

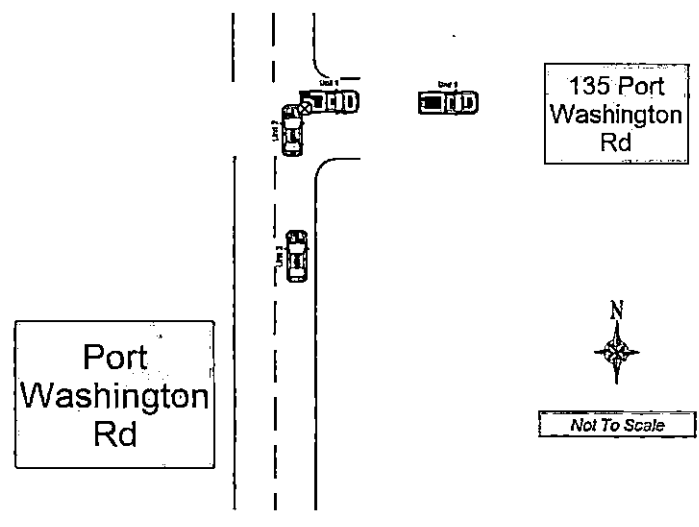
# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

JJM 9/23/24

|   |  |   |  |   |  |  |  |   |  |  |  |  |  |
|---|--|---|--|---|--|--|--|---|--|--|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input 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<br>REPORTING AGENCY NAME *<br>Millersburg   |  | LOCAL REPORT NUMBER *<br><b>24MPD1349</b>   |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   |  | NUMBER OF UNITS<br><b>2</b>   |  | UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN   |  |  |  |
| COUNTY*<br><b>38</b>  |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br><b>2</b>  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Millersburg   |  | CRASH DATE / TIME*<br>09/14/2024 12:05   |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br><b>5</b>  |  |  |  |  |  |
| ROUTE TYPE<br><b>3</b>  |  | ROUTE NUMBER<br><b>2</b>  |  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><b>3</b>   |  | LOCATION ROAD NAME<br>Port Washington  |  | ROAD TYPE<br>RD   |  | LATITUDE DECIMAL DEGREES<br>40.552368  |  |  |  |
| ROUTE TYPE<br><b>3</b>  |  | ROUTE NUMBER<br><b>2</b>  |  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><b>3</b>   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>135 Port Washington   |  | ROAD TYPE<br>RD   |  | LONGITUDE DECIMAL DEGREES<br>-81.909958  |  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br><b>3</b>   |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><b>1</b>  |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   |  | ROAD TYPE<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 |  | INTERSECTION RELATED<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 |  |  |  |  |  |
| LOCATION OF FIRST HARMFUL EVENT<br>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<br><b>1</b>   |  |   |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br><b>5</b> |  |  |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><b>1</b>   |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<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 |  |  |  |
| <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   |  | WORK ZONE TYPE<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 |  | LOCATION OF CRASH IN WORK ZONE<br>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   |  | CONTOUR<br><b>2</b><br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER /UNKNOWN  |  | CONDITIONS<br><b>1</b><br>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   |  | SURFACE<br><b>2</b><br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN                                |  |  |  |
| LIGHT CONDITION<br>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<br><b>1</b>  |  |   |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br><b>1</b>                                     |  |  |  | CRASH REPORTED DATE / TIME<br>09/14/2024 12:06  |  |  |  |  |  |
| DISPATCH DATE / TIME<br>09/14/2024 12:06  |  |   |  | ARRIVAL DATE / TIME<br>09/14/2024 12:08   |  |  |  | SCENE CLEARED DATE / TIME<br>09/14/2024 12:53   |  |  |  |  |  |
| TOTAL TIME ROADWAY CLOSED<br>0  |  |   |  | OTHER INVESTIGATION TIME<br>30  |  |  |  | TOTAL MINUTES<br>77   |  |  |  |  |  |
| OFFICER'S NAME*<br>Derrick, Hunter  |  |   |  | CHECKED BY OFFICER'S NAME*<br><i>Chief [Signature]</i>  |  |  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST   |  |  |  |  |  |
| OFFICER'S BADGE NUMBER*<br>111  |  |   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>100   |  |  |  | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)   |  |  |  |  |  |

NARRATIVE  
 Unit 2 was driving northbound on Port Washington Rd. Unit 1 was in the driveway of 135 Port Washington Rd. Unit 1 began to back out of the driveway as Unit 2 was still driving northbound. Unit 2 collided with the hitch of Unit 1 as he was backing out onto the roadway in front of Unit 2.



**OWNER**  
**UNIT #** 1 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**MAST, JUSTIN, REED**  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**3985 BLACKSNAKE HILL RD NE, DOVER, OH, 44622**  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP  
**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE  
**330-473-5771**

**LP STATE** OH **LICENSE PLATE #** HXZ7649  
**VEHICLE IDENTIFICATION #** 1F12UE88GF146383  
**VEHICLE YEAR** 2016 **VEHICLE MAKE** GMC  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** HABRUNS **INSURANCE POLICY #** 2017128238  
**COLOR** RED **VEHICLE MODEL** SIERRA

**TYPE OF USE**  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  
**# OCCUPANTS** \_\_\_\_\_  
**US DOT #** \_\_\_\_\_  
**VEHICLE WEIGHT GVWR/GCWR**  
 1 - ≤10K LBS.  
 2 - 10.001 - 26K LBS.  
 3 - > 26K LBS.  
**TOWED BY: COMPANY NAME** N/A  
**HAZARDOUS MATERIAL**  
 MATERIAL  RELEASED  PLACARD  
**CLASS #** \_\_\_\_\_ **PLACARD ID #** \_\_\_\_\_

**UNIT TYPE** 4  
**# OF TRAILING UNITS** 0  
 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 - LIMO (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

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**  
 2  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
**AUTONOMOUS 2 - PARTIAL AUTOMATION MODE LEVEL**  
 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 3 - CONDITIONAL AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

**SPECIAL FUNCTION** 1  
 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  
 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** 99  
 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** 5  
**PRE-CRASH ACTIONS** 2  
 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** 12  
 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 20  
 2  
 3  
 4  
 5  
 6  
**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

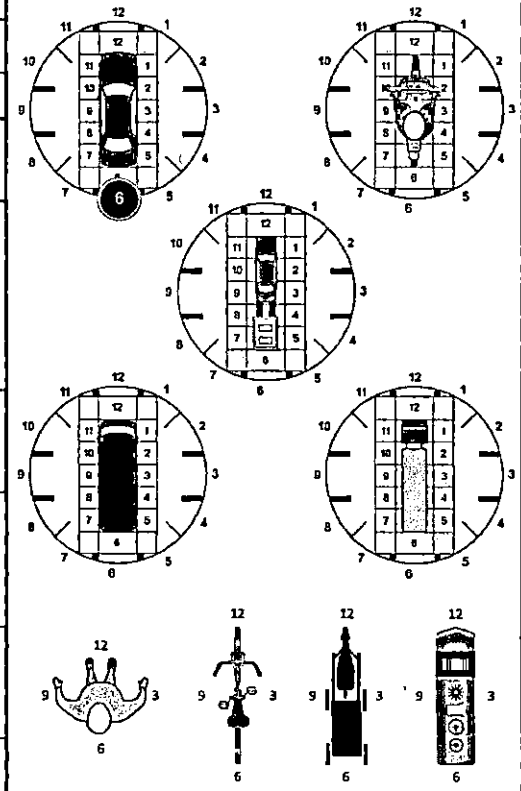
**COLLISION WITH FIXED OBJECT - STRUCK**  
 25 - IMPACT ATTENUATOR / CRASH CUSHION  
 26 - BRIDGE OVERHEAD STRUCTURE  
 27 - BRIDGE PIER OR ABUTMENT  
 28 - BRIDGE PARAPET  
 29 - BRIDGE RAIL  
 30 - GUARDRAIL FACE  
 31 - GUARDRAIL END  
 32 - PORTABLE BARRIER  
 33 - MEDIUM CABLE BARRIER  
 34 - MEDIUM GUARDRAIL BARRIER  
 35 - MEDIUM CONCRETE BARRIER  
 36 - MEDIUM 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

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**LOCAL REPORT NUMBER**  
 24MPD1349

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

**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**  
**TRAFFICWAY FLOW**  
 1 - ONE-WAY  
 2 - TWO-WAY  
 2  
**TRAFFIC CONTROL**  
 1 - ROUNDABOUT  
 2 - SIGNAL  
 3 - FLASHER  
 4 - STOP SIGN  
 5 - YIELD SIGN  
 6 - NO CONTROL  
 6

**# OF THROUGH LANES ON ROAD** 2  
**RAIL GRADE CROSSING**  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING  
 1

**UNIT / NON-MOTORIST DIRECTION**  
 FROM 3 TO 2  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 5 - NORTHEAST  
 6 - NORTHWEST  
 7 - SOUTHEAST  
 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

**UNIT SPEED** 5  
**POSTED SPEED** 35  
**DETECTED SPEED**  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED  
 1

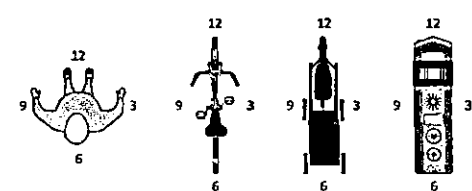
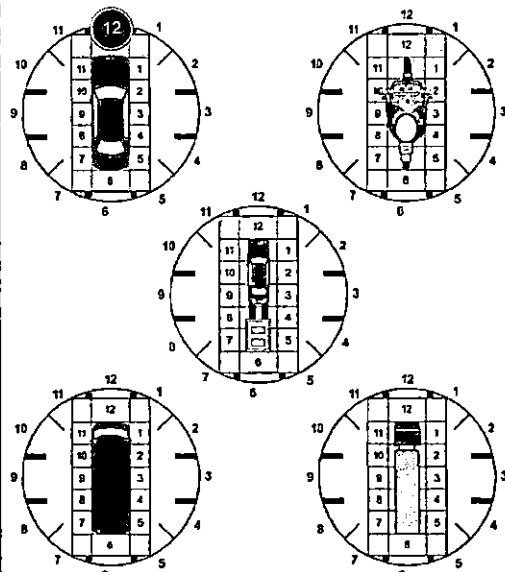
**OWNER**  
 UNIT # **2** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**FINDLEY, KATHERINE, MARIE** OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)  
**330-390-5516**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**7058 TR 319 APT A, MILLERSBURG, OH, 44654**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

1 - NONE 3 - FUNCTIONAL DAMAGE  
 4 - MINOR 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]

**VEHICLE**  
 LP STATE **OH** LICENSE PLATE # **HV3835** VEHICLE IDENTIFICATION # **1C3CCBB2GN146406** VEHICLE YEAR **2016** VEHICLE MAKE **CHRYSLER**  
 INSURANCE VERIFIED INSURANCE COMPANY **USAA** INSURANCE POLICY # **USAA 021516389 7105** COLOR **BLK** VEHICLE MODEL **200**  
 TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 US DOT # **1** TOWED BY: COMPANY NAME **RIGZ TOWING**  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS **1** VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10.001 - 26K LBS., 3 - > 26K LBS.  
 HAZARDOUS MATERIAL:  MATERIAL,  RELEASED,  PLACARD

**UNIT TYPE**  
 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER  
 2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP  
 # OF TRAILING UNITS **0**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL **0**  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

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

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

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

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

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

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

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

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

**FIRST HARMFUL EVENT** **1** **MOST HARMFUL EVENT** **1**

**INITIAL POINT OF CONTACT**

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

**TRAFFIC**

**TRAFFICWAY FLOW**  
 1 - ONE-WAY  
 2 - TWO-WAY  
**2**

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

**# OF THROUGH LANES ON ROAD**  
**2**

**RAIL GRADE CROSSING**  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING  
**1**

**UNIT / NON-MOTORIST DIRECTION**

FROM **2** TO **1**

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

**UNIT SPEED**

**35**

**DETECTED SPEED**

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

**POSTED SPEED**

**35**



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
24MPD1349

|             |   |                             |           |             |
|-------------|---|-----------------------------|-----------|-------------|
| UNIT #<br>1 | NAME: LAST, FIRST, MIDDLE<br>MAST, JUSTIN, REED | DATE OF BIRTH<br>10/15/2000 | AGE<br>23 | GENDER<br>M |
|-------------|---|-----------------------------|-----------|-------------|

|   |   |
|---|---|
| ADDRESS: STREET, CITY, STATE, ZIP<br>3985 BLACKSNAKE HILL RD NE, DOVER, OH, 44622 | CONTACT PHONE - INCLUDE AREA CODE<br>330-473-5771 |
|---|---|

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

|                |                                     |                 |  |                     |                 |
|----------------|-------------------------------------|-----------------|--|---------------------|-----------------|
| OL STATE<br>OH | OPERATOR LICENSE NUMBER<br>UQ351635 | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------------|-------------------------------------|-----------------|--|---------------------|-----------------|

|               |             |                            |                           |  |                |                                   |  |  |  |  |
|---------------|-------------|----------------------------|---------------------------|--|----------------|-----------------------------------|--|--|--|--|
| OL CLASS<br>4 | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1 | ALCOHOL TEST<br>STATUS TYPE VALUE |  | DRUG TEST(S)<br>STATUS TYPE RESULTS SELECT UP TO 4 |  |  |
|---------------|-------------|----------------------------|---------------------------|--|----------------|-----------------------------------|--|--|--|--|

|             |  |                             |           |             |
|-------------|--|-----------------------------|-----------|-------------|
| UNIT #<br>2 | NAME: LAST, FIRST, MIDDLE<br>FINDLEY, KATHERINE, MARIE | DATE OF BIRTH<br>10/14/1989 | AGE<br>34 | GENDER<br>M |
|-------------|--|-----------------------------|-----------|-------------|

|  |   |
|--|---|
| ADDRESS: STREET, CITY, STATE, ZIP<br>7058 TR 319 APT A, MILLERSBURG, OH, 44654 | CONTACT PHONE - INCLUDE AREA CODE<br>330-390-5516 |
|--|---|

|               |                       |                   |   |                            |  |                       |                    |               |              |
|---------------|-----------------------|-------------------|---|----------------------------|--|-----------------------|--------------------|---------------|--------------|
| INJURIES<br>5 | INJURED TAKEN BY<br>1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>1 | AIR BAG USAGE<br>2 | EJECTION<br>1 | TRAPPED<br>1 |
|---------------|-----------------------|-------------------|---|----------------------------|--|-----------------------|--------------------|---------------|--------------|

|                |                                     |                 |  |                     |                 |
|----------------|-------------------------------------|-----------------|--|---------------------|-----------------|
| OL STATE<br>OH | OPERATOR LICENSE NUMBER<br>SZ575323 | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------------|-------------------------------------|-----------------|--|---------------------|-----------------|

|               |             |                                 |                           |  |                |                                   |  |  |  |  |
|---------------|-------------|---------------------------------|---------------------------|--|----------------|-----------------------------------|--|--|--|--|
| OL CLASS<br>4 | ENDORSEMENT | RESTRICTION SELECT UP TO 3<br>3 | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1 | ALCOHOL TEST<br>STATUS TYPE VALUE |  | DRUG TEST(S)<br>STATUS TYPE RESULTS SELECT UP TO 4 |  |  |
|---------------|-------------|---------------------------------|---------------------------|--|----------------|-----------------------------------|--|--|--|--|

|        |                           |               |     |        |
|--------|---------------------------|---------------|-----|--------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|--------|---------------------------|---------------|-----|--------|

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|-----------------------------------|-----------------------------------|

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

|          |                         |                 |  |                     |                 |
|----------|-------------------------|-----------------|--|---------------------|-----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------|-------------------------|-----------------|--|---------------------|-----------------|

|          |             |                            |                      |  |           |                                   |  |  |  |  |
|----------|-------------|----------------------------|----------------------|--|-----------|-----------------------------------|--|--|--|--|
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION | ALCOHOL TEST<br>STATUS TYPE VALUE |  | DRUG TEST(S)<br>STATUS TYPE RESULTS SELECT UP TO 4 |  |  |
|----------|-------------|----------------------------|----------------------|--|-----------|-----------------------------------|--|--|--|--|

| 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 = D) | 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 & 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   |  |  |
|                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                    |                              | 7 - EXCEPT TRACTOR-TRAILER   |  |  |
|                              | 8 - THIRD - MIDDLE   | <b>EJECTION</b>                    |                              | 8 - INTERMEDIATE LICENSE RESTRICTIONS  |  | <b>ALCOHOL TEST TYPE</b>                       |
|                              | 9 - THIRD - RIGHT SIDE   | 1 - NOT EJECTED                    |                              | 9 - LEARNER'S PERMIT RESTRICTIONS  |  | 1 - NONE                                       |
|                              | 10 - SLEEPER SECTION OF TRUCK CAB  | 2 - PARTIALLY EJECTED              | <b>OL ENDORSEMENT</b>        | 10 - LIMITED TO DAYLIGHT ONLY  |  | 2 - BLOOD                                      |
|                              | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                | H - HAZMAT                   | 11 - LIMITED TO EMPLOYMENT   |  | 3 - URINE                                      |
|                              | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 4 - NOT APPLICABLE                 | M - MOTORCYCLE               | 12 - LIMITED - OTHER   |  | 4 - BREATH                                     |
|                              | 13 - TRAILING UNIT   | <b>TRAPPED</b>                     | P - PASSENGER                | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  | 5 - OTHER                                      |
|                              | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    | N - TANKER                   | 14 - MILITARY VEHICLES ONLY  |  | <b>DRUG TEST TYPE</b>                          |
|                              | 15 - NON-MOTORIST  | 2 - EXTRICATED BY MECHANICAL MEANS | Q - MOTOR SCOOTER            | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   |  | 1 - NONE                                       |
|                              | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | R - THREE-WHEEL MOTORCYCLE   | 16 - OUTSIDE MIRROR  |  | 2 - BLOOD                                      |
|                              |  |                                    | S - SCHOOL BUS               | 17 - PROSTHETIC AID  |  | 3 - URINE                                      |
|                              |  |                                    | T - DOUBLE & TRIPLE TRAILERS | 18 - OTHER   |  | 4 - OTHER                                      |
|                              |  |                                    | X - TANKER / HAZMAT          |  | <b>CONDITION</b>   | <b>DRUG TEST RESULT(S)</b>                     |
|                              |  |                                    |                              |  | 1 - APPARENTLY NORMAL  | 1 - AMPHETAMINES                               |
|                              |  |                                    | <b>GENDER</b>                |  | 2 - PHYSICAL IMPAIRMENT  | 2 - BARBITURATES                               |
|                              |  |                                    | F - FEMALE                   |  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    | 3 - BENZODIAZEPINES                            |
|                              |  |                                    | M - MALE                     |  | 4 - ILLNESS  | 4 - CANNABINOIDS                               |
|                              |  |                                    | U - OTHER / UNKNOWN          |  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 5 - COCAINE                                    |
|                              |  |                                    |                              |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 6 - OPIATES / OPIOIDS                          |
|                              |  |                                    |                              |  | 9 - OTHER / UNKNOWN  | 7 - OTHER                                      |
|                              |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

24MPD1349

| OCCUPANT                               | UNIT #                                    | NAME: LAST, FIRST, MIDDLE                     |                   |   | DATE OF BIRTH   |  | AGE              | GENDER                       |          |         |
|--|---|---|-------------------|---|---|--|------------------|------------------------------|----------|---------|
|  |   | 2   | ROSS, ADDISON     |   |   | 07/09/2014                                       |                  | 10                           | F        |         |
|  | ADDRESS: STREET, CITY, STATE, ZIP         |   |                   |   | CONTACT PHONE - INCLUDE AREA CODE   |  |                  |                              |          |         |
|  | 7058 TR 319 APT A, MILLERSBURG, OH, 44654 |   |                   |   |   |  |                  |                              |          |         |
| OCCUPANT                               | INJURIES                                  | INJURED TAKEN BY                              | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE                | EJECTION | TRAPPED |
|  | 5   | 1   |                   |   | 4   |  | 6                | 2                            | 1        | 1       |
| OCCUPANT                               | UNIT #                                    | NAME: LAST, FIRST, MIDDLE                     |                   |   | DATE OF BIRTH   |  | AGE              | GENDER                       |          |         |
|  |   |   |                   |   |   |  |                  |                              |          |         |
|  | ADDRESS: STREET, CITY, STATE, ZIP         |   |                   |   | CONTACT PHONE - INCLUDE AREA CODE   |  |                  |                              |          |         |
|  |   |   |                   |   |   |  |                  |                              |          |         |
| OCCUPANT                               | INJURIES                                  | INJURED TAKEN BY                              | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE                | EJECTION | TRAPPED |
|  |   |   |                   |   |   |  |                  |                              |          |         |
| OCCUPANT                               | UNIT #                                    | NAME: LAST, FIRST, MIDDLE                     |                   |   | DATE OF BIRTH   |  | AGE              | GENDER                       |          |         |
|  |   |   |                   |   |   |  |                  |                              |          |         |
|  | ADDRESS: STREET, CITY, STATE, ZIP         |   |                   |   | CONTACT PHONE - INCLUDE AREA CODE   |  |                  |                              |          |         |
|  |   |   |                   |   |   |  |                  |                              |          |         |
| OCCUPANT                               | INJURIES                                  | INJURED TAKEN BY                              | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE                | EJECTION | TRAPPED |
|  |   |   |                   |   |   |  |                  |                              |          |         |
| OCCUPANT                               | UNIT #                                    | NAME: LAST, FIRST, MIDDLE                     |                   |   | DATE OF BIRTH   |  | AGE              | GENDER                       |          |         |
|  |   |   |                   |   |   |  |                  |                              |          |         |
|  | ADDRESS: STREET, CITY, STATE, ZIP         |   |                   |   | CONTACT PHONE - INCLUDE AREA CODE   |  |                  |                              |          |         |
|  |   |   |                   |   |   |  |                  |                              |          |         |
| INJURIES                               |   | SAFETY EQUIPMENT USED                         |                   |   | SEATING POSITION  |  |                  | AIR BAG USAGE                |          |         |
| 1 - FATAL                              |   | 1 - NONE USED - VEHICLE OCCUPANT              |                   |   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)   |  |                  | 1 - NOT DEPLOYED             |          |         |
| 2 - SUSPECTED SERIOUS INJURY           |   | 2 - SHOULDER BELT ONLY USED                   |                   |   | 2 - FRONT - MIDDLE  |  |                  | 2 - DEPLOYED FRONT           |          |         |
| 3 - SUSPECTED MINOR INJURY             |   | 3 - LAP BELT ONLY USED                        |                   |   | 3 - FRONT - RIGHT SIDE  |  |                  | 3 - DEPLOYED SIDE            |          |         |
| 4 - POSSIBLE INJURY                    |   | 4 - SHOULDER & LAP BELT USED                  |                   |   | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)   |  |                  | 4 - DEPLOYED BOTH FRONT/SIDE |          |         |
| 5 - NO APPARENT INJURY                 |   | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |                   |   | 5 - SECOND - MIDDLE   |  |                  | 5 - NOT APPLICABLE           |          |         |
|  |   | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |                   |   | 6 - SECOND - RIGHT SIDE   |  |                  | 9 - DEPLOYMENT UNKNOWN       |          |         |
|  |   | 7 - BOOSTER SEAT                              |                   |   | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)   |  |                  |                              |          |         |
|  |   | 8 - HELMET USED                               |                   |   | 8 - THIRD - MIDDLE  |  |                  |                              |          |         |
|  |   | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) |                   |   | 9 - THIRD - RIGHT SIDE  |  |                  |                              |          |         |
|  |   | 10 - REFLECTIVE CLOTHING                      |                   |   | 10 - SLEEPER SECTION OF TRUCK CAB   |  |                  |                              |          |         |
|  |   | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |                   |   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) |  |                  |                              |          |         |
|  |   | 99 - OTHER / UNKNOWN                          |                   |   | 12 - PASSENGER IN UNENCLOSED CARGO AREA   |  |                  |                              |          |         |
|  |   |   |                   |   | 13 - TRAILING UNIT  |  |                  |                              |          |         |
|  |   |   |                   |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)   |  |                  |                              |          |         |
|  |   |   |                   |   | 15 - NON-MOTORIST   |  |                  |                              |          |         |
|  |   |   |                   |   | 99 - OTHER / UNKNOWN  |  |                  |                              |          |         |
|  |   |   |                   |   |   |  |                  |                              |          |         |
| INJURED TAKEN BY                       |   | EJECTION                                      |                   |   | TRAPPED   |  |                  |                              |          |         |
| 1 - NOT TRANSPORTED / TREATED AT SCENE |   | 1 - NOT EJECTED                               |                   |   | 1 - NOT TRAPPED   |  |                  |                              |          |         |
| 2 - EMS                                |   | 2 - PARTIALLY EJECTED                         |                   |   | 2 - EXTRICATED BY MECHANICAL MEANS  |  |                  |                              |          |         |
| 3 - POLICE                             |   | 3 - TOTALLY EJECTED                           |                   |   | 3 - FREED BY NON-MECHANICAL MEANS   |  |                  |                              |          |         |
| 9 - OTHER / UNKNOWN                    |   | 4 - NOT APPLICABLE                            |                   |   |   |  |                  |                              |          |         |
| GENDER                                 |   |   |                   |   |   |  |                  |                              |          |         |
| F - FEMALE                             |   |   |                   |   |   |  |                  |                              |          |         |
| M - MALE                               |   |   |                   |   |   |  |                  |                              |          |         |
| U - OTHER / UNKNOWN                    |   |   |                   |   |   |  |                  |                              |          |         |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE                 | DATE OF BIRTH                                 |                   |   | AGE   | GENDER   |                  |                              |          |         |
|  |   |   |                   |   |   |  |                  |                              |          |         |
|  | ADDRESS: STREET, CITY, STATE, ZIP         |   |                   |   | CONTACT PHONE - INCLUDE AREA CODE   |  |                  |                              |          |         |
|  |   |   |                   |   |   |  |                  |                              |          |         |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE                 | DATE OF BIRTH                                 |                   |   | AGE   | GENDER   |                  |                              |          |         |
|  |   |   |                   |   |   |  |                  |                              |          |         |
|  | ADDRESS: STREET, CITY, STATE, ZIP         |   |                   |   | CONTACT PHONE - INCLUDE AREA CODE   |  |                  |                              |          |         |
|  |   |   |                   |   |   |  |                  |                              |          |         |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE                 | DATE OF BIRTH                                 |                   |   | AGE   | GENDER   |                  |                              |          |         |
|  |   |   |                   |   |   |  |                  |                              |          |         |
|  | ADDRESS: STREET, CITY, STATE, ZIP         |   |                   |   | CONTACT PHONE - INCLUDE AREA CODE   |  |                  |                              |          |         |
|  |   |   |                   |   |   |  |                  |                              |          |         |