OROG LINPANTHUMT OF PUBLIC BAFFETY STATE STATES	TRAFFIC C		EPORT *DENOTE INFORMATION 20MPD0	ES MANDATORY FIELD FOR SUPPLE	MENT REPORT			-20 5 < 8 ct number •		
PHOTOS TAKEN  SECONDARY CRAS	<sub>5Н</sub> Он-1Р П	OTHER REPOR	TING AGENCY NAME *	,	NCIC *	1 - SOLVED	IUMBER OF U	1 98 - ANIMAL		
COUNTY* LOCALIT	PRIVATE PRO				03801	2 - UNSOLVED	<u> </u>	CRASH SEVERITY		
		ATION: CITY, VILLA ersburg	SE, TOWNSHIP"			06/24/2020 1	Ī	5 1 - FATAL		
	- TOWNSHIP		ROAD TYPE		LATITUDE DEGMAL DEGREES SUSPECTED					
ROUTE TYPE ROUTI		- SOUTH			ST	40 552681 3 - MINOR INJUR				
E ROUTE TYPE ROUTE		- WEST	hington ENCE ROAD NAME (ROAD, N	AD FRACT, GAUGE A)	ROAD TYPE	LONGITUDE DECI	SUSPECTED 4 - INJURY POSSIBLE			
O ROOTE TIPE ROOT	2	- SOUTH		AILEPOST, HOUSE #)	KOAD ITTE	-81.91863		5 - PROPERTY DAMAGE		
<u> </u>	4	- WEST	S Washington St					ONLY ON RELATED		
1 - INTERSECTIO	DIRECTION FROM REFERENC 1 - NOR	l	TATE ROUTE (TP)  AL-	ROAD TYPE - ALLEY HW - HIGHWAY	RD - ROAD	WITHIN INTERS				
3 2 - MILE POST	2 - SOU 3 - EAST	TH US SERVE	AL LIC BOLLTE	- AVENUE LA - LANE	SQ - SQUARE.					
3 - HOUSE #	4 ~ WES	T SR - STATE	- 105	BOULEVARD MP MILEPOST - CIRCLE OV - OVAL	ST STREET TE - TERRACE	WITHIN INTERC	HANGE AREA	NUMBER OF APPROACHES		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASUR 1 - MIL		SERED COUNTY ROUTE	- COURT PK - PARKWAY - DRIVE PI - PIKE	TL - TRAIL WA - WAY		ROAE	DWAY		
	2 - FEET	TR - NUME	ERED TOWNSHIP HE.	- HEIGHTS PL - PLACE	WALL AND	ROADWAY DIV	/IDED			
LOCA	ION OF FIRST HARM			NER OF CRASH COLLISION/IM	· · · · · · · · · · · · · · · · · · ·	DIRECTION OF TRAVE	L	MEDIAN TYPE		
1 - ON ROAL	OWAY 9 - CF	ROSSOVER DRIVEWAY/ALLEY	1-NOT	COLLISION 4 - REAR-TO-REAR		1 - NORTH	1 -	DIVIDED FLUSH MEDIAN		
3 - IN MEDIA		AILWAY GRADE	ROSSING TWO	MOTOR 6 - ANGLE		2 - SOUTH 3 - EAST	1 1	( <4 FEET ) DIVIDED FLUSH MEDIAN		
4 - ON ROAL 5 - ON GOR		HARED USE PATH RAILS	301	CLES IN 7 - SIDESWIPE, SAN	E DIRECTION	4 - WEST		(≥4 FEET)		
1	TRAFFIC WAY 13 - B		2 - REAF				1	DIVIDED, DEPRESSED MEDIAN DIVIDED, RAISED MEDIAN		
7 - ON RAM 8 - OFF RAM		OLL BOOTH OTHER / UNKNOW	3 - HEAI	D-ON 9 - OTHER / UNKN	OWN			(ANY TYPE) OTHER / UNKNOWN		
[			RK ZONE TYPE	LOCATION OF CRACILIN	Work Zour	CONTOUR	CONDIT			
WORK ZONE RELA	1		CLOSURE	LOCATION OF CRASH IN 1 - BEFORE THE 1ST		1 1	, 1	1		
WORKERS PRESEN	T .	2 - LANE	SHIFT/ CROSSOVER	WARNING SIGN			 1 - DRY	1 - CONCRETE		
LAW ENFORCEME	NT PRESENT	1 1	K ON SHOULDER	2 - ADVANCE WAR			2 - WET	2 - BLACKTOP,		
			EDIAN KMITTENT OR MOVING WORK	4 - ACTIVITY AREA			3 - SNOW 4 - ICE	BITUMINOUS, ASPHALT		
ACTIVE SCHOOL 2	ONE	5 - OTHE	R	5 - TERMINATION A	REA	1	5 - SAND, MU	ID, DIRT, 3 - BRICK/BLOCK		
t	IT CONDITION			WEATHER		4 - CURVE GRADE	OIL, GRAV 6 - WATER (S1	CTONE.		
1 - DAYLIGH			1 - CLEAR 1 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS		JUNKNOWN	MOVING)	S - DIRT		
1 1 1 1	GHTED ROADWAY	L	•	8 - BLOWING SAND, SOIL, DIR	T, SNOW	1	7 - SLUSH 9 - OTHER / U	9 - OTHER INKNOWN / UNKNOWN		
ł	roadway not light Inknown Roadway	- i	4 - RAIN	9 - FREEZING RAIN OR FREEZI		,				
9 - OTHER /		LIGHTING	S - SLEET, HAIL	99 - OTHER / UNKNOWN						
NARRATIVE						L.				
to clear the roady there was anothe	vay. Unit 02 tried t vehicle behind U	o reverse to g nit 02 that wo	2 was stopped waiting fo ive Unit 01 more room , l uld not allow Unit 02 to r vard and in doing so, stru	however, reverse.				<b>1 2 - 1</b>		
				<u> </u>		S Wash				
						S Washington St				
CRASH REPORTE		DISP	ATCH DATE / TIME	ARRIVAL DATE / TI	ME	SCENE CLEARED D	ATE / TIME	REPORT TAKEN BY		
06/24/20	20 17:27	06/	24/2020 17:30	06/24/2020 17:	31	06/24/2020	17:43	POLICE AGENCY  MOTORIST		
TOTAL TIME ROADWAY CLOSED I	OTHER	TOTAL MINUTES	OFFICER'S NAME*	I	HECKED BY OFFICE	R'S NAME*				
Court acoust		MINOTES	Genet, Stephanie  OFFICER'S BAD	GE NIIMBED*	C	V OEEICEDIE DADGE VI	ILADED+	SUPPLEMENT (CORRECTION OR ADDITION		
0	30	43	10	•	CHECKED B	y OFFICER'S BADGE NI	TO AN EXISTING REPORT SENT TO ODPS)			



1 FIRST HARMFUL EVENT

## LOCAL REPORT NUMBER

25

3 - UNDETERMINED

or Pur	UNIT						ž	20MF	PD0875		
	WNER NAME: LAST, FIRST, N			OWNER	PHONE:INCLUDE ARE	EA CODE ( SAME AS DRIVER)	D A M A G E DAMAGE SCALE				
	ORESS: STREET, CITY, STATE, Z						1 - NONE		3 - FUNCTIONAL DAMAGE		
		vooster, oh, 4469	1				2 2 - MINOR DA	MAGE 9 - UNK	4 - DISABLING DAMAGE		
COMMERCIA	AL CARRIER: NAME, ADDRES	S, CITY, STATE, ZIP		Cos	AMERCIAL CARRIER PHO	ONE: INCLUDE AREA CODE			ED AREA(S)		
10 STATE I	ICENSE PLATE #	VEHICLE	DENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE			LL THAT APPLY		
	PHD7672		GY5BEA43094		2011	FORD	12		12		
7510110.011	CE INSURANCE COMPA	NY INS	SURANCE POLICY #		COLOR	VEHICLE MODEL	11		11 12		
VERIFIED	HUMMEL GROUP	PAC	K3422023255		WHI	F-550	10 11	2	10 11 1 2		
СОММЕКО	TYPE OF USE	TIN EMERGENCY	US DOT #	IOWI	ED BY: COMPANY N	AME	9 9 3 3	3			
INTERLOC		# OCCUPANTS VEHICL	E WEIGHT GVWR/GCWR			S MATERIAL	8 1 -	/			
DEVICE	HIT/SKIP UNIT	" GEEGI AITIS	1 - ≤10K LBS.   2 - 10.001 - 26K LBS.	<del>   </del> RI	ELEASED	S# PLACARD ID#	8 7 8 5	4	$\left  \begin{array}{c c} 7 & \overline{V} & 5 \\ \hline & 6 & \end{array} \right  $		
			3 - > 26K LBS.		ACARD L		7 6 5	11	12 7 5		
	2 - PASSENGER VAN 7 - MO					PEDESTRIAN/SKATER WHEELCHAIR (ANY TYPE)	10 /	$\langle    $	17 2		
LINUT TYPE		OTORCYCLE 3-WHEELED 14 MOCYCLE	TRUCK	THER VEH		OTHER NON-MOTORIST	<i></i>	10			
	10 - M	15 15 15 15 15 15 15 15 15 15 15 15 15 1	27 A	EAVY EQU NIMAL WI		BICYCLE TRAIN	9 (	9			
i			5 - FARM EQUIPMENT : 22 - 71 AN 7 - MOTORHOME	NIMAL-DE	AWN VEHICLE 99 -	UNKNOWN OR HIT/SKIP	78	7			
	# OF TRAILING UNITS	rutv)					12	,	6 5 12		
,	WAS VEHICLE OPERATING IN AL	JTONOMOUS (	0 - NO AUTOMATION 3 -	CONDITI	ONAL AUTOMATION	9 - LINKNOWN	11 12		6 11 12		
1 _	MODE WHEN CRASH OCCURRE	D?			TOMATION	3 - OIKITOTTI	10/11/11	2	10 11 2		
2	- YES 2-NO 9-OTHER/L		Z - PARTIAL AUTOMATION 5 -	FULL AU	TOMATION		9 9 3	3	9 9 3		
	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FA	ARM	21 - MAIL CARRIER	8 4 -	/			
. 1 .	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - M	OWING	99 - OTHER / UNKNOWN	0 7 6 7	4	B 7 5 4		
SPECIAL	3 - ELECTRONIC RIDE SHARING	B - BUS - SHUTTLE 9 - BUS - OTHER	13 - POLICE 14 - PUBLIC UTILITY		NOW REMOVAL DWING		7 6 5		7 6 5		
	4 - SCHOOL TRANSPORT S - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIP.		AFETY SERVICE			12	12 12		
	1 - NO CARGO BODY TYPE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DI	······································	99 - OTHER / UNKNOWN	12	ā			
	/ NOT APPLICABLE	5 - INTERMODAL	B - POLE		ONCRETE MIXER	33 - OTHER / DIAKAGAMA	A A A	1			
CALCO.	2 - BUS 3 - VEHICLE TOWING	CONTAINER CHASSIS 6 - CARGOVAN	9 - CARGO TANK 10 - FLAT BED		UTO TRANSPORTER ARBAGE/REFUSE		ا (کیک) ه	9	3 9 🚺 3 9 🏶 3		
TYPE	ANOTHER MOTOR VEHICLE	ÆNCLOSED BOX	10 - FOXT BED	14 - 01	ARDAGE/REPUSE		Ö	7	$\overline{\Theta}$		
	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT		TOR TROUBLE SABLED FROM PRIOR	99 - OTHER / UNKNOWN	tı	6			
VEHICLE DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE		CIDENT			-			
							☐- NO DAMA	GE [ 0 ]	UNDERCARRIAGE [ 14 ]		
1 1	1 - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE 8 - SIDEWALK		RIVEWAY ACCESS HARED USE PATHS	99 - OTHER / UNKNOWN	TOP [ 13 ]		- ALL AREAS [ 15 ]		
NON- MOTORIST	2 - INTERSECTION - LINMARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	9 - MEDIAN/CROSSING		R TRAILS RST RESPONDER		Π.	- UNIT I	NOT AT SCENE ( 16 )		
	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	ISLAND	A1	INCIDENT SCENE						
	1 - NON-CONTACT	1 - STRAIGHT AHEAD 2 - BACKING	9 - LEAVING TRAFFIC LANE		ALKING, RUNNING, GGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE			IT OF CONTACT .		
l, a,	2 - NON-COLLISION 3 - STRIKING	3 - CHANGING LANES 4 - OVERTAKING/PASSING	10 - PARKED 11 - SLOWING OR STOPPED		ORKING JSHING VEHICLE	99 - OTHER / UNKNOWN	0 - NO DA 1 1-12 - REFI		14 - UNDERCARRIAGE  NIT 15 - VEHICLE NOT AT SCENE		
	A STRUCK PRE-CRASH	5 - MAKING RIGHT TURN	IN TRAFFIC	18 - Ai	PPROACHING OR AVING VEHICLE			SRAM	99 - UNKNOWN		
	5 - BOTH STRIKING & STRUCK	6 - MAKING LEFT TURN 7 - MAKING U-TURN	12 - DRIVERLESS 13 - NEGOTIATING A CURVE		ANDING		13 - TOP		JJ JAMASTIN		
	9 - OTHER / UNKNOWN	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	20 - 0	THER NON-MOTORIST	r		T'R A	AFFIC		
	1 - NONE	B - FOLLOWING TOO CLOSE /ACDA	13 - IMPROPER START FROM		PERATING DEFECTIVE	23 - OPENING DOOR INTO ROADWAY	TRAFFICWAY FLOW		TRAFFIC CONTROL		
	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	9 - IMPROPER LANE	A PARKED POSITION 14 - STOPPED OR PARKED	19 - LO	AD SHIFTING	99 - OTHER IMPROPER	1 - ONE-WAY 2 - TWO-WAY		1 - ROUNDABOUT 4 - STOP SIGN		
2	4 - RAN STOP SIGN 5 - UNSAFE SPEED	CHANGE 10 - IMPROPER PASSING	ILLEGALLY  15 - SWERVING TO AVOID		ALLING/SPILLING PROPER CROSSING	ACTION	2	6	2 - SIGNAL 5 - YIELD SIGN  3 - FLASHER 6 - NO CONTROL		
CONTRIBUTING	G 6 - IMPROPER TURN ES 7 - LEFT OF CENTER	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY 17 - VISION OBSTRUCTION	21 - LY	ING IN ROADWAY		# of THROUGH LANES				
	7 - LEFT OF CENTER	12 + IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - 140	) DISCERNIBLE		on ROAD		RAIL GRADE CROSSING  1 - NOT INVLOVED		
SEOUENCE	OF EVENTS	were owner said and a scale filament special	EVENTS		ys somewhere dealer is a	المسيومان مؤد المؤافظ المان	2		2 - INVOLVED-ACTIVE CROSSING		
1 20	1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY			23 - STRUCK BY FALLING, SHIFTING CARGO OR			3 - INVOLVED-PASSIVE CROSSING		
	2 - FIRE/EXPLOSION 3 - IMMERSION	B - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	TR	OTOR VEHICLE IN ANSPORT	ANYTHING SET IN	UNIT / N	ION-MO	TORIST DIRECTION		
2	4 - JACKKNIFE 5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN 11 - CROSS CENTERLINE -	15 - PEDALCYCLE 16 - RAILWAY VEHICLE		ARKED MOTOR HICLE	MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE			1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST		
]	LOSS OR SHIFT 6 - EQUIPMENT FAILURE	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL - FARM 18 - ANIMAL - DEER		ORK ZONE AINTENANCE	OBJECT	. 1	<b>a</b> ,	3 - EAST 7 - SOUTHEAST		
3	- edon meter tailoue	The department of the contract	contain the second of the second	EC	UIPMENT		FROM 4 TO	3	4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOW!		
41	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	ON WITH FIXED OBJECT 3B - OVERHEAD SIGN POST	4S - EN	ABANKMENT :	52 - BUILDING					
·	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT		AILBOX	S3 - TUNNEL 54 - OTHER FIXED	UNIT SPEED		DETECTED SPEED		
5	STRUCTURE 27 - BRIDGE PIER OR	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE		RE HYDRANT	OBJECT 99 - OTHER / UNKNOWN	. 3		1 - STATED / ESTIMATED SPEED		
1	ABUTMENT 28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE BARRIER	OR SUPPORT 42 - CULVERT	M	ORK ZONE AINTENANCE				1 12 CALCULATED CENT		
6	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST		51 - W	QUIPMENT		POSTED SPEED	1	2 - CALCULATED / EDR		
•								1	3 - HAIDSTEDMINED		

1 MOST HARMFUL EVENT



SCHIE, SUSAN, L

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( SAME AS DRIVER)

26 - BRIDGE OVERHEAD

STRUCTURE

27 - BRIDGE PIER OR

ABUTMENT

29 - BRIDGE RAIL

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

FIRST HARMFUL EVENT

33 - MEDIAN CABLE BARRIER

36 - MEDIAN OTHER BARRIER

34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE

37 - TRAFFIC SIGN POST

BARRIER

SLIPPORT

40 - UTILITY POLE

42 - CULVERT

MOST HARMFUL EVENT

OR SUPPORT

- OTHER POST, POLE

47 - MAILBOX

49 - FIRE HYDRANT

WORK ZONE

EQUIPMENT

MAINTENANCE

48 - TREE

S1 - WALL

54 - OTHER FIXED

99 - OTHER / UNKNOWN

OBJECT

OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER)

## LOCAL REPORT NUMBER

## 20MPD0875

D	A	M	Α	G	Ε	

DAMAGE	SCA

1 - NONE 2 - MINOR DAMAGE

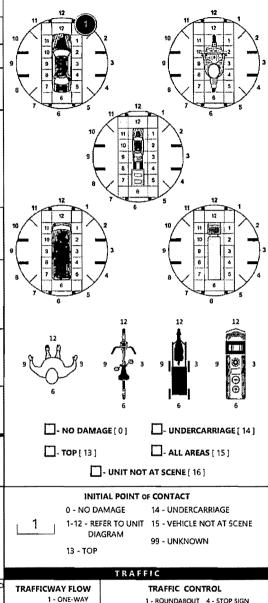
OWNER PHONE:INCLUDE AREA CODE ( SAME AS DRIVER)

330-763-3217

3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S) INDICATE ALL THAT APPLY



2 - SIGNAL

3 - FLASHER

**UNIT / NON-MOTORIST DIRECTION** 

то 2

1 - NORTH

2 - SOUTH

3 - EAST

1 - NOT INVLOVED

RAIL GRADE CROSSING

2 - INVOLVED-ACTIVE CROSSING

3 - INVOLVED-PASSIVE CROSSING

DETECTED SPEED

2 - CALCULATED / EDR

3 - UNDETERMINED

1 - STATED / ESTIMATED SPEED

5 - NORTHEAST

6 - NORTHWEST

7 - SOUTHEAST

8 - SOUTHWEST

9 - OTHER / UNKNOWN

5 - YIELD SIGN

6 - NO CONTROL

2 - TWO-WAY

ON ROAD

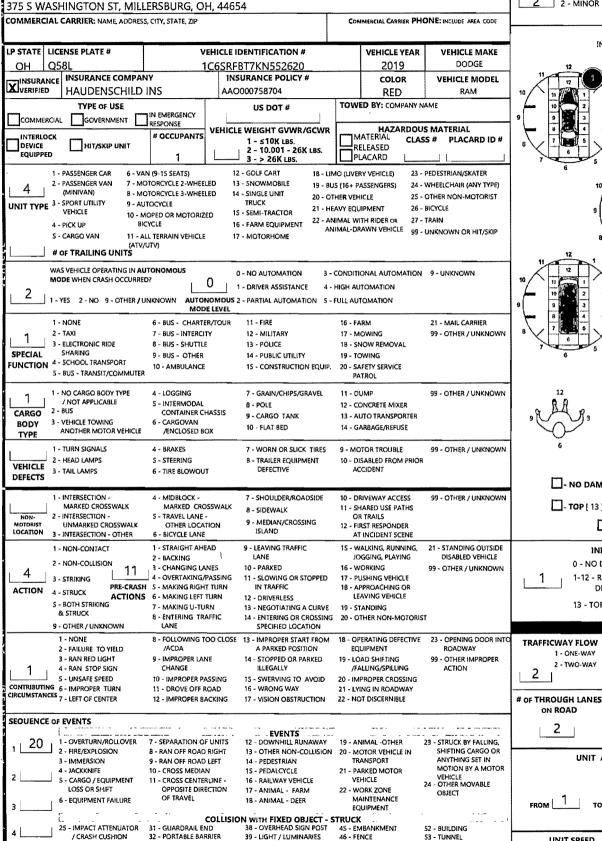
2

UNIT SPEED

0

POSTED SPEED

2



One Day	WINDST M	OTORIST / N	ON-	Mα	: OTO	RIST					LOCAL RI	PORT NU			
UNIT #									<u> </u>		ZUIV	IPDUO	75	AGE	GENDER
1		ILLON, MICHAEL							07/18/1995					24	
	STREET, CITY,								CONT		ONE - INCLUDE	ADEA CODE			<u>M</u>
		ON ST APT B, MILLERSBUR	G. OH. 4	4654			•			464-99		THE CODE	•		
INJURIES		EMS AGENCY (NAME)		<b></b>	TAKEN T	O: MEDICAL FACILITY (NAME, C	ary)	SAFETY EQUIPMENT	<b>—</b>		SEATING	AIR BA	AG USAGE	EJECTIO	N TRAPPED
NON 5	TAKEN BY 1 1							USED 4	11 1	T-Comput HELME			1	1	1
OL STATE		LICENSE NUMBER		OFFEN	SE CHA	RGED	LOCAL	OFFENSE DESCRI	PTION				TION NI	JMBER	
OH OH	TW728022														
OL CLASS									Α	LCOH	OL TEST		DRUG	TEST	(S)
0.00.00		HESTRICITOR SELECT OF 10 3	DIS	TRACTED		COHOL MARIJU			STATUS	TYPE	VALUE	STATUS	TYPE		SELECT UP TO 4
4			BY	1	0	THER DRUG		1	1	1		1	1		
UNIT #	NAME: LAS	T, FIRST, MIDDLE									DATE OF BIRTH			AGE	GENDER
2	SCHIE, SI	JSAN, L									04/29/1969			51	F
ADDRESS:	STREET, CITY,	STATE, ZIP							CONT	ACT PHO	ONE - INCLUDE	AREA CODE			
ō		ON ST, MILLERSBURG, OH,	44654					<b>.</b>	330-	763-32					
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN T	O; MEDICAL FACILITY (NAME, C	ITY)	SAFETY EQUIPMENT USED		Т-Самец		AIR BA	AG USAGE	EJECTIO	N TRAPPED
5	نا ۱							4	<u> </u>	HELME	<sup>r</sup> 1		1	1	1
OL STATE	OPERATOR	LICENSE NUMBER		OFFEN	SE CHA	RGED	LOCAL	OFFENSE DESCRI	PTION			CITA	TION NI	UMBER	
OH OH	RR381560	)			_										
OL CLASS	ENDORSEME	RESTRICTION SELECT UP TO 3		VER		OHOL / DRUG SUSPE		CONDITION			OL TEST			TEST	
4	м	3	BY	TRACTED		LCOHOL MARIJU THER DRUG	ANA	1 1	STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	RESULTS	S SELECT UP TO 4
UNIT #	NAME- I AS	T, FIRST, MIDDLE			اللا	THER DRUG			1	<u> </u>	OATE OF BIRTH			AGE	GENDER
J	TOTAL CAS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									DATE OF BIRTH			AGE	GENDER
ADDRESS:	STREET, CITY,	STATE, ZIP							CONT	ACT PH	ONE - INCLUDE	AREA CODE			
<u> </u>															
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN T	O: MEDICAL FACILITY (NAME, C	(אווי)	SAFETY EQUIPMENT	<b>□</b> 00	Т-Сомры	SEATING ANT POSITION	AIR 9/	AG USAGE	EJECTIO	N TRAPPED
lon /	ву						MC HELMET								
OL STATE	OPERATOR	LICENSE NUMBER		OFFENSE CHARGED LOCAL OFFENSE DESCRI			PTION			CITA	TION N	UMBER			
0.00															
OL CLASS	ENDORSEM	RESTRICTION SELECT UP TO 3		RIVER ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST					RUG TEST(S)  TYPE RESULTS SELECT UP TO 4		
		,	BY	I TONG I ELL	RACTED ALCOHOL MARIJUANA OTHER DRUG				STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	S SELECT UP TO 4
INII	I JRIES	SEATING POSITION		AIR BA		OL CLAS	c	OL RESTRIC	TION/S	\ lnp	IVER DISTRA	CTION	 	EST ST	ATHS
1 - FATAL			1 - NOT D	EPLOYED	-	1 - CLASS A		1 - ALCOHOL INTER			OT DISTRACTED	CHICA	•	NE GIVEN	A105
2 - SUSPECTED INJURY	SERIOUS	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLO 3 - DEPLO	YED SIDE		Z - CLASS B		DEVICE 2 - CDL INTRASTATI			MANUALLY OPERA LECTRONIC	TING AN		refused Given.	• ; ,
3 - SUSPECTED	MINOR	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLO	/SIDE		3 - CLASS C		3 - CORRECTIVE LEN			OMMUNICATION TEXTING, TYPING,			ITAMINAT IUSABLE	ED SAMPLE
INJURY 4 - POSSIBLE IN	JURY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE		5 - NOT APPLICABLE 4 - REGULAR CLASS 5 - EXCEPT CLASS. 9 - DEPLOYMENT UNKNOWN (OHIO = D) 6 - EXCEPT CLASS.			BUS DIALING ON HANDS-FREE				4 - TEST GIVEN, RESULTS KNOWN				
5 - NO APPAREI	NT INJURY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE		JECTIO	NM.	S - M/C MOPED ONLY & CLASS B BUS							5 - TEST GIVEN,		
INJURIES	TAKEN BY	A ADTOROGET CORE CAR	1 - NOT E		//N	6 - NO VALID OL		8 - INTERMEDIATE L RESTRICTIONS		. 5-0	OMMUNICATION OTHER ACTIVITY W	NA HTN	-	•	EST TYPE
1 - NOT TRAN TREATED		9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION		- PARTIALLY EJECTED OL ENDORSEMENT 9 - LEARNER'S PE				RESTRICTIONS	6 - PASSENGER				1 - NONE 2 - BLOOD		
2 - EMS	AT-SCENE	OF TRUCK CAB	4 - NOT A	PPLICABLE	•	'H - HAZMAT	<u>.</u>	10 - LIMITED TO DAYLIGHT			7 - OTHER DISTRACTION INSIDE THE VEHICLE			3 - URINE	
3 - POLICE		OTHER ENCLOSED CARGO	P - PASSENGER			11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER			- OUTSIDE THE VEHICLE			4 - BREATH 5 - OTHER			
9 - OTHER /'U		BUS, PICK-UP WITH CAP)	2 - EXTRICATED BY N - TANKER			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND		ND CONDITION			DRUG TEST TYPE		т түре		
SAFETY E		UNENCLOSED CARGO AREA	; 3 - FREED		-	Q - MOTOR SCOO R - THREE-WHEEL		CONTROLS, OR OTHER ADAPTIVE DEVICES)		IER 1 - APPARENTLY NORMAL			2 - BLO	OD .	
2 - SHOULDER		14 - RIDING ON VEHICLE EXTERIOR	) 1 1	· LEFTHINK	IVICA	MOTORCYCLE S - SCHOOL BUS		15 - MOTOR VEHICL WITHOUT AIR E	.ES	3 - EMOTIONAL (E.G.,			3 - URINE 4 - OTHER		
3 - LAP BELT OF 4 - SHOULDER		(NON-TRAILING UNIT)	1			T - DOUBLE & TRI	PLE	(16 - OUTSIDE MIRRI	OR DISTURBED)				DRUG TEST RESULT(S)		
4 - SHOULDER , USED 5 - CHILD RESTI	_	99 - OTHER / UNKNOWN	!	-		TRAILERS [X - TANKER / HAZ	MAT.	18 - OTHER	_	5 - F	ELL ASLEEP, FAINT		2 - BARI	HETAMIN	;
- FORWARD	FACING	i	1					-		16-L	ATIGUED, ETC. INDER THE INFLUI	NCE OF	4 - CAN	ZODIAZEP NABINOIE	
6 - CHILD REST	NG		; }		,	GENDE F - FEMALE	K .			, [ A	MEDICATIONS / DE			TES / OPI	OIDS
7 - BOOSTER SE 8 - HELMET US	ED		}			M - MALE		1 .	,	9 - C	OTHER / UNKNOW	N	7 - OTH	er Ative res	ULTS
9 PROTECTIVE (ELBOWS, K	NEES, ETC)		· {			U - OTHER / UNK	NOWN	* * *, * *			•		4		
10 - REFLECTIVI 11 - LIGHTING			<b>!</b>		7								ţ	'	
/ BICYCLE ( 99 - OTHER / U	EONLY							1		-	,	- '	3		

Orac Der	OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER 20MPD0875						
UNIT #	NAME: LAST, FIRST, MIDDLE							TE OF BIRTH		AGE	GENDER		
2	SCHIE, R	ONALD, B					05,	13/1939		81	М		
ADDRESS:	STREET, CITY	, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE										
<u> </u>	·	ON ST, MILLERSBURG,	OH, 44654				330-674-4751						
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EECTION	TRAPPED		
5	ву 1			_		4	MC HELMET	4	1	1	1		
; UNIT #	NAME: LAS	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
	INJURED EMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT TAKEN BY						DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	ELECTION	TRAPPED		
UNIT #	NAME: LAS	ST, FIRST, MIDDLE					DA	TE OF BIRTH	,	AGE	GENDER		
NA ADDRESS:	STREET, CITY	/, STATE, ZIP			······································		CONTACT PHONE	- INCLUDE ARI	EA CODE	I			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER		
N ADDRESS:	STREET, CITY	/, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
	IN	IURIES	SAFETY	Y EQUIPMENT USED	ı	SEATING POS	ITION		AIR BAG L	ISAGE			
3 - SUS 4 - POS 5 - NO 1 - NO 1 TRE 2 - EMS 3 - POL 9 - OTH F - FEM	PECTED N SSIBLE INJ APPAREN INJURED T TRANSP ATED AT S ICE IER / UNK	TT INJURY  TAKEN BY  ORTED / SCENE  KNOWN	2 - SHOULD 3 - LAP BEL 4 - SHOULD 5 - CHILD R FORWA 6 - CHILD R REAR FA 7 - BOOSTE 8 - HELMET 9 - PROTEC (ELBOW 10 - REFLEC 11 - LIGHTI ABICYC 99 - OTHER	ER'SEAT	2 - FROM 3 - FROM 4 - SECO 6 - SECO 7 - THIRI (MOT 8 - THIRI 10 - SLEE 11 - PAS CAR SUC 12 - PAS CAR 13 - TRA 14 - RIDI (NOM 15 - NOI	FORCYCLE DRIVE IT - MIDDLE IT - RIGHT SIDE IND - LEFT SIDE ORCYCLE PASSE IND - MIDDLE IND - RIGHT SIDE ORCYCLE SIDE OF ORCYCLE SIDE OF ORMODE OR MIDDLE OR MIDDLE OR MIDDLE OR SECTION OF SENGER IN OTH GO AREA (NON-TITLE) SENGER IN OTH GO AREA (NON-TITLE) SENGER IN OTH GO AREA ILLING UNIT ING ON VEHICLE I-TRAILING UNIT) N-MOTORIST HER / UNKNOWN	NGER) E AR) F TRUCK CAB ER ENCLOSED RAILING UNIT P WITH CAP) INCLOSED  EXTERIOR	3 - DEPLO 4 - DEPLO FRON 5 - NOT 9 - DEPLO 1 - NOT 2 - PART 3 - TOTA 4 - NOT 1 - NOT 2 - EXTRI MECL 3 - FREEL	DYED FROM DYED SIDE DYED BOTH T/SIDE APPLICABLE DYMENT UI EJECTL EJECTE APPLICABLE TRAPP TRAPPED CATED BY IANICAL MI D BY MECHANIC	EANS			
NAME: LA	ST, FIRST, MI				·····		DA	TE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
NAME: LA	NAME: LAST, FIRST, MIDDLE						DA		AGE	GENDER			
ADDRESS	: STREET, CIT	Y, STATE, ZIP					CONTACT PHON						
NAME: LA	ST, FIRST, MI	IDDLE					DA	TE OF BIRTH		AGE	GENDER		
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						

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