OHIO DEPARTME	ыт	_	_	•					M	RM	11-4-19			
OND DEPARTMENT  TRAFFIC CRASH REPORT  *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT  VENUE OF STATE OF THE CONTROL OF THE CON									LOCAL REPORT NUMBER * 19MPD1888					
PHOTOS TAKEN  SECONDARY CF	Пон-1Р	OTHER R	EPORTING AGENCY	TOMPUT	888		NCIC *	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UN		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN			
COUNTY* LOCAL			VILLAGE. TOWNSHIP*					CRASH DATE	T	CR	ASH SEVERITY			
38 2	2 1011100	Millersburg						11/01/2019	23:55	5 .	· FATAL · SERIOUS INJURY			
ROUTE TYPE ROL		( 1 - NORTH L 2 - SOUTH	OCATION ROAD NA	AME			ROAD TYPE	LATITUDE DE	CIMAL DEGREES		SUSPECTED			
ROUTE TYPE ROL	_ 1	2 EACT	N Monroe St				ST	40.5546	38	3 ·	MINOR INJURY SUSPECTED			
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 35 N Monroe St							ROAD TYPE	-81.915			- INJURY POSSIBLE - PROPERTY DAMAGE ONLY			
REFERENCE POINT  1 - INTERSECTION 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #  DISTANCE FAOM REFERENCE  1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST  DISTANCE FAOM REFERENCE  UNIT OF MASURE 1 - MILES  TO MILES  POUTE TYPE  ROUTE TYPE  IR - INTERSTATE ROUTE (TP)  US - FEDERAL US ROUTE  SR - STATE ROUTE  CR - CIRCLE CR - NUMBERED COUNTY ROUTE  DR - DRIVE  P							AY RD -ROAD : SQ - SQUARE ST - STREET TE - TERRACE	WITHIN INTER	ROAD	APPROAC				
	3-1	/ARDS	ROUTÉ	The state of the s	HEIGHTS,	PL - PLACE								
1 - ON RC 2 - ON SH 3 - IN MEI 4 - ON RC 5 - ON GC	HOULDER 10 DIAN 11 PADSIDE 12 DRE DE TRAFFIC WAY 13 MP 14	CROSSOVER - DRIVEWAY/A - RAILWAY GRU - SHARED USE TRAILS	ADE CROSSING PATHS OR	5 1 - NOT BETW	COLLISION 4 EEN S MOTOR 6 CLES IN 7 SPORT 7 -END B	H COLLISION/ - REAR-TO-REA - BACKING - ANGLE - SIDESWIPE, S - SIDESWIPE, O - OTHER / UNK	AR  AME DIRECTION  DIPPOSITE DIRECTION	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - C ( 2 - C ( 3 - C 4 - C	NVIDED FL <4 FEET ) NVIDED FL ≥4 FEET )	N TYPE USH MEDIAN  USH MEDIAN  EPRESSED MEDIAN  AISED MEDIAN  UKNOWN			
WORK ZONE RE	LATED		WORK ZONE TYP	E	LOCATIO	N OF CRASH	IN WORK ZONE	CONTOUR	CONDITIO	ONS	SURFACE			
WORKERS PRESENT  1 - LANE CLOSURE  2 - LANE SHIFT/ CROSSOVER  LAW ENFORCEMENT PRESENT  3 - WORK ON SHOULDER  OR MEDIAN						WARNING SIG ADVANCE WA TRANSITION	ARNING AREA AREA	1 - DRY 2 - WET 3 - SNOW	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS,					
ACTIVE SCHOO	L ZONE	1	INTERMITTENT OR N	AITTENT OR MOVING WORK 4 - ACTIVITY AREA 5 - TERMINATION AREA					4 - ICE 5 - SAND, MUD OIL, GRAVE		ASPHALT  3 - BRICK/BLOCK  4 - SLAG, GRAVEL,			
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED  1 - CLEAR 6 - SNOV 2 - CLOUDY 7 - SEVER 3 - FOG, SMOG, SMOG. 8 - BLOW 4 - RAIN 9 - FREEZ						SAND, SOIL, D RAIN OR FREE		4 - CURVE GRADE 9 - OTHER /UNKNOWN	6 - WATER (ST/ MOVING) 7 - SLUSH 9 - OTHER / UN	ANDING,	STONE 5 - DIRT 9 - OTHER / UNKNOWN			
NARRATIVE	ed in a private pa	rking lot nev	t to an alley and	hacked from	hie									
parking space a who was parked	cross the alley in I in a marked spa without reporting	to another pa ce in the oth	arking lot and in er lot. Unit 1 imr	to the side of nediately fled	Unit 2 I the									
information on		g the acciden	iction leaving and	y personal co	mact									
							Alley				Alley			
CRASH REPOR	TED DATE / TIME	1	DISPATCH DATE / T	IME	ARI	RIVAL DATE /	TIME	SCENE CLEARED	DATE / TIME		REPORT TAKEN BY			
TOTAL TIME	2019 23:59 OTHER	TOTAL		AME*	11,	/02/2019 0	0:05	11/02/201 R'S NAME*	9 00:32		POLICE AGENCY MOTORIST			
KOADWAY CLOSED	INVESTIGATION TI	ME MINUT		Todd OFFICER'S BAD	GE NUMBER*		CHECKED E	y OFFICER'S BADGE	NUMBER*		SUPPLEMENT  DRRECTION OR ADDITION AN EVICTOR OF REPORT FENT TO			
90 118					- Carana	unudi		TO AN EXISTING REPORT SENT TO ODPS)						



1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

## LOCAL REPORT NUMBER

								MPD1888				
UNIT#	OWNER NAME: LAST, FIRST, I	MIDDLE ( SAME AS DRIVI	ER)	OWNER	PHONE:INCLUDE ARE	A CODE (D SAME AS DRIVER)	DAMAGE					
1	CROUCH, DAVID, TH				330-749	-2583	DAMAGE SCALE  1 - NONE  3 - FUNCTIONAL DAMAGE					
1	DDRESS: STREET, CITY, STATE, Z						1 - NONE					
COMMER	CIAL CARRIER: NAME, ADDRES	S, CITY, STATE, ZIP		CON	MERCIAL CARRIER PHO	NE: INCLUDE AREA CODE						
	LICENSE PLATE #				VEHICLE YEAR	VEHICLE MAKE						
OH	HIY3666						11 12	11 12				
X INSUR	MITCE		1				10 12	10 12				
				Tow	d		Z					
Псомм		IN EMERGENCY	03.001 #				9 9 3 3	9 0 3				
INTERI	<u>L</u>		EHICLE WEIGHT GVWR/GCWR		A PERCHANIA							
DEVICE	HIT/SKIP UNIT					S# PLACARDID#		8 7 7 5 4				
EQUIP	PEU		3 - > 26K 185.		LACARD			12				
					·	1						
2	(MINIVAN) 8 - M		14 CINCLEUNIT		•		10/					
UNIT TY	Land Company of the C		TRUCK 21 - H				9	3 73				
	10 - N		16 - FARM FOLHBARNT 22 - A				_					
	S - CARGO VAN 11 - A		17 - MOTORHOME	NIMAL-DI	RAWN VEHICLE 99 -	UNKNOWN OR HIT/SKIP	8 🗸					
	# of TRAILING UNITS	utv)					12 7	5 12				
	WAS VEHICLE OPERATING IN A	ITONOMOUS	A NO 1170117011 A			A 1111/2101/41	1	6 11 12				
	MODE WHEN CRASH OCCURRE		l .			9 - UNKNOWN	10 1 2	10 11 1 2				
2	1-YES 2-NO 9-OTHER/	INKNOWN AUTONO					/- 10 15 z -					
							9 3 3	1 1-1 1-1				
	1 - NONE					21 - MAIL CARRIER	, T, Hall, 7	スがまれる				
1	2 - TAXI 3 - ELECTRONIC RIDE					99 - OTHER / UNKNOWN						
SPECIAL	SHARING	9 - BUS - OTHER	14 - PUBLIC UTILITY				5	0 5				
FUNCTIO	N 4 - SCHOOL TRANSPORT S - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIP					12 12 12				
1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	SERVING SERVING   SERVING SE										
CARGO		CONTAINER CHA	CCIC				R A R	A 3 9 7 3 9 8 3				
BODY TYPE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		10 - FLAT BED	14 - G	AR8AGE/REFUSE		03					
ITPE	1 - TURN SIGNALS	A - RPAYEC	7 - MORN OR CHCY TIRES	9 140	TOP TOOLING	OR - OTHER HINKNIOWN	6	<b></b>				
	2 - HEAD LAMPS					33 * Office / Onkidown		6 6 6				
VEHICLE DEFECT:		6 - TIRE BLOWOUT	DEFECTIVE	A	CCIDENT			_				
							NO DAMAGE	[0] L-UNDERCARRIAGE[14]				
	1 - INTERSECTION - I MARKED CROSSWALK		74/41 0			99 - OTHER / UNKNOWN	T-TOP(131	- ALL AREAS ( 15 )				
NON- MOTORIST	2 - INTERSECTION -		a representation	0	R TRAILS							
LOCATION							□-0	NIT NOT AT SCENE [ 16 ]				
	1 - NON-CONTACT						INITIAL	POINT OF CONTACT				
_	2 - NON-COLLISION						0 - NO DAMA	IGE 14 - UNDERCARRIAGE				
3	_ 3 - STRIKING	4 - OVERTAKING/PA	SSING 11 - SLOWING OR STOPPED	17 - PI	USHING VEHICLE	25 Gillery State Gill						
ACTION	A - STRUCK						DIAGRA	AM 99 - UNKNOWN				
	5 - BOTH STRIKING	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	19 - 51	TANDING		13 - TOP					
				G 20 - O	THER NON-MOTORIST			TRAFFIC				
	1 - NONE			18 - OF	PERATING DEFECTIVE							
	2 ~ FAILURE TO YIELD						i i					
12	4 - RAN STOP SIGN						2 - TWO-WAY	6 2 - SIGNAL S - YIELD SIGN				
CONTRIBUT	S - UNSAFE SPEED							3 - FLASHER 6 - NO CONTROL				
CIRCUMSTA	NCES 7 - LEFT OF CENTER						# OF THROUGH LANES	RAIL GRADE CROSSING				
							ON ROAD	1 - NOT INVLOVED				
SEQUEN	CE OF EVENTS		EVENTE		e man engineer .		1 1	1 1				
. 21	1 - OVERTURN/ROLLOVER	7 - SEPARATION OF U	INITS 12 - DOWNHILL RUNAWAY	19 - Al				3 - INVOLVED-PASSIVE CROSSING				
' <del> </del>	2 - FIRE/EXPLOSION 3 - IMMERSION						UNIT / NO	N-MOTORIST DIRECTION				
21	4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE	21 - P/	ARKED MOTOR	MOTION BY A MOTOR VEHICLE		1 - NORTH S - NORTHEAST				
	LOSS OR SHIFT	11 - CROSS CENTERLE OPPOSITE DIRECT			HICLE ORK ZONE	24 - OTHER MOVABLE		2 - SOUTH 6 - NORTHWEST				
اد	6 - EQUIPMENT FAILURE	OF TRAVEL	18 - ANIMAL - DEER	M	AINTENANCE	Овјест	FROM 1   TO 7	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST				
3 [	And the second s		DLLISION WITH FIXED OBJECT -		QUIPMENT	and the second of the second o		9 - OTHER / UNKNOWN				
4	25 - IMPACT ATTENUATOR / CRASH CUSHION		38 - OVERHEAD SIGN POST	45 - EA	MBANKMENT :	52 - BUILDING						
•	26 - BRIDGE OVERHEAD	33 - MEDIAN CABLE 8	ARRIER SLIPPORT		AILBOX	53 - TUNNEL 54 - OTHER FIXED	UNIT SPEED	DETECTED SPEED				
5	STRUCTURE 27 - BRIDGE PIER OR	34 - MEDIAN GUARDE BARRIER	RAIL 40 - UTILITY POLE 41 - OTHER POST, POLE	48 - TF		OBJECT 99 - OTHER / UNKNOWN	, 2 ,	1 - STATED / ESTIMATED SPEED				
	ABUTMENT	35 - MEDIAN CONCRI	ETE OR SUPPORT	50 - W	ORK ZONE AINTENANCE			4				
6	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	BARRIER 36 - MEDIAN OTHER I			QUIPMENT		POSTED SPEED	1 2 - CALCULATED / EDR				
l	30 - GUARDRAIL FACE	37 - TRAFFIC SIGN PO		51 - W	ALL			3 - UNDETERMINED				

5\_\_\_\_



## LOCAL REPORT NUMBER

## 19MPD1888

UNIT# 0	WNER NAME: LAST, FIRST, N	MIDDLE ( SAME AS DRIVER)		OWNER	PHONE:INCLUDE AR	EA CODE (C) SAME AS DRIVER)	DAMAGE					
l ;	EWIS, SHANNON, CI				440-949		DAMAGE SCALE					
	DRESS: STREET, CITY, STATE, ZI				770-243	·	1 - NONE 3 - FUNCTIONAL DAMAGE					
1	WFORD ST. MILLERS						2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE					
}							9 - UNKNOWN					
COMMERCIA	AL CARRIER: NAME, ADDRES	S, CITY, STATE, ZIP		Con	MERCIAL CARRIER PH	ONE: INCLUDE AREA CODE						
								MAGED AREA(S)				
LP STATE L	ICENSE PLATE #	VEHICLE	IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE	INDIC	ATE ALL THAT APPLY				
он Н	HBH7460	2T1CF	22P0XC212138		1999	TOYOTA	12	12				
	INSURANCE COMPAN		NSURANCE POLICY #		COLOR	VEHICLE MODEL	1	"				
VERIFIED	BRISTOL WEST		00965194100		SIL	SOLARA	10	10				
	TYPE OF USE			TOW	ED BY: COMPANY A							
		TIN EMERGENCY	US DOT #	NON		innic.						
COMMERC	IAL GOVERNMENT	JRESPONSE VEHIL	LE WEIGHT GVWR/GCWR			S MATERIAL						
INTERLOC		# OCCUPANTS	1 - ≤10K LBS.	$\square$	IATERIAL CLAS		7 5 4					
DEVICE EQUIPPED	HIT/SKIP UNIT		2 - 10.001 - 26K LBS.		ELEASED		·XITI	" \ 8				
			3 - > 26K LBS.	االلا	LACARD L		5	12 7				
		N (9-15 SEATS)		IMO (LIVEI	RY VEHICLE) 23 -	PEDESTRIAN/SKATER						
1 1 :		DTORCYCLE 2-WHEELED		IUS (16+ P.	-	WHEELCHAIR (ANY TYPE)	10 /	1 2				
		OTORCYCLE 3-WHEELED ITOCYCLE	TRUCK	THER VEH		OTHER NON-MOTORIST	<del>/-</del>	10 2				
UNIT TYPE	VEHICLE 10 - M	OPED OR MOTORIZED	15 - SEMI-TRACTOR 21 - H	IEAVY EQU		BICYCLE	9	3 3				
		CYCLE				TRAIN	<del>-</del>	8 4 -				
_		LL TERRAIN VEHICLE	17 - MOTORHOME	II4)INING-DE	ONTHI VEHICLE 99.	UNKNOWN OR HIT/SKIP	В					
0	# of TRAILING UNITS	AUTV)						5 12				
							11	8 11				
	WAS VEHICLE OPERATING IN AL		0 - NO AUTOMATION 3	- CONDITI	IONAL AUTOMATION	9 - UNKNOWN		12				
2 .	MODE WHEN CRASH OCCURRE	0 1	1 - DRIVER ASSISTANCE 4	- HIGH AU	TOMATION		"/ `L" [31] \ \2	10/ \               /     2				
2 ,	I-YES 2-NO 9-OTHER/L	JNKNOWN AUTONOMOU	52 - PARTIAL AUTOMATION S			İ	10 2 2					
		MODE LEVEL				`	a [ a [ 3 ] ]					
	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FA	ARM	21 - MAIL CARRIER	T	て 開 淵 ブ				
	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY		IOWING	99 - OTHER / UNKNOWN		8 <				
	3 - ELECTRONIC RIDE	8 - BUS - SHUTTLE	13 - POLICE		NOW REMOVAL		7 5	, 5				
SPECIAL	SHARING 4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY		OWING		6	6				
FUNCTION	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIP		AFETY SERVICE			12 12 12				
				PA	ATROL			1 1				
. 1 .	1 - NO CARGO BODY TYPE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DI	UMP	99 - OTHER / UNKNOWN	12					
	/ NOT APPLICABLE 2 - BUS	5 - INTERMODAL	B - POLE	12 - C	ONCRETE MIXER		~ AA ~					
W	3 - VEHICLE TOWING	CONTAINER CHASSIS 6 - CARGOVAN	9 - CARGO TANK	13 - Al	UTO TRANSPORTER		9 ( E ( ) 10 P	3 9 T 3 9 T 3				
BODY TYPE	ANOTHER MOTOR VEHICLE	/ENCLOSED BOX	10 - FLAT BED	14 - G	ARBAGE/REFUSE			<b>*</b>				
							6	i de la companya de l				
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES		OTOR TROUBLE	99 - OTHER / UNKNOWN	_	y   <u> </u>				
VEHICLE	2 - HEAD LAMPS 3 - TAIL LAMPS	S - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE		ISABLED FROM PRIOR CCIDENT	•						
DEFECTS	D TOTAL STREET OF	5 TIME BEOTION					☐- NO DAMAGI	[0]  UNDERCARRIAGE [14]				
	1 - INTERSECTION -	4 - MIDBLOCK -	7 - SHOULDER/ROADSIDE	10 0	RIVEWAY ACCESS	99 - OTHER / UNKNOWN		-1-1 mineranimae (14)				
	MARKED CROSSWALK	MARKED CROSSWALK			HARED USE PATHS	33 - OTREK/ UNKNOWN	TOP [ 13 ]	- ALL AREAS [ 15 ]				
	2 - INTERSECTION -	5 - TRAVEL LANE -	9 - MEDIAN/CROSSING	OI	R TRAILS	•						
MOTORIST LOCATION	UNMARKED CROSSWALK 3 - INTERSECTION - OTHER	OTHER LOCATION  6 - BICYCLE LANE	ISLAND		RST RESPONDER I INCIDENT SCENÉ		LJ-!	JNIT NOT AT SCENE[ 16 ]				
		1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC			21 - STANDING OUTSIDE						
	1 - NON-CONTACT	1 - STRAIGHT AHEAD 2 - BACKING	9 - LEAVING TRAFFIC LANE		ALKING, RUNNING, OGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE		L POINT OF CONTACT				
	2 - NON-COLLISION	3 - CHANGING LANES	10 - PARKED		ORKING	99 - OTHER / UNKNOWN	0 - NO DAM	AGE 14 - UNDERCARRIAGE				
4	3 - STRIKING	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED	17 - PI	USHING VEHICLE		8 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE					
ACTION		1 5 - MAKING RIGHT TURN	IN TRAFFIC		PPROACHING OR		DIAGRAM 99 - UNKNOWN					
	5 - BOTH STRIKING	6 - MAKING LEFT TURN 7 - MAKING U-TURN	12 - DRIVERLESS 13 - NEGOTIATING A CHRVE		EAVING VEHICLE TANDING		13 - TOP	22 - GIAGIOTHI				
	& STRUCK	B - ENTERING TRAFFIC	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSINI			it i	.=					
<b>I</b>	9 - OTHER / UNKNOWN	LANE	SPECIFIED LOCATION					TRAFFIC				
	1 - NONE		SE 13 - IMPROPER START FROM		PERATING DEFECTIVE		TRAFFICWAY FLOW	TRAFFIC CONTROL				
	2 - FAILURE TO YIELD	/ACDA	A PARKED POSITION		UIPMENT	ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN				
1	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY		OAD SHIFTING ALLING/SPILLING	99 - OTHER IMPROPER ACTION	2 - TWO-WAY	- 2 - SIGNAL S - YIFLD SIGN				
	5 - UNSAFE SPEED	10 - IMPROPER PASSING	15 - SWERVING TO AVOID		PROPER CROSSING	nemon	[ ]	6 3 - FLASHER 6 - NO CONTROL				
CONTRIBUTING	5 C 14000000 TUDA	11 - DROVE OFF ROAD	16 - WRONG WAY		ING IN ROADWAY							
CINCOMSTANC	ES 7 - LEFT OF CENTER	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NO	OT DISCERNIBLE		# of THROUGH LANES	RAIL GRADE CROSSING				
anc							ON ROAD	1 - NOT INVLOVED				
SEOUENCE			PERMIT		. n ny ngamenaa		1 1 1	1 2 - INVOLVED-ACTIVE CROSSING				
. 1 20	1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	19 ~ Al	NIMAL -OTHER	23 - STRUCK BY FALLING,	<u>                                   </u>	3 - INVOLVED-PASSIVE CROSSING				
1 20	2 - FIRE/EXPLOSION	B - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	N 20 - M	OTOR VEHICLE IN	SHIFTING CARGO OR	116119 2612	N MOTORIET DIRECTION				
	3 - IMMERSION	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN		ANSPORT	ANYTHING SET IN MOTION BY A MOTOR	UNIT / NC	N-MOTORIST DIRECTION				
2	4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE		ARKED MOTOR SHICLE	VEHICLE		1 - NORTH 5 - NORTHEAST				
-	S - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM		ORK ZONE	24 - OTHER MOVABLE		2 - SOUTH 6 - NORTHWEST				
_ 1	6 - EQUIPMENT FAILURE	OF TRAVEL	18 - ANIMAL - DEER	M	AINTENANCE	OBJECT	mov 4 1 1	3 - EAST 7 - SOUTHEAST				
3	I ,				QUIPMENT		FROM TO	4 - WEST B - SOUTHWEST 9 - OTHER / UNKNOWN				
, .	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	ION WITH FIXED OBJECT - 38 - OVERHEAD SIGN POST		( MBANKMENT	52 - BUILDING		3 - OTHER / DIAMOMN				
4	/ CRASH CUSHION	32 - PORTABLE BARRIER	39 - LIGHT / LUMINARIES	46 - FE	NCE	53 - TUNNEL	UNIT SPEED	DETECTED SPEED				
	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIE			AILBOX	54 - OTHER FIXED	5.4,1 SI LLD	and the state of t				
5	27 - BRIDGE PIER OR	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE	48 - TR 49 - FR	REE RE HYDRANT	OBJECT 99 - OTHER / UNKNOWN	0 1	1 - STATED / ESTIMATED SPEED				
	ABUTMENT	35 - MEDIAN CONCRETE	OR SUPPORT	50 - W	ORK ZONE							
6	28 - BRIDGE PARAPET	BARRIER	42 - CULVERT		AINTENANCE QUIPMENT		DOCTED COCCO	1  2-CALCULATED / EDR				
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRI 37 - TRAFFIC SIGN POST	ER 43 - CURB 44 - DITCH	51 - W			POSTED SPEED					
. 4		4			-			3 - UNDETERMINED				
	FIRST HARMFUL EVEN	IT   MOS	T HARMFUL EVENT									

Or PUBLIC	Motorist / Non-Motorist								LOCAL REPORT NUMBER 19MPD1888							
UNIT #										DATE OF BIRTH AGE GENE						
1		I, DAVID, THOMAS								02/07/1979				40	М	
ADDRESS:	STREET, CITY								CONTACT PHONE - INCLUDE AREA CODE							
2 1225 BA	5 BARNARD RD, WOOSTER, OH, 44691										330-749-2583					
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO: M	TEDICAL FACILITY (NAME O	(ITY)	SAFETY EQUIPMENT USED		DOT-COMPLIANT POSITION			USAGE	EJECTION	TRAPPED	
ž 5	BY _1									HELMET	1 1	1	1 1 1			
K C	E OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE CODE										*	CITAT	ATION NUMBER			
OH E	SA55551			4549.				-					UHLDX DRUG TEST(S)			
OL CLASS	la			RIVER ALCOHOL / DRUG SUSPECTED STRACTED X ALCOHOL MARIJUANA			CONDITION	STATUS	TYPE	L TEST VALUE	STATUS	TYPE		SELECT UP TO 4		
4	BY				l <del></del> -	R DRUG		2	1	1 .		1	1			
UNIT #	NAME: LA	ST, FIRST, MIDDLE						<u> </u>			DATE OF BIRTH			AGE	GENDER	
		***************************************														
ADDRESS:	STREET, CITY	, STATE, ZIP							CONT	ACT PHO	ONE - INCLUDE A	REA CODE				
NJURIES	INDEP	EMS AGENCY (NAME)		INNURED	TAKEN TO: N	MEDICAL FACILITY (NAME, I	CITY)	SAFETY EQUIPMENT			SEATING	AIR BAG	USAGE	EJECTION	TRAPPED	
NON	TAKEN BY	Ellin Montes (1471117)					,	USED		T-Complia HELMET	NT POSITION					
		LICENSE NUMBER		OFFEN:	SE CHARG	ED	LOCAL	OFFENSE DESCRI	PTION			CITAT	CITATION NUMBER			
PIORI							CODE									
OL CLASS	ENDORSEM	ENT RESTRICTION SELECT UP TO 3	DRIV	/ER	ALCOH	IOL / DRUG SUSPE	CTED	CONDITION	Α	LCOHO	L TEST		DRUG	TEST(	S)	
			DIST	RACTED		hd	IA <b>N</b> A		STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4	
UNIT #		T THE T LIBOUT			OTHE	R DRUG			ļ				-			
ONII #	NAME: LA	ST, FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER	
ADDRESS:	STREET, CITY	, STATE, ZIP							CONT	ACT PHO	NE - INCLUDE A	REA CODE			<u> </u>	
TOR										,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO: N	REDICAL FACILITY (NAME,	crty)	SAFETY EQUIPMENT	<u>—ро</u>	Т-Сомрыя	SEATING NT POSITION	AIR BAG	5 U\$AGE	EJECTION	TRAPPEO	
ion /	BY			USED USED			MC HELMET									
OL STATE	OPERATOR	LICENSE NUMBER	OFFENSE CHARGED LOCAL OFFENSE DESCRI					PTION			CITAT	ION NU	MBER			
МОТО				<u> </u>									-		-	
OL CLASS	ENDORSEM	ENT RESTRICTION SELECT UP TO 3		/ER 'RACTED	i	HOL / DRUG SUSPE HOL MARIJU		CONDITION	STATUS	TYPE	OL TEST VALUE	STATUS	DRUG TYPE		SELECT UP TO 4	
			BY		OTHE	R DRUG .										
. /	URIES	SEATING POSITION		AIR BA	6	OL CLAS	ss	OL RESTRIC	TION(S	) DR	VER DISTRA	CTION	TE	ST ST	ATUS	
1 - FATAL 2 - SUSPECTED	SERIOUS	(MOTORCYCLE DRIVER) 2		ED FROM	T. A.	1 - CLASS A		1 - ALCOHOL INTER	7	2 N	OT DISTRACTED,		1 - NONI 2 - TEST	REFUSED		
INJURY 3 SUSPECTED		3 - FRONT - RIGHT SIDE 4	DEPLOY DEPLOY	ED BOTH		2 - CLASS B		2 - CDL INTRASTAT		· · · · c	ECTRÓNIC OMMUNICATION I			AMINATI	ED SAMPLE	
INJURY 4 - POSSIBLE IN			-, NOT AF	PLICABLE	KNOWN .	4 - REGULAR CLA (OHIO = D)	SS	4 - FARM WAIVER 5 - EXCEPT CLASS A 6 - EXCEPT CLASS A		. h	EXTING, TYPING, ) IAI ING) ALKING ON HAND	S-FREE	4 - TEST			
5 - NO APPARE		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE			A Section 1	S - M/C MOPED C	ONLY	& CLASS B BUS	R-TRAILER	4 - T	DMMUNICATION I	-HELD	5 - TEST	LTS KNOV GIVEN, LTS UNKN	65 N. J.	
	TAKEN B	(MOTORCYCLE SIDE CAR)	E NOT EJI	JECTIO ECTED		6 - NO VALID OL		8 - INTERMEDIATE I	ICENSE	5 O	OMMUNICATION I THER ACTIVITY W	TH AN			ST TYPE	
1 - NOT TRAN		9 - THIRD - RIGHT SIDE 2 10 - SLEEPER SECTION 3	TOTALL	LLY EJECTI Y EJECTED	) ,	OL ENDORS	MENT	9 - LEARNER'S PERM RESTRICTIONS	in dia	6 P	ECTRONIC DEVICE ASSENGER THER DISTRACTIO		1 - NONE 2 - BLOO			
2'- EMS		OF TRUCK CAB  11 - PASSENGER IN		PLICABLE		H - HAZMAT M - MOTORCYCLI	i Ég	ONLY ONLY II - LIMITED TO EM	* *	1.10	ISIDE THE VEHICLE		3 - URINI 4 - BREAT	Ξ,		
3 - POLICE	INKNOWN	OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, 1	- NOT TR	RAPPE APPED		P - PASSENGER		12 - LIMITED - OTH	ER 🕝	;	UTSIDE THE VEHIC	LE	5 - OTHE	'. ×		
SAFETY E	, '	8US, PICK-UP WITH CAP) 12 - PASSENGER IN	MECHA	ATED BY NICAL ME		N - TANKER Q - MOTOR SCOO	OTER .	(SPECIAL BRAKE CONTROLS, OR	ES, HAND		CONDITIO	1 2 1 2	1 - NONE		TYPE	
1 - NONE USE	D .	13 - TRAILING UNIT	PREED I		AL MEANS	R - THREE-WHEEL		ADAPTIVE DEVICES)  14 - MILITARY VEHICLES ONLY 12 - PHYSI		PPARENTLY NORMAL HYSICAL IMPAIRMENT		2 - BLOOD 3 - URINE				
2 - SHOULDER USED 3 - LAP BELT O	5. 4	14 - RIDING ON VEHICLE EXTERIOR (Non-trailing unit)				S - SCHOOL BUS	čá, c	15 - MOTOR VEHIC WITHOUT AIR E 16 - OUTSIDE MIRR	RAKES	DE	VIOTIONAL (E.G., PRESSED, ANGRY, STURBED)		4 OTHE		RESULT(S)	
4 - SHOULDER USED		15 - NON-MOTORIST 99 - OTHER / LINKNOWN		1		T - DOUBLE & TRI		17 - PROSTHETIC A		DISTURBED)  4 RELINESS  5 FEIT ASIFED FAINTED.			1 - AMPH 2 - BARBI	ETAMINE	S	
S - CHILD REST						X - TANKER / HAZ	MAT		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF			3 - BENZO 4 - CANN	DDIĄZEPI	NES		
6 - CHILD REST - REAR FACE	RAINT SYSTEM					GENDE	R				MEDICATIONS / DRUGS / ALCOHOL			NE ES/OPIC	N. 1.	
7 - BOOSTER SI 8 - HELMET US	EAT .			, ; N.	Transition (1997) Strain (1997)	F - FEMALE M - MALE					THER / UNKNOWN	1 4	7 - OTHE 8 - NEGA	١.		
9 - PROTECTIVE (ELBOWS, K	NEES, ETC)			1-1	No.	U - OTHER / UNK	NOMN				A STATE OF THE STA		*	,		
10 - REFLECTIV	- PEDESTRIAN			. Topic			横尾虫 1		i. Per ji			A Second	5. S	4		
/ BICYCLE (	LE ONLY JUNKNOWN					Transfel to	ng yang <sup>k</sup> a galamga baga	4				ر. وردای از	So day			

OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER 19MPD1888						
	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER					
<b>U</b>	I I I I I I I I I I I I I I I I I I I	51, 1 H51, 141,0052												
Z ADDRESS:	STREET, CIT	Y, STATE, ZIP				***************************************	CONTACT PHON	E - INCLUDE ARE	A CODE					
ADDRESS:														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	IME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED			
UNIT #	NAME: LA	ST, FIRST, MIDDLE				<u> </u>	DA	TE OF BIRTH		AGE	GENDER			
NVADDRESS:	STREET, CIT	Y, STATE, ZIP	CONTACT PHONI	- INCLUDE ARE	A CODE	l								
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	ute cost	SAFETY EQUIPMENT		SEATING	AIR BAG USAG	E EJECTION	TRAPPED			
INJUNIES	TAKEN BY	Jana Anglier House		DOT-COMPLIANT MC HELMET	POSITION									
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER			
ADDRESS:	STREET, CIT	Y, STATE, ZIP		_			CONTACT PHON	E - INCLUDE ARI	EA CODE					
ADDRESS:				<del>y-</del>						,	<del>. ,</del>			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	ame, city)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED			
UNIT #	NAME: LA	ST, FIRST, MIDDLE		<u> </u>			DA	TE OF BIRTH	1	AGE	GENDER			
ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	AME CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USAG	E EJECTION	TRAPPED			
HOOKILS	TAKEN BY	EINS AGENCY (INAME)			and on the		DOT-COMPLIANT	POSITION	7					
	IN	JURIES	SAFET	Y EQUIPMENT USED	ĺ	SEATING POS	ITION		AIR BAG L	SAGE				
1 - FAT				USED	1 - FRON	IT - LEFT SIDE	Ly	1 - NOT	DEPLOYED	. راه مراه				
	*	SERIOUS INJURY	VEHICL	E OCCUPANT		TORCYCLE DRIVE	R)	1	OYED FROM	T. 44.				
3 - SUS	PECTED I	MINOR INJURY	* * 11	DER BELT, ONLY USED	. 3	NT - MIDDLE NT - RIGHT SIDE	and the second of the second o	3 - DEPLO	OYED SIDE		Ç., ,			
4 - POS	SIBLE INJ	URY		T ONLY USED  DER & LAP BELT USED	13.	ND - LEFT SIDE		* *	DYED BOTH	ļ.,	i"			
5 - NO	APPAREN	IT INJURY		RESTRAINT SYSTEM	*,	ORCYCLE PASSE ND - MIDDLE	NGER)	FRON	14.		*			
	INJURE	D TAKEN BY		RD FACING		ND - RIGHT SID	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN							
1'- NOT	T'TRANSF	PORTED /		RESTRAINT SYSTEM -		D - LEFT SIDE								
* 25	· + - 19	SCENE		ACING		ORCYCLE SIDE O	AR)		EJECTI	<u>NC</u>	*5 * * * *			
2 - EMS	400			ER SEAT		D - RIGHT SIDE								
3 - POL	7 mm 4	(NO) and	. 78. 7	USED		EPER SECTION O	F TRUCK CAB 2 - PARTIALLY EJECTED  JER ENCLOSED 3 - TOTALLY EJECTED							
9 - 01 -	IER / UNI	CINOMIN		VS, KNEES, ETC)	88	SENGER IN OTH GO AREA (NON-T	YTT   TEST TTT TTT   1							
	G	ENDER		CTIVE CLOTHING	SUC	H AS A BUS, PICK-U	P WITH CAP) 🚟 🧓	7 1107	ANGGERA IT		¥4. /			
F - FEM	1ALE			NG - PEDESTRIAN	of the second	GO AREA	INCLUSED	1 NOT	TRAPP	ED	. ,			
M - MA	M - MALE / BICYCLE ONLY								TRAPPED CATED BY		* * * * *			
U - OTI	HER-/ UN	KNOWN	99,- OTHER	S / UNKNOWN		ING ON VEHICLE 1-trailing unit)	EXTERIOR	1	IANICAL MI	ANS				
, in	**, *				15 - NOI	N-MOTORIST HER / UNKNOWN		3 - FREEL NON-	BY MECHANIC	AL MEA	NS			
NAME: LA	ST, FIRST, M	IDDLE	annesses and the second	от на при на На при на при		and the second s	DA	TE OF BIRTH		AGE	GENDER			
S	RDAN. R						03	/26/1997		22	F			
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
1033 STATE AVE NW, MASSILLON, OH, 44646														
NAME: LAST, FIRST, MIDDLE								TE OF BIRTH		AGE	GENDER			
KAUFFMAN. TAYLOR. MARY ADDRESS: STREET, CITY, STATE, ZIP								/18/1997 E - INCLUDE ARI	A CODE	22	F			
5		C, MILLERSBURG, OH,	44654				330-473-3471							
NAME: LA	ST, FIRST, M	IDDLE					DA	TE OF BIRTH		AGE	GENDER			
ADDRESS:	: STREET, CIT	Y, STATE, ZIP				,,	CONTACT PHON	E - INCLUDE ARI	EA CODE		I			