



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

Mem 9-12-24

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER * 24MPD1328		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME * Millersburg		NCIC * 03801		HIT/SKIP 1 - SOLVED 2 - UNSOLVED
<input type="checkbox"/> PRIVATE PROPERTY		LOCATION: CITY, VILLAGE, TOWNSHIP* Millersburg		CRASH DATE / TIME* 09/11/2024 16:53		NUMBER OF UNITS 2		UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN
COUNTY* 38	LOCALITY* 2	LOCATION ROAD NAME State Route 39		ROAD TYPE ST	LATTITUDE DECIMAL DEGREES 40.554747		CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LONGITUDE DECIMAL DEGREES -81.928790			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 8490 State Route 39	ROAD TYPE				
REFERENCE POINT 3	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	ROAD TYPE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS					ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN		
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN						
NARRATIVE Unit 1 was traveling West on State Route 39 when they did not see Unit 2 stopped in traffic due to the vehicle in front of them turning left into a business. Unit 1 rear ended Unit 2 due to not stopping in time.								
CRASH REPORTED DATE / TIME 09/11/2024 16:53		DISPATCH DATE / TIME 09/11/2024 17:01		ARRIVAL DATE / TIME 09/11/2024 17:03		SCENE CLEARED DATE / TIME 09/11/2024 17:35		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 64	OFFICER'S NAME* Cox, Caleb	OFFICER'S BADGE NUMBER* 104	CHECKED BY OFFICER'S NAME* Chris [Signature]	CHECKED BY OFFICER'S BADGE NUMBER* 100	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	

**OWNER**

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) WILLIAMSON, CHARLES, WESLEY OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) 567-330-9065

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 344 1/2 ORANGE STREET, ASHLAND, OH, 44805

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # KKD4348 VEHICLE IDENTIFICATION # 5NPDH4AE1DH160800 VEHICLE YEAR 2013 VEHICLE MAKE HYUNDAI

INSURANCE VERIFIED X INSURANCE COMPANY THE GENERAL INSURANCE INSURANCE POLICY # 1G-OH-7147705 COLOR GRY VEHICLE MODEL ELANTRA

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS

US DOT # TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD CLASS # PLACARD ID #

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

# OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

0 - NO AUTOMATION, 1 - DRIVER ASSISTANCE, 2 - PARTIAL AUTOMATION, 3 - CONDITIONAL AUTOMATION, 4 - HIGH AUTOMATION, 5 - FULL AUTOMATION, 9 - UNKNOWN

SPECIAL FUNCTION: 1 - NONE, 2 - TAXI, 3 - ELECTRONIC RIDE SHARING, 4 - SCHOOL TRANSPORT, 5 - BUS - TRANSIT/COMMUTER, 6 - BUS - CHARTER/TOUR, 7 - BUS - INTERCITY, 8 - BUS - SHUTTLE, 9 - BUS - OTHER, 10 - AMBULANCE, 11 - FIRE, 12 - MILITARY, 13 - POLICE, 14 - PUBLIC UTILITY, 15 - CONSTRUCTION EQUIP., 16 - FARM, 17 - MOWING, 18 - SNOW REMOVAL, 19 - TOWING, 20 - SAFETY SERVICE PATROL, 21 - MAIL CARRIER, 99 - OTHER / UNKNOWN

CARGO BODY TYPE: 1 - NO CARGO BODY TYPE / NOT APPLICABLE, 2 - BUS, 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE, 4 - LOGGING, 5 - INTERMODAL CONTAINER CHASSIS, 6 - CARGOVAN /ENCLOSED BOX, 7 - GRAIN/CHIPS/GRAVEL, 8 - POLE, 9 - CARGO TANK, 10 - FLAT BED, 11 - DUMP, 12 - CONCRETE MIXER, 13 - AUTO TRANSPORTER, 14 - GARBAGE/REFUSE, 99 - OTHER / UNKNOWN

VEHICLE DEFECTS: 1 - TURN SIGNALS, 2 - HEAD LAMPS, 3 - TAIL LAMPS, 4 - BRAKES, 5 - STEERING, 6 - TIRE BLOWOUT, 7 - WORN OR SUCK TIRES, 8 - TRAILER EQUIPMENT DEFECTIVE, 9 - MOTOR TROUBLE, 10 - DISABLED FROM PRIOR ACCIDENT, 99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION: 1 - INTERSECTION - MARKED CROSSWALK, 2 - INTERSECTION - UNMARKED CROSSWALK, 3 - INTERSECTION - OTHER, 4 - MIDBLOCK - MARKED CROSSWALK, 5 - TRAVEL LANE - OTHER LOCATION, 6 - BICYCLE LANE, 7 - SHOULDER/ROADSIDE, 8 - SIDEWALK, 9 - MEDIAN/CROSSING ISLAND, 10 - DRIVEWAY ACCESS, 11 - SHARED USE PATHS OR TRAILS, 12 - FIRST RESPONDER AT INCIDENT SCENE, 99 - OTHER / UNKNOWN

ACTION: 1 - NON-CONTACT, 2 - NON-COLLISION, 3 - STRIKING, 4 - STRUCK, 5 - BOTH STRIKING & STRUCK, 9 - OTHER / UNKNOWN, 1 - STRAIGHT AHEAD, 2 - BACKING, 3 - CHANGING LANES, 4 - OVERTAKING/PASSING, 5 - MAKING RIGHT TURN, 6 - MAKING LEFT TURN, 7 - MAKING U-TURN, 8 - ENTERING TRAFFIC LANE, 9 - LEAVING TRAFFIC LANE, 10 - PARKED, 11 - SLOWING OR STOPPED IN TRAFFIC, 12 - DRIVERLESS, 13 - NEGOTIATING A CURVE, 14 - ENTERING OR CROSSING SPECIFIED LOCATION, 15 - WALKING, RUNNING, JOGGING, PLAYING, 16 - WORKING, 17 - PUSHING VEHICLE, 18 - APPROACHING OR LEAVING VEHICLE, 19 - STANDING, 20 - OTHER NON-MOTORIST, 21 - STANDING OUTSIDE DISABLED VEHICLE, 99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES: 1 - NONE, 2 - FAILURE TO YIELD, 3 - RAN RED LIGHT, 4 - RAN STOP SIGN, 5 - UNSAFE SPEED, 6 - IMPROPER TURN, 7 - LEFT OF CENTER, 8 - FOLLOWING TOO CLOSE /ACDA, 9 - IMPROPER LANE CHANGE, 10 - IMPROPER PASSING, 11 - DROVE OFF ROAD, 12 - IMPROPER BACKING, 13 - IMPROPER START FROM A PARKED POSITION, 14 - STOPPED OR PARKED ILLEGALLY, 15 - SWERVING TO AVOID, 16 - WRONG WAY, 17 - VISION OBSTRUCTION, 18 - OPERATING DEFECTIVE EQUIPMENT, 19 - LOAD SHIFTING /FALLING/SPILLING, 20 - IMPROPER CROSSING, 21 - LYING IN ROADWAY, 22 - NOT DISCERNIBLE, 23 - OPENING DOOR INTO ROADWAY, 99 - OTHER IMPROPER ACTION

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

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

LOCAL REPORT NUMBER 24MPD1328

DAMAGE: 3

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

DAMAGED AREA(S) INDICATE ALL THAT APPLY

INITIAL POINT OF CONTACT: 12

TRAFFIC: TRAFFICWAY FLOW 2, TRAFFIC CONTROL 6, # OF THROUGH LANES ON ROAD 2, RAIL GRADE CROSSING 1

UNIT / NON-MOTORIST DIRECTION: FROM 3 TO 4

UNIT SPEED 45, POSTED SPEED 45, DETECTED SPEED 1

**OWNER**

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**ROWLAND, MEGAN, ABIGAIL**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**110 MAIN STREET, GLENMONT, OH, 44628**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_  
 COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE) \_\_\_\_\_

**VEHICLE**

LP STATE OH LICENSE PLATE # HHR8255 VEHICLE IDENTIFICATION # 1C3CCBCG8EN191965 VEHICLE YEAR 2014 VEHICLE MAKE CHRYSLER

INSURANCE VERIFIED GEICO INSURANCE COMPANY INSURANCE POLICY # 6170-02-22-37 COLOR BLK VEHICLE MODEL 200

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS \_\_\_\_\_

TYPE OF USE:  PASSENGER CAR  VAN (9-15 SEATS)  MOTORCYCLE 2-WHEELED  MOTORCYCLE 3-WHEELED  AUTOCYCLE  MOPED OR MOTORIZED BICYCLE  ALL TERRAIN VEHICLE (ATV/UTV)

UNIT TYPE 1 # OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: 0

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION: 1

1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER

CARGO BODY TYPE: 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE

VEHICLE DEFECTS: 1

1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS

NON-MOTORIST LOCATION: 1

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER

ACTION: 4

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES: 1

1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER

SEQUENCE OF EVENTS: 1

1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE

EVENTS: 1

1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE

COLLISION WITH FIXED OBJECT - STRUCK: 1

25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE

LOCAL REPORT NUMBER: **24MPD1328**

DAMAGE

DAMAGE SCALE: 2

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

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: 6

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

TRAFFIC

TRAFFICWAY FLOW: 2

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL: 6

1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

# OF THROUGH LANES ON ROAD: 2

RAIL GRADE CROSSING: 1

1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION: FROM 3 TO 4

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

UNIT SPEED: 0

DETECTED SPEED: 1

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

POSTED SPEED: 45



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

24MPD1328

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> WILLIAMSON, CHARLES, WESLEY				<b>DATE OF BIRTH</b> 03/20/2003		<b>AGE</b> 21	<b>GENDER</b> M						
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 344 1/2 ORANGE STREET, ASHLAND, OH, 44805					<b>CONTACT PHONE - INCLUDE AREA CODE</b> 567-330-9065									
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>		<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1			
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> UZ060400		<b>OFFENSE CHARGED</b> 333.03A		<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> ACDA			<b>CITATION NUMBER</b> 03801104091120241731					
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>			<b>DRUG TEST(S)</b>			
								<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b>	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULTS SELECT UP TO 4</b>	

  

<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> SPRINKLE, RYLEA, JAIDON				<b>DATE OF BIRTH</b> 06/24/2005		<b>AGE</b> 19	<b>GENDER</b> F						
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 6980 STATE ROUTE 241, MILLERSBURG, OH, 44654					<b>CONTACT PHONE - INCLUDE AREA CODE</b> 330-691-7346									
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>		<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1			
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> VG717046		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>					
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>			<b>DRUG TEST(S)</b>			
								<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b>	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULTS SELECT UP TO 4</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 USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>			
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>					
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>			<b>DRUG TEST(S)</b>			
								<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS SELECT UP TO 4</b>	

  

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE	4 - REGULAR CLASS (OHIO = DJ)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A	6 - PASSENGER	
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	
	8 - THIRD - MIDDLE	<b>EJECTION</b>		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	
	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	<b>OL ENDORSEMENT</b>	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	<b>ALCOHOL TEST TYPE</b>
	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	H - HAZMAT	10 - LIMITED TO DAYLIGHT ONLY		1 - NONE
<b>INJURIES TAKEN BY</b>	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	M - MOTORCYCLE	11 - LIMITED TO EMPLOYMENT		2 - BLOOD
1 - NOT TRANSPORTED / TREATED AT SCENE	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	P - PASSENGER	12 - LIMITED - OTHER		3 - URINE
2 - EMS	13 - TRAILING UNIT		IN - TANKER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		4 - BREATH
3 - POLICE	14 - RIDING ON VEHICLE EXTERIOR	<b>TRAPPED</b>	Q - MOTOR SCOOTER	14 - MILITARY VEHICLES ONLY		5 - OTHER
9 - OTHER / UNKNOWN	15 - NON-MOTORIST	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		
	99 - OTHER / UNKNOWN	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	16 - OUTSIDE MIRROR		<b>DRUG TEST TYPE</b>
<b>SAFETY EQUIPMENT</b>		3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	17 - PROSTHETIC AID		1 - NONE
1 - NONE USED			X - TANKER / HAZMAT	18 - OTHER		2 - BLOOD
2 - SHOULDER BELT ONLY USED						3 - URINE
3 - LAP BELT ONLY USED						4 - OTHER
4 - SHOULDER & LAP BELT USED						
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING						<b>DRUG TEST RESULT(S)</b>
6 - CHILD RESTRAINT SYSTEM - REAR FACING						1 - AMPHETAMINES
7 - BOOSTER SEAT						2 - BARBITURATES
8 - HELMET USED						3 - BENZODIAZEPINES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)						4 - CANNABINOIDS
10 - REFLECTIVE CLOTHING						5 - COCAINE
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						6 - OPIATES / OPIOIDS
99 - OTHER / UNKNOWN						7 - OTHER
						8 - NEGATIVE RESULTS

  

<b>GENDER</b>	
F - FEMALE	M - MALE
U - OTHER / UNKNOWN	