 3 9					
TYPE ANOTHER MOTOR VEHICL	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	6	1				
VEHICLE 2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10 - DISABLED FROM PRIOR	The second second second		6 6 6				
DEFECTS 3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		☐- NO DAMAGE []				
1 - INTERSECTION -	4 - MIDBLOCK -	7 - SHOULDER/ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN		_				
MARKED CROSSWALK 2 - INTERSECTION -	MARKED CROSSWALK 5 - TRAVEL LANE -	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS		TOP[13]	- ALL AREAS [15]				
MOTORIST UNMARKED CROSSWALK LOCATION 3 - INTERSECTION - OTHER	OTHER LOCATION 6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE		<u></u> - un	IT NOT AT SCENE [16]				
1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC	15 - WALKING, RUNNING,	21 - STANDING OUTSIDE DISABLED VEHICLE	INITIAL P	OINT OF CONTACT				
3 2-NON-COLLISION	2 - BACKING 3 - CHANGING LANES	LANE 10 - PARKED	JOGGING, PLAYING 16 - WORKING	99 - OTHER / UNKNOWN	0 - NO DAMAG					
3 - STRIKING	4 - OVERTAKING/PASSING SH 5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE 18 - APPROACHING OR		1 1-12 - REFER TO	DUNIT 15 - VEHICLE NOT AT SCENE				
	NS 6 - MAKING LEFT TURN 7 - MAKING U-TURN	12 - DRIVERLESS	LEAVING VEHICLE 19 - STANDING		13 - TOP	99 - UNKNOWN				
& STRUCK	8 - ENTERING TRAFFIC	14 - ENTERING OR CROSSING		т		SACCIA				
9 - OTHER / UNKNOWN 1 - NONE	8 - FOLLOWING TOO CLOSE	SPECIFIED LOCATION 13 - IMPROPER START FROM	18 - OPERATING DEFECTIVE	23 - OPENING DOOR INTO	TRAFFICWAY FLOW	RAFFIC CONTROL				
2 - FAILURE TO YIELD 3 - RAN RED LIGHT	/ACDA 9 - IMPROPER LANE	A PARKED POSITION	EQUIPMENT 19 - LOAD SHIFTING	ROADWAY 99 - OTHER IMPROPER	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN				
6 4 - RAN STOP SIGN S - UNSAFE SPEED	CHANGE	ILLEGALLY	/FALLING/SPILLING	ACTION	2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL				
CONTRIBUTING & NACHORED TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD	16 - WRONG WAY	20 - IMPROPER CROSSING 21 - LYING IN ROADWAY							
CIRCUMSTANCES 7 - LEFT OF CENTER	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	-22 - NOT DISCERNIBLE		# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVLOYED				
SEOUENCE OF EVENTS	internal management of the comments of the com		0		2 .	2 - INVOLVED-ACTIVE CROSSING				
21 1 - OVERTURN/ROLLOVER				23 - STRUCK BY FALLING,		3 - INVOLVED-PASSIVE CROSSING				
2 - FIRE/EXPLOSION 3 - IMMERSION	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	SHIFTING CARGO OR ANYTHING SET IN	UNIT / NON-	MOTORIST DIRECTION				
2 4 - JACKKNIFE S - CARGO / EQUIPMENT	10 - CROSS MEDIAN 11 - CROSS CENTERLINE -		21 - PARKED MOTOR VEHICLE	MOTION BY A MOTOR VEHICLE		1 - NORTH S - NORTHEAST				
LOSS OR SHIFT	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL - FARM	22 - WORK ZONE MAINTENANCE	24 - OTHER MOVABLE OBJECT	. 1	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST				
3 6 - EQUIPMENT FAILURE	SAME STATE OF THE PROPERTY OF	18 - ANIMAL - DEER	EQUIPMENT	en en . w. anneksted voor vele divenglaknikkein en enteriop	FROM TO 3	4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN				
25 - IMPACT ATTENUATOR	31 - GUARDRAIL END		45 - EMBANKMENT	52 - BUILDING		3 - Other Unknown				
/ CRASH CUSHIDN 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	SUPPORT	47 - MAILBOX	S3 - TUNNEL S4 - OTHER FIXED	UNIT SPEED	DETECTED SPEED				
STRUCTURE 27 - BRIDGE PIER OR	34 - MEDIAN GUARDRAIL BARRIER	41 - OTHER POST, POLE		OBJECT 99 - OTHER / UNKNOWN	. 4	1 - STATED / ESTIMATED SPEED				
ABUTMENT 2B - BRIDGE PARAPET	35 - MEDIAN CONCRETE BARRIER	OR SUPPORT 42 - CULVERT	SO - WORK ZONE MAINTENANCE			1 12-CALCULATED/EDR				
6 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST	43 - CURB 44 - DITCH	EQUIPMENT S1 - WALL		POSTED SPEED					
1 FIRST HARMFUL EVI		HARMFUL EVENT	-		, 5 ,	3 - UNDETERMINED				
						1				



LOCAL REPORT NUMBER

22MPD0234

UNIT#	OWNER NAME: LAST, FIRST, I		OWNER	PHONE:INCLUDE AR	EA CODE (SAME AS DRIVER)	DAMAGE							
_ 1.	BYLER, ASHLEY, E.	THE POLICE CONTRACTOR		,	419-552	r	DAMAGE SCALE						
	DRESS: STREET, CITY, STATE, Z	IP (SAME AS DRIVER)	·		715-552	10-40	1 - NONE 3 - FUNCTIONAL DAMAGE						
1	COY RD, WOOSTER,						2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE						
	IAL CARRIER: NAME, ADDRES				DL	ONE: INCLUDE AREA CODE	9 - UNKNOWN						
COMMERC	PAL CARRIERS NAME, ADDRES	5, CITY, STATE, ZIP		COM	MERCIAL CARRIER PP	ONE: INCLUDE AREA CODE	DAMAGED AREA(S)						
								TE ALL THAT APPLY					
	LICENSE PLATE #		DENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE							
OH]	HFA5394	ZACCJA	AB9HPF29954		2017	JEEP	12 12	11 12					
X VERIFIED	INSURANCE COMPA		SURANCE POLICY #		COLOR	VEHICLE MODEL							
TE VENTICE	1	1002	7150090	1 22224	GRY	RENEGADE	10/ 11/ 12/ 2	10/ 11/2					
	TYPE OF USE	IN EMERGENCY	US DOT #	IOWE	D BY: COMPANY N	IAME		. 一					
COMMER	CIAL GOVERNMENT	RESPONSE	E WEIGHT GVWR/GCWR		HAZARDOU	S MATERIAL							
DEVICE	CK HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS.		ATERIAL CLAS		7 5 4						
EQUIPPE		1 11	2 - 10.001 - 26K LBS. 3 - > 26K LBS.		LEASED ACARD			8 2					
	1 - PASSENGER CAR 6 - VA	N (9-15 SEATS) 1.		MO (LIVER		PEDESTRIAN/SKATER	6 1	12 5					
-						WHEELCHAIR (ANY TYPE)	10	12					
3	(MINIVAN) 8 - MI		4 - SINGLE UNIT 20 - O	THER VEHI	-	OTHER NON-MOTORIST	_						
UNIT TYPE	VIELECLE	JTOCYCLE MOPED OR MOTORIZED 1	TRUCK 5 - SEMI-TRACTOR 21 - H	EAVY EQUI	PMENT 26 -	BICYCLE	B	9 3 3					
		not be of motorized	6 - FARM FOLIDMENT 22 - A			TRAIN	-						
			7 - MOTORHOME	I TIVIAL-ORA	AVIV VERICEE 99 -	UNKNOWN OR HIT/SKIP	8	7 5 4					
0	# of TRAILING UNITS	/UTV)					12 7	5 12					
	WAS VEHICLE OPERATING IN A	UTONOMOUS	A 110 1170117-0-1		SAIA) AII+A	0 1000000	"	6 11 12					
	MODE WHEN CRASH OCCURRE	D7 O			ONAL AUTOMATION	A - NUKNOMN	10	10 1 1 2					
, 2 ,	1 Vec 3 No 6 Amin				TOMATION CHARLES		/- 10 2 -	/ 10 to 2 -					
	1-YES 2-NO 9-OTHER/L	JNKNOWN AUTONOMOUS MODE LEVEL	Z - PAKHAL AUTOMATION S	- FULL AUT	UMAIIUN		9 9 3	8 9 3					
	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FAI	RM	21 - MAIL CARRIER							
. 1 .	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MC	OWING	99 - OTHER / UNKNOWN	8 7 16 74	8 1 1 2 5					
SPECIAL	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE		OW REMOVAL		7	7 5					
FUNCTION		9 - BUS - OTHER 10 - AMBULANCE	14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP.	19 - TO	WING FETY SERVICE		6	U					
	5 - BUS - TRANSIT/COMMUTER	to - Associated	13 - CONSTRUCTION EQUIP.		TROL			12 12 12					
_	1 - NO CARGO BODY TYPE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DU	IMP	99 - OTHER / UNKNOWN	12						
1	/ NOT APPLICABLE	S - INTERMODAL	8 - POLE		NCRETE MIXER		8.8						
OF ITTO	2 - 8US	CONTAINER CHASSIS	9 - CARGO TANK	13 - AU	TO TRANSPORTER	ì	و ډال کې و	3 9 1 3 9 3					
BODY TYPE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN /ENCLOSED BOX	10 - FLAT BED	14 - GA	RBAGE/REFUSE			*					
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOI	TOR TROUBLE	99 - OTHER / UNKNOWN	6	E					
	2 - HEAD LAMPS	S - STEERING	8 - TRAILER EQUIPMENT		SABLED FROM PRIOR			6 6 6					
VEHICLE DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACC	CIDENT			<u></u>					
DETECTS							☐- NO DAMAGE	[0] UNDERCARRIAGE [14]					
,	1 - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE		IVEWAY ACCESS	99 - OTHER / UNKNOWN	TOP[13]	- ALL AREAS (15)					
NON-	2 - INTERSECTION -	5 - TRAVEL LANE -	8 - SIDEWALK		ARED USE PATHS TRAILS		□-10F[13]	ELI- ALL AREAG (13)					
MOTORIST LOCATION	UNMARKED CROSSWALK 3 - INTERSECTION - OTHER	OTHER LOCATION	9 - MEDIAN/CROSSING ISLAND		ST RESPONDER	İ	u	NIT NOT AT SCENE [16]					
	1 - NON-CONTACT	6 - BICYCLÉ LANE 1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC		INCIDENT SCENE ALKING, RUNNING,	21 - STANDING OUTSIDE							
		2 - BACKING	LANE		GGING, PLAYING	DISABLED VEHICLE		POINT OF CONTACT					
, 4	2 - NON-COLLISION 10	3 - CHANGING LANES	10 - PARKED		DRKING	99 - OTHER / UNKNOWN	0 - NO DAMA						
	3 - STRIKING	4 - OVERTAKING/PASSING H 5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC		SHING VEHICLE PROACHING OR		7 1-12 - REFER DIAGRA	TO UNIT 15 - VEHICLE NOT AT SCENE					
ACTION	4-STRUCK ACTIONS	6 - MAKING LEFT TURN	12 - DRIVERLESS	LE#	VING VEHICLE			99 - UNKNOWN					
	S - BOTH STRIKING & STRUCK	7 - MAKING U-TURN 8 - ENTERING TRAFFIC	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING	*** ***	ANDING 'HER NON-MOTORIS		13 - TOP						
	9 - OTHER / UNKNOWN	LANE	SPECIFIED LOCATION	01				TRAFFIC					
	1 - NONE		13 - IMPROPER START FROM		ERATING DEFECTIVE		TRAFFICWAY FLOW	TRAFFIC CONTROL					
	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	/ACDA 9 - IMPROPER LANE	A PARKED POSITION 14 - STOPPED OR PARKED		JIPMENT AD SHIFTING	ROADWAY 99 - OTHER IMPROPER	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN					
1 1 .	4 - RAN STOP SIGN	CHANGE	ILLEGALLY		LLING/SPILLING	ACTION	2 - TWO-WAY	6 2-SIGNAL S-YIELD SIGN					
CONTRIBUTION	S - UNSAFE SPEED 46 6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY		PROPER CROSSING			3 - FLASHER 6 - NO CONTROL					
CIRCUMSTAN	CES 7 - LEFT OF CENTER	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION		NG IN ROADWAY T DISCERNIBLE		# OF THROUGH LANES	RAIL GRADE CROSSING					
2		****				***************************************	ON ROAD	1 - NOT INVLOVED					
SEQUENCE	OF EVENTS	the and to recommend the contract of the contr	provides and management and desired for a finishment of the contract of the co		an ang ang ang ang an ang an an	er mit en ennemmen oderliensen den standfleksselselle sammen delter.	2 1	2 - INVOLVED-ACTIVE CROSSING					
, 20	1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	19 - AN	IMAL -OTHER	23 - STRUCK BY FALLING,		3 ~ INVOLVED-PASSIVE CROSSING					
1 20	2 - FIRE/EXPLOSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	1 20 - MC	OTOR VEHICLE IN	SHIFTING CARGO OR	UNIT /NO	N-MOTORIST DIRECTION					
	3 - IMMERSION 4 - JACKKNIFE	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE		ansport RKED motor	ANYTHING SET IN MOTION BY A MOTOR	J. 110	1 - NORTH 5 - NORTHEAST					
2	S - CARGO / EQUIPMENT	11 - CROSS CENTERLINE -	16 - RAILWAY VEHICLE	VEH	HICLE	VEHICLE 24 - OTHER MOVABLE		2 - SOUTH 6 - NORTHWEST					
	LOSS OR SHIFT 6 - EQUIPMENT FAILURE	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL - FARM 18 - ANIMAL - DEER		ORK ZONE INTENANCE	OBJECT	moul 4 1 m 3	3 - EAST 7 - SOUTHEAST					
3		TOTAL INCOMESTICATION OF THE THIRD STATE OF THE TOTAL STATE OF THE TOT	tan to the annual residence of the second	EQI	UIPMENT	- In advance delice conserver and recovering the spiking of the depth of the desired particles.	FROM 4 TO	4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN					
	2S - IMPACT ATTENUATOR		ON WITH FIXED OBJECT: - 38 - OVERHEAD SIGN POST		BANKMENT	S2 - BUILDING		9 - OTHER / UNKNOWN					
4	CRASH CUSHION	32 - PORTABLE BARRIER	39 - LIGHT / LUMINARIES	46 - FEN	NCE	S3 - TUNNEL	UNIT SPEED	DETECTED SPEED					
_ 1	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	SUPPORT 40 - UTILITY POLE	47 - MA 48 - TRE		54 - OTHER FIXED OBJECT							
5	27 - BRIDGE PIER OR	BARRIER	41 - OTHER POST, POLE	49 - FIR	E HYDRANT ORK ZONE	99 - OTHER / UNKNOWN	1 0	1 - STATED / ESTIMATED SPEED					
	ABUTMENT 28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE BARRIER	OR SUPPORT 42 - CULVERT	MA	INTENANCE		<u> </u>	1 12-CALCULATED/EDR					
6	29 - BRIDGE RAIL	36 - MEDIAN OTHER BARRIES	R 43 - CURB		UIPMENT		POSTED SPEED						
	30 - GUARDRAIL FACE	37 - TRAFFIC SIGN POST	44 - DITCH	51 - WA	ALL.		,	3 - UNDETERMINED					
1 1	FIRST HARMFUL EVEN	NT 1 MOST	HARMFUL EVENT				5						

C DEPO DE	Motorist / Non-Motorist								LOCAL REPORT NUMBER 22MPD0234						
UNIT #									 	DATE OF BIRTH AGE GEND					
1	HOUIN,	AUBREE, ANN ARLENW								0	1/19/2003		ļ	19	F
ADDRESS:	STREET, CITY	, STATE, ZIP						-	CONTACT PHONE - INCLUDE AREA CODE						
6332 TR INJURIES 5	466, LAKE	VILLE, OH, 44638	*						330-	231-077	76		`		
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO: MEDIC	AL FACILITY (NAME I	C(TY)	SAFETY EQUIPMENT USED		T-COMPLIAN	SEATING T POSITION	AIR BAC	SUSAGE	EJECTION	TRAPPED
ž 5	BY 1			ļ				4	мс	HELMET	1	1		1	1 1
OL STATE		LICENSE NUMBER		OFFENS	SE CHARGED		LOCAL	OFFENSE DESCRI	PTION CITATION NUMBER						
	VB22372				·					COLIO		DDUG	TECT/	C)	
OL CLASS	ENDORSEM	RESTRICTION SELECT UP TO	DIST	RACTED		DRUG SUSPE		CONDITION	STATUS	COHO TYPE	VALUE	STATUS	TYPE	TEST (SELECT UP TO 4
4		3	ВУ	1	OTHER DRU	JG		1	1	1		1	1		
UNIT #	NAME: LAS	ST, FIRST, MIDDLE								D,	ATE OF BIRTH			AGE	GENDER
	<u> </u>								ļ						
ADDRESS:	STREET, CITY	, STATE, ZIP	5						CONT	ACT PHO	NE - INCLUDE A	REA CODE			
	INJURED	EMS AGENCY (NAME)		INJURED '	TAKEN TO: MEDIC	AL FACILITY (NAME.	cmy)	SAFETY EQUIPMENT	-		SEATING	AIR BAG	USAGE	EJECTIO	TRAPPED
NON-NON-NON-NON-NON-NON-NON-NON-NON-NON	TAKEN BY	, , , , , , , , , , , , , , , , , , ,					·	USED		T-COMPLIAN HELMET	T POSITION				
	OPERATOR	LICENSE NUMBER		OFFENS	SE CHARGED		LOCAL	OFFENSE DESCRI	PTION			CITAT	ION NU	MBER	,
PIOR							CODE								
OL CLASS	ENDORSEM	ENT RESTRICTION SELECT UP TO			1	/ DRUG SUSPE	CTED	CONDITION	А	LCOHO	L TEST		DRUG	TEST(S)
			DIS1 BY	racted	ALCOHOL OTHER DRI	MARIJE.	JANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4
UNIT #	NAME: LAS	ST, FIRST, MIDDLE			OTHER DA			1	<u> </u>	<u> </u>	ATE OF BIRTH			AGE	GENDER
	STREET, CITY	, STATE, ZIP							CONT	ACT PHO	NE - INCLUDE A	REA CODE	1		<u> </u>
OTOR!															
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED '	TAKEN TO: MEDIC	AL FACILITY (NÁME,	спу)	SAFETY EQUIPMENT	DOT-COMPLIANT POSITION			AIR BAG	AIR BAG USAGE EJECTION TRAPPED		
S	BY			LOCAL CONTROL OF THE PROPERTY			IPTION								
OF STATE	OPERATOR	LICENSE NUMBER		OFFENSE CHARGED LOCAL OFFENSE DESCRI				PTION			CITAT	'ION NU	MBER		
OL CLASS	ENDORSEM	ENT RESTRICTION SELECT UP TO	DRIV	DRIVER ALCOHOL / DRUG SUSPECTED CONDITI			CONDITION	ONDITION ALCOHOL TEST				DRUG TEST(S)			
				FRACTED	ALCOHOL	MARIJL	ANA	,	STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4
	1				OTHER DR	UG									
INUL 1 - FATAL	URIES	SEATING POSITION 1 FRONT LEFT SIDE	1 - NOT D	AIR BAO	\$200 E 235 - 145 - 1	OL CLAS	SS	OL RESTRIC			VER DISTRA	CTION	T - NON	ST ST	ATUS
2 - SUSPECTED	SERIOUS	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLO' 3 - DEPLO'			CLASS A		DEVICE 2 - CDL INTRASTAT	A Treat	2 - MA	ANUALLY OPERA CTRONIC	TING AN		REFUSED	
INJURY 3 - SUSPECTED	MINOR	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4'- DEPLO' FRONT,	/SIDE	(1-7)	CLASS C		3 - CORRECTIVE LET 4 - FARM WAIVER		· I co	MMUNICATION XTING, TYPING	DEVICE	CONT		ED SAMPLE
INJURY 4 - Possible in	VJURÝ	(MOTORCYCLE PASSENGER 5 - SECOND - MIDDLE	5 - NOT AI 9 - DEPLO			REGULAR CLA (OHIO = D)	SS	5 - EXCEPT GLASS A 6 - EXCEPT GLASS A	1	3 - TA	UING) LKING ON HAND		4 - TEST		WN .
5 - NO APPARE	INT INJURY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	E	JECTIO	M to a	M/C MOPED O	ONLY	& CLASS B BUS 7 - EXCEPT TRACTO 8 - INTERMEDIATE I	R-TRAILER	4 - TA	MMUNICATION LKING ON HAND MMUNICATION	HELD	5'- TEST RESU	GIVEN, LTS UNKI	NOWN .
> 4' 小外 例识图	TAKEN B	8 THIRD - MIDDLE	1 - NOT EJ 2 - PARTIA			NO VALID OL	CARACALT	RESTRICTIONS 9 - LEARNER'S PERM	38 . N	5 - OT	HER ACTIVITY W	ITH AN	7,144	1 19977 145 89	EST TYPE
	AT SCENE	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	3 - TOTALL 4 - NOT A	Y EJECTED		L ENDORS Hazmat	AVIANI ma	RESTRICTIONS 10 - LIMITED TO DA		. 7 ÷ ÓT	SSENGER HER DISTRACTIO	N.	1 - NONI 2 - BLOO	ָ מ	
2 - EMS 3 - POLICE		OF TRUCK CAB 11 - PASSENGER IN	in least 1 or 1	RAPPE	M	- MOTORCYCL	E .	ONLY 11 - LIMITED TO EN		ı† ∷ 8 • OT	SIDE THE VEHICLE THER DISTRACTION	N	3 - URINI 4 - BREA	тн	
9 - OTHER / L	JNKNOWN	OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT) BUS PICK-UP WITH CAP)	1 - NOT TE 2 - EXTRIC	RAPPED	P-	PASSENGER - TANKER		12 - LIMITED - OTH 13 - MECHANICAL I	DEVICES	49-01	ITSIDE THE VEHIC HER / UNKNOW	N '	5 OTHE	*- Z0000	T TYPE
SAFETY E	QUIPMEN	12 OACCENCED IN	MECHA	NICAL ME	ANS Q	- MOTOR SCO	2.78	(SPECIAL BRAKI CONTROLS, OR	OTHER "	A STANSON OF THE	CONDITIO PARENTLY, NORM	STREET, DE	1 - NONE 2 - BLOO	E. 12	
1 - NONE USE 2 - SHOULDER		13 - TRAILING UNIT 14 - RIDING ON VEHICLE			AL WEANS	THREE-WHEEL MOTORCYCLE		ADAPTIVE DEV 14 - MILITARY VEHI 15 - MOTOR VEHIC	CLES ONL	y 2 - PH 3 - EM	YSICAL IMPAIRM IOTIONAL (E.G.	ENT	3 - URINI 4 - OTHE	E	
USED 3 - LAP BELT O	NLY USED	EXTERIOR (NON-TRAILING UNIT)		7.0	COMMON ASSET OF	SCHOOL BUS DOUBLE & TR	200 A +	WITHOUT AIR I	Brakes Or	DIS	RESSED, ANGRY, TURBED)		DRUG	TEST.	ESULT(S)
4 - SHOULDER USED		15 - NON-MOTORIST 99 - OTHER/UNKNOWN				TRAILERS		17 - PROSTHETIC A 18 - OTHER	ID.		L ASLEEP, FAINT			IETAMINI ITURATES	S
5 - CHILD REST - FORWARE	FACING					10 15 15	La Variable			. 6 - UN	IIGUED, ETC.	NCE OF	4 - CANN	ODIAZEPI IABINOID	
6 - CHILD REST - REAR FAC	ING .				 	GENIDE FEMALE	K			ALC	DICATIONS / DRI COHOL HER / DNIKNOM			ES / OPK	DIDS
7 - BOOSTER'S 8 - HELMET US	SED				M	- MALE			i de la compania de la compania de la compania de la compania de la compania de la compania de la compania de La compania de la co	∌ ∙ छ]	HER / UNKNOW	150 Sec. 150	7 OTHE 8 - NEGA	r Tive resi	JLTS.
9 - PROTECTIV (ELBOWS, I 10 - REFLECTIV	KNEES, ETC)				"	OTHER / UNK	NOWN								
11 - LIGHTING BICYCLE	- PEDESTRIAN														
99 - OTHER / L				* 300	William Alin	XXXXXXX		R. HERRY		23 (4)				- 4.9	Mark

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER							
UNIT #	UNIT # NAME: LAST, FIRST, MIDDLE								22MPD0234 DATE OF BIRTH AGE GE					
	, want b	on mon mode	•					ļ	AUL	GENDER				
ADDRESS	S: STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE AR	EA CODE					
ADDRESS														
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED			
) James I	ВУ	i					L-JMC HELMET							
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER			
ADDOCCO									` '					
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP								EA CODE					
	NJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT				SEATING	AIR BAG USAG	E EJECTION	TRAPPED			
: :	TAKEN BY	1			MC HELMET	POSITION								
UNIT #	NAME: LA	ST, FIRST, MIDDLE	<u> </u>	DA	TE OF BIRTH		AGE	GENDER						
		•												
ADDRESS	S: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	- INCLUDE AR	EA CODE					
ADDRESS	.1					1			T					
INJURIES	IES INJURED EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME	E CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING AIR BAG US POSITION		EEECTION	TRAPPED			
LINET #	BY	ST FIRST LADDIS						Tr or bio714		100	CENDED			
UNIT#	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER			
ADDRESS	S: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	- INCLUDE AR	EA CODE					
ADDRESS														
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME	E CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	ELECTION	TRAPPED			
	BY]					MC HELMET							
, 000 (120045//	IN.	JURIES	SAFET	Y EQUIPMENT USED	8 2 4	SEATING POS	ITION		AIR BAG (JSAGE	Sall she ()			
1 - FA	TAL		1 - NONE		200 mil	VT - LEFT SIDE TORCYCLE DRIVE	D)	1 - NOT	DEPLOYED					
4000	推定的52.67。(4)	SERIOUS INJURY	TO THE PARTY OF THE	JER DELINUNLY USED	2 - FRON	IT - MIDDLE		A 40 4 4 4 6 60	OYED FROM	T.				
1 7 7 9 6 6 6	SSIBLE INJ	MINOR INJURY	3 - LAP BEL	T ONLY HISED		NT - RIGHT SIDE IND - LEFT SIDE			oyed side Oyed Both					
3.3. A. 18.		IT:INJURY	と個数無限になく。	DER & LAP BELT USED	(MOT	ORCYCLE PASSE	NGER)	1965 - 1965 1965	T/SIDE					
MA SE SE	INJURE	D TAKEN BY				ND - MIDDLE ND - RIGHT SIDI		"我人人,正才感得	APPLICABLI	- × 39				
	T TRANSP	ORTED /	PERCENTAGE OF ALL PARTY OF THE PERCENTAGE OF THE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		D - LEFT SIDE		DYMENT U		N September 1				
4 98 99 4	90000000000000000000000000000000000000	SCENE		ACING	50 C	'ORCYCLE SIDE C D - MIDDLE	AK)	<u> </u>	ON IA	SEAT IN				
2 - EM 3 - PO	Mary 18 1		8 - HELMET		絶れるので、	D - RIGHT SIDE	. F	1 - NOT 2 - PART	EJECTIED IALLY EJECT	ΈD				
	HER / UNI	KNOWN	P SHIIII GAO		\$6000 CASS - 195-4	EPER SECTION O SENGER IN OTH	HER ENCLOSED 3 - TOTALLY EJECTED							
2.2			5. Sc. 20000000	/s, knees, etc)		GO AREA (NON-T								
CEE	ज MALE:	ENDER	ELECTRICAL DE LA COL	TIVE CLOTHING NG - PEDESTRIAN	12 - PAS	SENGER IN UNE			TRAPE	ED.	ASSESSED AND A			
** - A C A	IALE		17. SHEER BEET BOOK 5000	TE ONIN	The state of the s	IGO AREA IILING UNIT			TRAPPED					
3. W.	THER / UN		99 - OTHER	() UNKNOWN	September 1	ING ON VEHICLE	THE SECOND SECON		ICATED BY IANICAL M	FANS				
	All .				200 m	V-TRAILING UNIT) :		3 - FREEI	銀門が開発性のです。					
					99 - OTH	HER / UNKNOWN		NON	MECHANIC	AL MEA	NS .			
NAME: L	AST, FIRST, M	IDDLE					D/	TE OF BIRTH		AGE	GENDER			
ADDRES	E. STORET CIT	V CTATE 7/D				•	CONTACT DUCK	E - INCLUSE AS	FA CODE					
NUDRES:	S: STREET, CIT	1, 31MIE, 417				•	CONTACT PHON	s - INCLUDE AR	em CUUE					
NAME: LAST, FIRST, MIDDLE							D/	Т	AGE	GENDER				
SESS														
ADDRES.	S: STREET, CIT	ry, STATE, ZIP					CONTACT PHON	E - INCLUDE AR	EA CODE					
	1c7 mar ::	up.N.F.	······································					TE OF BIOTH	Т	AGE	GENIDER			
NAME: L	AST, FIRST, M	IIDDLE					D/	TE OF BIRTH		AGE	GENDER			
ADDRES	S: STREET, CIT	ry, State, ZIP					CONTACT PHON	E - INCLUDE AR	EA CODE		L			
2							1							