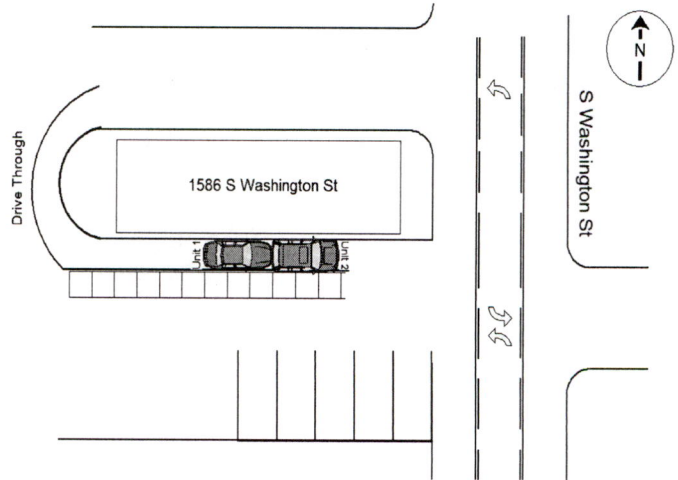


# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

MCM 2-21-23

|   |  |   |  |   |  |   |  |  |                                   |   |  |
|---|--|---|--|---|--|---|--|--|-----------------------------------|---|--|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH -2 <input checked="" type="checkbox"/> OH -3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY |  |   |  | LOCAL INFORMATION    23MPD0269<br>REPORTING AGENCY NAME *    Millersburg<br>NCIC *    03801   |  | LOCAL REPORT NUMBER *<br>23MPD0269  |  |  |                                   |   |  |
| COUNTY*    38    LOCALITY*    2<br><small>1 - CITY<br/>2 - VILLAGE<br/>3 - TOWNSHIP</small>   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Millersburg   |  | CRASH DATE / TIME*<br>02/18/2023 16:40  |  | CRASH SEVERITY<br>5<br><small>1 - FATAL<br/>2 - SERIOUS INJURY SUSPECTED<br/>3 - MINOR INJURY SUSPECTED<br/>4 - INJURY POSSIBLE<br/>5 - PROPERTY DAMAGE ONLY</small>  |  |  |                                   |   |  |
| <b>LOCATION</b><br>ROUTE TYPE    ROUTE NUMBER    PREFIX    LOCATION ROAD NAME    ROAD TYPE<br><small>1 - NORTH<br/>2 - SOUTH<br/>3 - EAST<br/>4 - WEST</small><br>PRIVATE PROPERTY    ST  |  | REFERENCE<br>ROUTE TYPE    ROUTE NUMBER    PREFIX    REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)    ROAD TYPE<br><small>1 - NORTH<br/>2 - SOUTH<br/>3 - EAST<br/>4 - WEST</small><br>1586 S Washington St |  | LATITUDE DECIMAL DEGREES<br>40.534420   |  | LONGITUDE DECIMAL DEGREES<br>-81.917500   |  |  |                                   |   |  |
| <b>REFERENCE POINT</b><br>1 - INTERSECTION<br>3<br>2 - MILE POST<br>3 - HOUSE #   |  | <b>DIRECTION FROM REFERENCE</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | <b>ROUTE TYPE</b><br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |  | <b>ROAD TYPE</b><br>AL - ALLEY    HW - HIGHWAY    RD - ROAD<br>AV - AVENUE    LA - LANE    SQ - SQUARE<br>BL - BOULEVARD    MP - MILEPOST    ST - STREET<br>CR - CIRCLE    OV - OVAL    TE - TERRACE<br>CT - COURT    PK - PARKWAY    TL - TRAIL<br>DR - DRIVE    PI - PIKE    WA - WAY<br>HE - HEIGHTS    PL - PLACE   |  | <b>INTERSECTION RELATED</b><br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES<br><b>ROADWAY</b><br><input type="checkbox"/> ROADWAY DIVIDED |                                   |   |  |
| <b>LOCATION OF FIRST HARMFUL EVENT</b><br>6<br><small>1 - ON ROADWAY<br/>2 - ON SHOULDER<br/>3 - IN MEDIAN<br/>4 - ON ROADSIDE<br/>5 - ON GORE<br/>6 - OUTSIDE TRAFFIC WAY<br/>7 - ON RAMP<br/>8 - OFF RAMP</small>   |  |   | <b>MANNER OF CRASH COLLISION/IMPACT</b><br>2<br><small>1 - NOT COLLISION    4 - REAR-TO-REAR<br/>2 - REAR-END    5 - BACKING<br/>3 - HEAD-ON    6 - ANGLE<br/>7 - SIDESWIPE, SAME DIRECTION<br/>8 - SIDESWIPE, OPPOSITE DIRECTION<br/>9 - OTHER / UNKNOWN</small>    |   |  | <b>DIRECTION OF TRAVEL</b><br><small>1 - NORTH<br/>2 - SOUTH<br/>3 - EAST<br/>4 - WEST</small>  |  | <b>MEDIAN TYPE</b><br><small>1 - DIVIDED FLUSH MEDIAN (&lt; 4 FEET)<br/>2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br/>3 - DIVIDED, DEPRESSED MEDIAN<br/>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br/>9 - OTHER / UNKNOWN</small>              |                                   |   |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |  | <b>WORK ZONE TYPE</b><br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER  |  | <b>LOCATION OF CRASH IN WORK ZONE</b><br><small>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br/>2 - ADVANCE WARNING AREA<br/>3 - TRANSITION AREA<br/>4 - ACTIVITY AREA<br/>5 - TERMINATION AREA</small> |  | <b>CONTOUR</b><br>1<br><small>1 - STRAIGHT LEVEL<br/>2 - STRAIGHT GRADE<br/>3 - CURVE LEVEL<br/>4 - CURVE GRADE<br/>9 - OTHER /UNKNOWN</small>  |  | <b>CONDITIONS</b><br>1<br><small>1 - DRY<br/>2 - WET<br/>3 - SNOW<br/>4 - ICE<br/>5 - SAND, MUD, DIRT, OIL, GRAVEL<br/>6 - WATER (STANDING, MOVING)<br/>7 - SLUSH<br/>9 - OTHER / UNKNOWN</small>                                    |                                   | <b>SURFACE</b><br>1<br><small>1 - CONCRETE<br/>2 - BLACKTOP, BITUMINOUS, ASPHALT<br/>3 - BRICK/BLOCK<br/>4 - SLAG, GRAVEL, STONE<br/>5 - DIRT<br/>9 - OTHER / UNKNOWN</small> |  |
| <b>LIGHT CONDITION</b><br>1<br><small>1 - DAYLIGHT<br/>2 - DAWN/DUSK<br/>3 - DARK - LIGHTED ROADWAY<br/>4 - DARK - ROADWAY NOT LIGHTED<br/>5 - DARK - UNKNOWN ROADWAY LIGHTING<br/>9 - OTHER / UNKNOWN</small>  |  |   | <b>WEATHER</b><br>1<br><small>1 - CLEAR    6 - SNOW<br/>2 - CLOUDY    7 - SEVERE CROSSWINDS<br/>3 - FOG, SMOG, SMOKE    8 - BLOWING SAND, SOIL, DIRT, SNOW<br/>4 - RAIN    9 - FREEZING RAIN OR FREEZING DRIZZLE<br/>5 - SLEET, HAIL    99 - OTHER / UNKNOWN</small> |   |  | <b>NARRATIVE</b><br>Unit 02 was stopped in the drive through at McDonald's, 1586 S Washington St awaiting her order. Unit 01 was behind Unit 02. While Unit 02 was still stopped, Unit 01 pulled forward and rear ended Unit 02. Unit 01 left the scene. Unit 01 was located and stopped. Unit 01 stated he was in the drive through and Unit 02 backed into him. Unit 02 stated she was stopped in drive through and Unit 01 drove into her. Witness stated he was leaning out the window talking with Unit 02, Witness states Unit 02 was stopped and did not move. Witness said Unit 01 drove forward and hit Unit 02. Then Unit 02 stated he just needed to get home. |  |  |                                   |   |  |
| <b>CRASH REPORTED DATE / TIME</b><br>02/18/2023 16:42   |  |   |  | <b>DISPATCH DATE / TIME</b><br>02/18/2023 16:42   |  | <b>ARRIVAL DATE / TIME</b><br>02/18/2023 16:56  |  | <b>SCENE CLEARED DATE / TIME</b><br>02/18/2023 17:07   |                                   | <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |  |
| <b>TOTAL TIME ROADWAY CLOSED</b><br>0   |  | <b>OTHER INVESTIGATION TIME</b><br>30   |  | <b>TOTAL MINUTES</b><br>55  |  | <b>OFFICER'S NAME*</b><br>Genet, Stephanie  |  |  | <b>CHECKED BY OFFICER'S NAME*</b> |   |  |
| <b>OFFICER'S BADGE NUMBER*</b><br>107   |  |   |  |   |  | <b>CHECKED BY OFFICER'S BADGE NUMBER*</b>   |  |  |                                   |   |  |
| <input type="checkbox"/> SUPPLEMENT<br><small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</small>   |  |   |  |   |  |   |  |  |                                   |   |  |





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|---|--|--|
| <b>UNIT #</b><br>1  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)<br>REED, WILLIAM, EDWARD | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)<br>330-462-3509 |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)<br>8967 SR 83, HOLMESVILLE, OH, 44633 |  |  |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP  |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE   |

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| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>HIY4040                        | <b>VEHICLE IDENTIFICATION #</b><br>5NPE24AF1HH499626 | <b>VEHICLE YEAR</b><br>2017   | <b>VEHICLE MAKE</b><br>HYUNDAI |
| <input type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b>                                 | <b>INSURANCE POLICY #</b>                            | <b>COLOR</b><br>BLK   | <b>VEHICLE MODEL</b><br>SONATA |
| <b>TYPE OF USE</b><br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  | <b>US DOT #</b>                                      | <b>TOWED BY:</b> COMPANY NAME   |                                |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>  | <input checked="" type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b>                                   | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD |                                |

|                       |   |  |   |   |   |
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| <b>UNIT TYPE</b><br>1 | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN | 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
|-----------------------|---|--|---|---|---|

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| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>2 | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN |
|---|---|

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| <b>SPECIAL FUNCTION</b><br>1 | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP. | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN |
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| <b>CARGO BODY TYPE</b><br>1 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN /ENCLOSED BOX | 7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED | 11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE | 99 - OTHER / UNKNOWN |
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| <b>VEHICLE DEFECTS</b> | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT | 99 - OTHER / UNKNOWN |
|------------------------|--|--|--|--|----------------------|

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| <b>NON-MOTORIST LOCATION</b> | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER | 4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE | 7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND | 10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE | 99 - OTHER / UNKNOWN |
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|                    |   |                               |  |  |  |  |
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| <b>ACTION</b><br>3 | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN | <b>PRE-CRASH ACTIONS</b><br>1 | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE | 9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION | 15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST | 21 - DANDLING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |
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| <b>CONTRIBUTING CIRCUMSTANCES</b><br>22 | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER | 8 - FOLLOWING TOO CLOSE /ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION | 18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING /FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE | 23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION |
|---|---|--|---|---|--|

|                           |                |   |   |  |   |  |
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| <b>SEQUENCE OF EVENTS</b> | 1 20<br>2<br>3 | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE | 7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | <b>EVENTS</b><br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER | 19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |
|---------------------------|----------------|---|---|--|---|--|

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| <b>COLLISION WITH FIXED OBJECT - STRUCK</b> | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST | 38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH | 45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL | 52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |
|---|--|--|--|--|---|

|                                 |                                |
|---------------------------------|--------------------------------|
| <b>FIRST HARMFUL EVENT</b><br>1 | <b>MOST HARMFUL EVENT</b><br>1 |
|---------------------------------|--------------------------------|

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| <b>LOCAL REPORT NUMBER</b><br>23MPD0269  |   |
| <b>DAMAGE</b>  |   |
| <b>DAMAGE SCALE</b>  |   |
| 1 - NONE<br>2 - MINOR DAMAGE<br>9 - UNKNOWN  | 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE   |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY  |   |
|  |   |
|  |   |
| <input checked="" type="checkbox"/> <b>NO DAMAGE</b> [ 0 ] <input type="checkbox"/> <b>UNDERCARRIAGE</b> [ 14 ]<br><input type="checkbox"/> <b>TOP</b> [ 13 ] <input type="checkbox"/> <b>ALL AREAS</b> [ 15 ]<br><input type="checkbox"/> <b>UNIT NOT AT SCENE</b> [ 16 ] |   |
| <b>INITIAL POINT OF CONTACT</b>  |   |
| 0 - NO DAMAGE    14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM    15 - VEHICLE NOT AT SCENE<br>13 - TOP    99 - UNKNOWN   |   |
| <b>TRAFFIC</b>   |   |
| <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br>2 - TWO-WAY<br>1  | <b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT    4 - STOP SIGN<br>2 - SIGNAL    5 - YIELD SIGN<br>3 - FLASHER    6 - NO CONTROL<br>6 |
| <b># OF THROUGH LANES ON ROAD</b><br>2   | <b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING                 |
| <b>UNIT / NON-MOTORIST DIRECTION</b>   |   |
| 1 - NORTH    5 - NORTHEAST<br>2 - SOUTH    6 - NORTHWEST<br>3 - EAST    7 - SOUTHEAST<br>4 - WEST    8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |   |
| <b>UNIT SPEED</b><br>3   | <b>DETECTED SPEED</b><br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                               |
| <b>POSTED SPEED</b>  |   |



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| <b>UNIT #</b><br>2  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>MIKE, RACHEL, N | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br>330-600-0471 |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>24709 SR 83, COSHOCTON, OH, 43812 |   |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP  |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE  |

|   |   |  |   |                              |
|---|---|--|---|------------------------------|
| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b><br>GWY7740             | <b>VEHICLE IDENTIFICATION #</b><br>SHSRD78854U209037 | <b>VEHICLE YEAR</b><br>2004                           | <b>VEHICLE MAKE</b><br>HONDA |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b><br>STATE FARM        | <b>INSURANCE POLICY #</b><br>3375032-SFP-35          | <b>COLOR</b><br>WHI                                   | <b>VEHICLE MODEL</b><br>CR-V |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b> |   | <b>US DOT #</b>                                      | <b>TOWED BY:</b> COMPANY NAME                         |                              |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>   | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b><br>2                              | <b>HAZARDOUS MATERIAL CLASS #</b> <b>PLACARD ID #</b> |                              |

|                            |   |  |   |   |   |
|----------------------------|---|--|---|---|---|
| <b>UNIT TYPE</b>           | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN | 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| <b># OF TRAILING UNITS</b> | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER     |  |   |   |   |

|  |   |  |             |
|--|---|--|-------------|
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION                                      | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION | 9 - UNKNOWN |
| <b>AUTONOMOUS MODE LEVEL</b>   | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER |  |             |

|                         |   |  |  |  |
|-------------------------|---|--|--|--|
| <b>SPECIAL FUNCTION</b> | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP. | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN  |
| <b>CARGO BODY TYPE</b>  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE          | 4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN / ENCLOSED BOX               | 7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED                      | 11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE |

|                              |  |  |   |   |                      |
|------------------------------|--|--|---|---|----------------------|
| <b>VEHICLE DEFECTS</b>       | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS   | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT   | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE          | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT  | 99 - OTHER / UNKNOWN |
| <b>NON-MOTORIST LOCATION</b> | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER | 4 - MIDDLEBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE | 7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND | 10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE | 99 - OTHER / UNKNOWN |

|                                   |   |  |  |  |  |  |
|-----------------------------------|---|--|--|--|--|--|
| <b>ACTION</b>                     | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN                   | 11 - PRE-CRASH ACTIONS   | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE | 9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION | 15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST | 21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |
| <b>CONTRIBUTING CIRCUMSTANCES</b> | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER | 8 - FOLLOWING TOO CLOSE /ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION                                | 18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING /FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE                        | 23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>SEQUENCE OF EVENTS</b>                   | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE                              | 7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL  | 12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER    | 19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT          | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |
| <b>COLLISION WITH FIXED OBJECT - STRUCK</b> | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST | 38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH | 45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL | 52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN                                  |

|                            |   |   |   |   |  |
|----------------------------|---|---|---|---|--|
| <b>EVENTS</b>              | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE | 7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER | 19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |
| <b>FIRST HARMFUL EVENT</b> | <b>MOST HARMFUL EVENT</b>   |   |   |   |  |

**LOCAL REPORT NUMBER**

23MPD0269

**DAMAGE**

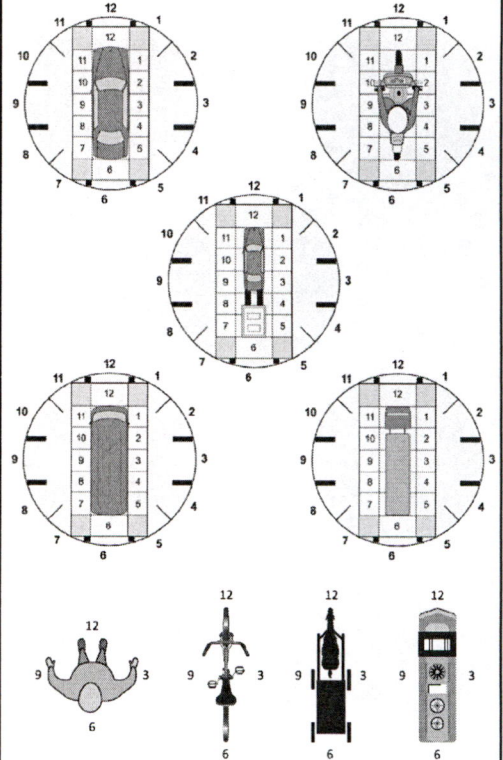
**DAMAGE SCALE**

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

1

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY



**NO DAMAGE** [ 0 ]  **UNDERCARRIAGE** [ 14 ]

**TOP** [ 13 ]  **ALL AREAS** [ 15 ]

**UNIT NOT AT SCENE** [ 16 ]

**INITIAL POINT OF CONTACT**

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

6

**TRAFFIC**

|                            |  |
|----------------------------|--|
| <b>TRAFFICWAY FLOW</b>     | <b>TRAFFIC CONTROL</b>   |
| 1 - ONE-WAY<br>2 - TWO-WAY | 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6   |

|   |   |
|---|---|
| <b># OF THROUGH LANES ON ROAD</b>   | <b>RAIL GRADE CROSSING</b>  |
| 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
| <input type="checkbox"/> 2  | <input type="checkbox"/> 3  |

**UNIT / NON-MOTORIST DIRECTION**

1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
5 - NORTHEAST  
6 - NORTHWEST  
7 - SOUTHEAST  
8 - SOUTHWEST  
9 - OTHER / UNKNOWN

FROM  4 TO  3

**UNIT SPEED**

0

**DETECTED SPEED**

1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

1

**POSTED SPEED**









# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
23MPD0269

|                    |   |                                    |                 |                    |
|--------------------|---|------------------------------------|-----------------|--------------------|
| <b>UNIT #</b><br>2 | <b>NAME: LAST, FIRST, MIDDLE</b><br>BRENNAMAN, MAZIKINE | <b>DATE OF BIRTH</b><br>09/26/2019 | <b>AGE</b><br>3 | <b>GENDER</b><br>M |
|--------------------|---|------------------------------------|-----------------|--------------------|

|   |  |
|---|--|
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>24709 SR 83, COSHOCTON, OH, 43812 | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |
|---|--|

|                      |                              |                          |  |                              |  |                              |                           |                      |                     |
|----------------------|------------------------------|--------------------------|--|------------------------------|--|------------------------------|---------------------------|----------------------|---------------------|
| <b>INJURIES</b><br>5 | <b>INJURED TAKEN BY</b><br>1 | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b><br>6 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>4 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |
|----------------------|------------------------------|--------------------------|--|------------------------------|--|------------------------------|---------------------------|----------------------|---------------------|

|                    |  |                                    |                 |                    |
|--------------------|--|------------------------------------|-----------------|--------------------|
| <b>UNIT #</b><br>2 | <b>NAME: LAST, FIRST, MIDDLE</b><br>BRENNAMAN, TINSLEY | <b>DATE OF BIRTH</b><br>06/23/2022 | <b>AGE</b><br>0 | <b>GENDER</b><br>F |
|--------------------|--|------------------------------------|-----------------|--------------------|

|   |  |
|---|--|
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>24709 SR 83, COSHOCTON, OH, 43812 | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |
|---|--|

|                      |                              |                          |  |                              |  |                              |                           |                      |                     |
|----------------------|------------------------------|--------------------------|--|------------------------------|--|------------------------------|---------------------------|----------------------|---------------------|
| <b>INJURIES</b><br>5 | <b>INJURED TAKEN BY</b><br>1 | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b><br>6 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>6 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |
|----------------------|------------------------------|--------------------------|--|------------------------------|--|------------------------------|---------------------------|----------------------|---------------------|

|               |                                  |                      |            |               |
|---------------|----------------------------------|----------------------|------------|---------------|
| <b>UNIT #</b> | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b> | <b>AGE</b> | <b>GENDER</b> |
|---------------|----------------------------------|----------------------|------------|---------------|

|  |  |
|--|--|
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |
|--|--|

|                 |                         |                          |  |                         |  |                         |                      |                 |                |
|-----------------|-------------------------|--------------------------|--|-------------------------|--|-------------------------|----------------------|-----------------|----------------|
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b> | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|-----------------|-------------------------|--------------------------|--|-------------------------|--|-------------------------|----------------------|-----------------|----------------|

|               |                                  |                      |            |               |
|---------------|----------------------------------|----------------------|------------|---------------|
| <b>UNIT #</b> | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b> | <b>AGE</b> | <b>GENDER</b> |
|---------------|----------------------------------|----------------------|------------|---------------|

|  |  |
|--|--|
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |
|--|--|

|                 |                         |                          |  |                         |  |                         |                      |                 |                |
|-----------------|-------------------------|--------------------------|--|-------------------------|--|-------------------------|----------------------|-----------------|----------------|
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b> | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|-----------------|-------------------------|--------------------------|--|-------------------------|--|-------------------------|----------------------|-----------------|----------------|

| INJURIES   | SAFETY EQUIPMENT USED   | SEATING POSITION   | AIR BAG USAGE   |
|--|---|--|---|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN<br><b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE<br><b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS |

|   |                                    |                  |                    |
|---|------------------------------------|------------------|--------------------|
| <b>NAME: LAST, FIRST, MIDDLE</b><br>BLAGG, ISAIHAH, J | <b>DATE OF BIRTH</b><br>09/29/2004 | <b>AGE</b><br>18 | <b>GENDER</b><br>M |
|---|------------------------------------|------------------|--------------------|

|   |  |
|---|--|
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>4096 TR 271, MILLERSBURG, OH, 44654 | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>330-473-0281 |
|---|--|

|                                  |                      |            |               |
|----------------------------------|----------------------|------------|---------------|
| <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b> | <b>AGE</b> | <b>GENDER</b> |
|----------------------------------|----------------------|------------|---------------|

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|--|--|
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |
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| <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b> | <b>AGE</b> | <b>GENDER</b> |
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| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |
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