TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER *								
PHOTOS TAKER		=	H -3 LOCAL INFORMATION						_	24MPD1523							
SECONDARY C	RASH OH-									ICIC *	HIT/SKIP 1 - SOLVED	NUMBER OF	UNITS	UNIT IN ERROR 98 - ANIMAL			
PRIVATE PROPERTY Millersburg COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*												2 - UNSOLVED 99 - UNKN					
[38 2 2 - VILLAGE Millersburg											CRASH DATE	CRASH SEVERITY 1 - FATAL					
	3 - TOWNSHIP	PREFIX 1 - N									10/10/2024 01:03 5 2 - SERIOUS INJ						
ROUTE TYPE ROUTE TYPE ROUTE TYPE	OTE ROWIDER		HTUC	CATION ROAD NAME ROAD TYPE							40.551	3 - MINOR INJURY					
C ROUTE TYPE ROI	ITE BUILDING	PREFIX 1 - N	EST PUI	t Washind					\dashv	RD '		SUSPECTED 4 - INJURY POSSIBLE					
ERENO POLITIFE NO	JIE NOIMBER	2 - S(3 - E/	HTUC							ROAD TYPE	LONGITUDE	5 - PROPERTY DAMAGE					
	I bu	<u> </u>	EST 1445	495 Twp Rd 312							-81.907644 ONLY						
1 - INTERSECT	ION FROM	RECTION REFERENCE 1 - NORTH		ROUTE TYP	_	AL - ALLI	EY	ROAD TYPE HW - HIGHWA		D - ROAD	MATURI INTE	INTERSECT RSECTION OR					
3 - MILE POST	·	2 - SOUTH 3 - EAST		RAL US ROU			ENUE: L	LA - LANE	S	Q - SQUARE							
		4 - WEST	SR - STÂT	E ROUTE -		CR - CIRC		MP - MILEPOS OV - OVAL		T - STREET E - TERRACE	WITHIN INTE	RCHANGE ARE	A 1	NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE	UNIT	STANCE OF MEASURE 1 - MILES	CR - NUM	BERED COU	NTY ROUTE	CT - COL		PK - PARKWAY		L - TRAIL VA - WAY		ROA	DWAY	<u>′ </u>			
		2 - FEET 3 - YARDS	TR - NUM ROUT	BERED, TOW!	NSHIP	HE - HEK		PL - PLACE	- "	- WAI	ROADWAY	DIVIDED					
	CATION OF FIRE	ST HARMFU	L EVENT		, N	/ANNER	of CRASI	H COLUSION/	IMPA		DIRECTION OF TRA	VEL	м	EDIAN TYPE			
1-ON RO		9 - CROS 10 - DRIV	Sover /Eway/alley	ACCESS		NOT COLI		- REAR-TO-REA - BACKING	AR.		1 - NORTH	. 1		D FLUSH MEDIAN			
3 - IN ME 4 - ON RO			WAY GRADE		╵─╴╷	TWO MOT	TOR 6	- ANGLE			2 - SOUTH 3 - EAST	L 2		(<4 FEET) DIVIDED FLUSH MEDIAN			
5 - ON G	ORE	TRAI	LS	13 UK	T	TRANSPO	RT 7	- SIDESWIPE, s. - SIDESWIPE, O			4 - WEST	3	(≥4 FEI - DIVIDE	ET) O, DEPRESSED MEDIAN			
7 - ON RA	DE TRAFFIC WA IMP	Y 13 - BIKE 14 - TOLL				REAR-ENE HEAD-ON	_	- OTHER / UNK						D, RAISED MEDIAN			
8 - OFF RAMP 99 - OTHER / UNKNOWN										/UNKNOWN							
WORK ZONE RELATED WORK ZONE TYPE LOCATION OF CRASH IN WORK ZONE								ORK ZONE	CONTOUR	SURFACE							
WORKERS PRESENT 1 - LANE CLOSURE 1 - BEFORE THE 1ST W 2 - LANE SHIFT/ CROSSOVER WARNING SIGN								ORK ZONE	4	1	_	[2]					
LAW ENFORCEM	[]						2 - ADVANCE WARNING AREA							1 - CONCRETE			
	EDIAN 3 - TRANSITION AREA MITTENT OR MOVING WORK 4 - ACTIVITY AREA							LEVEL 2 - STRAIGHT	2 - WET 3 - SNOW		2 - BLACKTOP, BITUMINOUS,						
ACTIVE SCHOOL ZONE 5 - TERMINATION AREA GR								GRADE 3 - CURVÉ LEVEL	4 - ICE 5 - SAND, M	UD. DIRT	ASPHALT 3 - BRICK/BLOCK						
LIGHT CONDITION WEATHER 1 - DAYLIGHT 1 - CIEAR 6 SNOW								4 - CURVE GRADE	OIL, GRA	VEL	4 - SLAG , GRAVEL,						
1-DAYLIO				1-Cl	LEAR LOUDY		SNOW	ROSSWINDS			9 - OTHER JUNKNOWN	6 - WATER (S MOVING		5 - DIRT			
3 - DARK	- LIGHTED ROAS		1	•				SAND, SOIL, D	IRT, SI	NOW		7 - SLUSH 9 - OTHER /	IINKNO	9 - OTHER AN / UNKNOWN			
	- ROADWAY NO - UNKNOWN R		GHTING .	4 - RA 5 - SL	AIN .EET, HAIL			RAIN OR FREE	ZíNG I	DRIZZLE			,				
9 - OTHER	UNKNOWN					-	O THERT										
NARRATIVE											·						
On 10/10/2024 Massillion rd. Th	Ptl. Cox and ne vehicle the	l observed en went or	l a vehicle i n N School	raveling a st and con	t a high rate itinued onto	e of spec	ed on			, \	, \						
Washington Rd	Ptl. Cox and	l I attempt	ed to follov	v the vehic	le. Once pti	l. Cox ar	nd I							Ŭ			
got onto port V noticed the veh	/ashington R icle overturn	d we trave ed on to it	eled around 's top 1 the	the corne	er Southbou d my emera	ind whe	n we			`	CTD-		19				
and Ptl.Cox and	I got out of	the cruises	r to check o	n the welf	are of the d	friver. O	nce				-		Port Washington To				
we exited the cr incident. The dr	uiser we saw iver was unh:	the driver armed oth	r standing r er than a ti	near his ve ny cut on l	hicle shaker his finger F	n up fro	m the					/13	, \ <u>a</u>				
Medical Service	s checked on	the welfa	re of the in	dividual ar	nd cleared h	im. One	ce he					l <u>e</u>	7	g a			
was cleared we was en route to	gathered all the scene ar	of his info: nd overturi	rmation for ned the vel	the répor	t. A tow true	ck comp	oany]{	1				
revealed that ur	nit #1 failed t	o maintair	control wi	nile negoti	ating the cu	urve trav	veling					}	1				
southbound, Ur ultimately rolled	iit #1 then hi I bis vebicle d	it the side o	of the road in the porti	traveling :	southbound ne ditch	d and							- a₁⊅	Versit (verlying)			
ultimately rolled his vehicle on it's top in the northbound lane ditch.									1	+							
									1	1							
												1] }	4495 Twp Rd 312			
												1					
CRASH REPORT	CRASH REPORTED DATE / TIME DISP.				PATCH DATE / TIME ARRIVAL DATE / TIME							DATE (TIME		DEDODE TABLE			
	024 01:04			10/2024 0				10/2024 01			SCENE CLEARED		r	REPORT TAKEN BY X POLICE AGENCY			
TOTAL TIME	OTHER	_	TOTAL	OFFICER'S						KED BY OFFICE	10/10/202	4 02:28		MOTORIST			
ROADWAY CLOSED			MINUTES	Shows, L						KED BY OFFICER	The fr		- ;	SUPPLEMENT			
NA	20		114	-	OFFICER'S I	BADGE N	UMBER*		_		OFFICER'S BADGE	NUMBER*	╌┤╏	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO			
04	84 30 114 108				108					ODPS)							

Coo DEPARTMENT UNIT							PORT NUMBER PD1523				
UNIT # OWNER NAME: LAST, FIRST,	MIDDLE (SAME AS DRIVE	·	OWNER	PHONE::NOUDE ARE	A CODE (SAME AS DRIVER)	DA	MAGE				
1 MARKS, RANDALL, V				330-473	<u>-33</u> 48	DAMA	GE SCALE				
OWNER ADDRESS: STREET, CITY, STATE, 2						1 - NONE	3 - FUNC				
9240 TOWNSHIP RD 82, MILI		44654				4,2 - MINOR DAMAGE	4 - DISA				
COMMERCIAL CARRIER: NAME, ADDRES	SS, CITY, STATE, ZIP		Co	MMERCIAL CARRIER PHO	NE: INCLUDE AREA CODE	NE: INCLUDE AREA CODE 9 - UNKNO					
	,					· ·	ED AREA(S)				
LP STATE LICENSE PLATE #	VEH	ICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE	INDICATEA	ILL THAT APPLY				
OH KBG1388		1BK32F291221757		2009	MAZDA	12					
INSURANCE COMPA	NY	INSURANCE POLICY #		COLOR	VEHICLE MODEL						
			r	SIL	MAZDA3	10 11 2	10				
TYPE of USE	IN EMERGENCY	US DOT#	TOW	ED BY: COMPANY NA	IME		\vdash				
COMMERCIAL GOVERNMENT	RESPONSE	EHICLE WEIGHT GVWR/GCW	, ├─-	HAZARDOUS	MATERIAL		*L				
DEVICE HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS.	ÎI⊟∿	MATERIAL CLASS			7.				
EQUIPPED HIT/SKIP ON I	1 1	2 - 10.001 - 26K LBS. 3 - > 26K LBS.		ELEASED LACARD (1.1		, /				
1 - PASSENGER CAR 6 - V	AN (9-15 SEATS)					7 5 11	12				
	OTORCYCLE Z-WHEELED	42 CHOURSENIE	•	•	PEDESTRIAN/SKATER WHEELCHAIR (ANY TYPE)		2				
(MINIVAN) 8-M	OTORCYCLE 3-WHEELED	14 - SINGLE UNIT 20 - 4	OTHER VEH	•	OTHER NON-MOTORIST	l "/ ` <u>"</u>	(1)				
ORTHITE VEDICE	UTOCYCLE MOPED OR MOTORIZED	TRUCK 15 - SEMI-TRACTOR 21 - F	HEAVY EQU	JIPMENT 26 - 8	HCYCLE	9 9					
	RICYCLE	16 - FARM FOUIPMENT 22 - A			RAIN	_ 					
	ALL TERRAIN VEHICLE	17 - MOTORHOME	INIMAL-DI	RAWN VEHICLE 99 - (JNKNOWN OR HIT/SKIP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	目は、人				
of TRAILING UNITS	/UTV)										
WAS VEHICLE OPERATING IN A	IITONOMOUS					11	1				
WAS VEHICLE OPERATING IN A MODE WHEN CRASH OCCURRI				ONAL AUTOMATION	9 - UNKNOWN	10	10 /				
. 2 .	<u> </u>			ITOMATION			~				
1-YES 2-NO 9-OTHER/	UNKNOWN AUTONON	MOUS 2 - PARTIAL AUTOMATION S	- FULL AU	TOMATION		9 9 2 3 3	• —				
1 - NONE	6 - BUS - CHARTER/T		16 - F/	ARM	21 - MAIL CARRIER		<u> </u>				
1 1 2-TAXI	7 - BUS - INTERCITY	12 - MILITARY		OWING	99 - OTHER / UNKNOWN	s \ '\	•/				
SPECIAL SHARING	8 - BUS - SHUTTLE	13 - POLICE		NOW REMOVAL			`				
FUNCTION 4-SCHOOL TRANSPORT	9 - BUS - OTHER 10 - AMBULANCE	14 - PUBLIC UTILITY		DWING		6					
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIP		AFETY SERVICE ATROL		12	12				
1 - NO CARGO BODY TYPE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - D	1840	DO OTHER ALIMINATORS	i i	i i				
1 / NOT APPLICABLE	S - INTERMODAL	9 - DOLE		UMP	99 - OTHER / UNKNOWN	12					

8 - POLE

9 - CARGO TANK

DEFECTIVE

8 - SIDEWALK

ISLAND

10 - PARKED

IN TRAFFIC

12 - DRIVERLESS

7 - WORN OR SUCK TIRES

8 - TRAILER EQUIPMENT

7 - SHOULDER/ROADSIDE

9 - MEDIAN/CROSSING

11 - SLOWING OR STOPPED

13 - NEGOTIATING A CURVE

14 - ENTERING OR CROSSING

SPECIFIED LOCATION

13 - IMPROPER START FROM

A PARKED POSITION

14 - STOPPED OR PARKED

15 - SWERVING TO AVOID

17 - VISION OBSTRUCTION

EVENTS

12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION

ILLEGALLY

16 - WRONG WAY

14 - PEDESTRIAN

15 - PEDALCYCLE

16 - RAILWAY VEHICLE

17 - ANIMAL - FARM

18 - ANIMAL - DEFR

SUPPORT

40 - UTILITY POLE

42 - CULVERT

41 - OTHER POST, POLE OR SUPPORT

COLLISION WITH FIXED OBJECT - STRUCK
31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EM
32 - PORTABLE BARRIER 39 - LIGHT / LIUMINARIES 46 - FEN

MOST HARMFUL EVENT

9 - LEAVING TRAFFIC

10 - FLAT 8ED

CONTAINER CHASSIS

/ENCLOSED BOX

CARGOVAN

4 - BRAKES

S - STEERING

6 - TIRE BLOWOUT

5 - TRAVEL LANE -

6 - BICYCLE LANE

2 - BACKING 3 - CHANGING LANES

ACTIONS 6 - MAKING LEFT TURN

LANE

/ACDA

CHANGE

13

PRE-CRASH

1 - STRAIGHT AHEAD

4 - MIDBLOCK -MARKED CROSSWALK

OTHER LOCATION

4 - OVERTAKING/PASSING

5 - MAKING RIGHT TURN

7 - MAKING U-TURN

9 - IMPROPER LANE

10 - IMPROPER PASSING

12 - IMPROPER BACKING

11 - DROVE OFF ROAD

7 - SEPARATION OF UNITS

8 - RAN OFF ROAD RIGHT

9 - RAN OFF ROAD LEFT

11 - CROSS CENTERLINE

OPPOSITE DIRECTION

32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER

- MEDIAN GUARDRAIL BARRIER

36 - MEDIAN OTHER BARRIER

3

35 - MEDIAN CONCRETE

BARRIER

10 - CROSS MEDIAN

OF TRAVEL

B-ENTERING TRAFFIC

8 - FOLLOWING TOO CLOSE

2 - BUS

3 - VEHICLE TOWING

1 - TURN SIGNALS

1 - INTERSECTION -MARKED CROSSWALK

2 - INTERSECTION -UNMARKED CROSSWALK

3 - INTERSECTION - OTHER

1 - NON-CONTACT

2 - NON-COLLISION

S - BOTH STRIKING

9 - OTHER / UNKNOWN

2 - FAILURE TO YIELD

1 - OVERTURN/ROLLOVER

5 - CARGO / EQUIPMENT

6 - EQUIPMENT FAILURE

--

25 - IMPACT ATTENUATOR

/ CRASH CUSHION 26 - BRIDGE OVERHEAD

STRUCTURE

27 - BRIDGE PIER OR

ARTITMENT

29 - BRIDGE RAIL

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

I FIRST HARMFUL EVENT

2 - FIRE/EXPLOSION

3 - IMMERSION

JACKKNIFE

3 - RAN RED LIGHT

& STRUCK

1 - NONE

4 - KAN SIGN SPEED 4 - RAN STOP SIGN

CONTRIBUTING 6 IMPROPER TURN
CIRCUMSTANCES 7 - LEFT OF CENTER

SEQUENCE OF EVENTS

3 - STRIKING

ACTION 4-STRUCK

2 - HEAD LAMPS

3 - TAIL LAMPS

ANOTHER MOTOR VEHICLE

CARGO

BODY

TYPE

VEHICLE

DEFECTS

3

12 - CONCRETE MIXER

14 - GARBAGE/REFUSE

9 - MOTOR TROUBLE

ACCIDENT

OR TRAILS

16 - WORKING

19 - STANDING

10 - DRIVEWAY ACCESS

11 - SHARED USE PATHS

12 - FIRST RESPONDER

AT INCIDENT SCENE

15 - WALKING, RUNNING

17 - PUSHING VEHICLE

18 - APPROACHING OR

LEAVING VEHICLE

20 - OTHER NON-MOTORIST

18 - OPERATING DEFECTIVE

/FALLING/SPILLING

20 - IMPROPER CROSSING

21 - LYING IN ROADWAY

22 - NOT DISCERNIBLE

19 - ANIMAL -OTHER

TRANSPORT

21 - PARKED MOTOR

22 - WORK ZONE MAINTENANCE

FOUIPMENT

45 - EMBANKMENT 46 - FENCE

49 - FIRE HYDRANT

50 - WORK ZONE MAINTENANCE

EQUIPMENT

47 - MAILBOX

51 - WALL

VEHICLE

20 - MOTOR VEHICLE IN

ROADWAY

ACTION

99 - OTHER IMPROPER

ANYTHING SET IN

VEHICLE 24 - OTHER MOVABLE

OBJECT

52 - BUILDING

54 - OTHER FIXED

53 - TUNNEL

EQUIPMENT

19 - LOAD SHIFTING

JOGGING, PLAYING

13 - AUTO TRANSPORTER

10 - DISABLED FROM PRIOR

D1523 IAGE SE SCALE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE NOWN D AREA(S) L THAT APPLY 99 - OTHER / UNKNOWN ☐-NO DAMAGE[0] - UNDERCARRIAGE [14] 99 - OTHER / UNKNOWN - ALL AREAS [15] - UNIT NOT AT SCENE [16] 21 - STANDING OUTSIDE INITIAL POINT OF CONTACT DISABLED VEHICLE 0 - NO DAMAGE 14 - UNDERCARRIAGE 99 - OTHER / UNKNOWN 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 1 DIAGRAM 99 - UNKNOWN 13 - TOP 23 - OPENING DOOR INTO TRAFFICWAY FLOW TRAFFIC CONTROL 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL # of THROUGH LANES RAIL GRADE CROSSING ON ROAD , 1 - NOT INVLOVED 2 - INVOLVED-ACTIVE CROSSING 2 | 3 - INVOLVED-PASSIVE CROSSING 23 - STRUCK BY FALLING, SHIFTING CARGO OR UNIT / NON-MOTORIST DIRECTION MOTION BY A MOTOR 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST FROM 1 TO 2 4-WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN **UNIT SPEED** DETECTED SPEED OBJECT 99 - OTHER / UNKNOWN 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR POSTED SPEED 3 - UNDETERMINED

	Oreo Dervi	Motorist / Non-Motorist										LOCAL REPORT NUMBER 24MPD1523									
Ut	NIT#	NAME: LAST, FIRST, MIDDLE											1	-	DATE O	F BIRTH	כוטי	25	AGE	GENDER	
ľ	1	MARKS,	RAI	NDALL, WARREN											10/03/1981				ļ	43	М
₫ AD	DRESS:	STREET, CIT												CONTACT PHONE - INCLUDE AREA CODE							141
5 92	40 TO	WNSHIP	RD .	82, MILLERSBURG, OH,	446	54								330-473-3348							
IN.	URIES	IES INJURED EMS AGENCY (NAME) TAKEN			INJURED	TAKEN TO: I	MEDICAL FACILITY	(NAME	CITY)	SAFE	ETY EQUIPMENT	 				AIREA	R BAG USAGE EJECTION TRAPPED				
ON/	5	BY 1											4		HELME		1		1 1 3		
or	STATE	OPERATOR	LIC	NSE NUMBER			OFFEN	SE CHARG	iED	-	LOCAL		FENSE DESCRI	PTION	-			CITA	TION N	JMBER	1
	ЭН	RU07043	9				331.3	ÀA			CODE		VILURE TO C	ONTR	OL			038	01108	101020	240222
OT	CLASS	ENDORSEM	ENT	RESTRICTION SELECT UP TO	3	DRIV		1—	HOL / DRUG	SUSPE		C	ONDITION	Α	LCOH	OL TES	ST		DRUG TEST(S)		
П	4					DIST BY	RACTED			MARUU	JANA		1	STATUS	TYPE	V/	ALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4
5—	, 11T #	NAME: LA	CT E	RST, MIDDLE	-	ļ		ОТНЕ	ER DRUG			ļ	•	1	1			1	1		I
•		, KAME E		, WILDEL												DATEO	F BIRTH			AGE	GENDER
a ADI	DRESS:	STREET, CITY	. STA	ATE. ZIP									_						L		<u> </u>
														CONT	ACT PH	ONE - I	include af	LEA CODE			
NI S	URIES	INJURED	EM:	5 AGENCY (NAME)			INJURED	TAKEN TO: I	MEDICAL FACILITY	(NAME, C	CITY)		ETY EQUIPMENT	 			SEATING	AIR BA	G USAGE	ELECTION	N TRAPPED
NO.		TAKEN BY										USED	•		T-Compu HELME		POSITION				
Ž OT	STATE	OPERATOR	LICE	NSE NUMBER			OFFEN	SE CHARG	iED		LOCAL	OFF	FENSE DESCRI	PTION			- 1	CITA	TION NI	JMBER	
IOTORIST/NON-MOTORI											CODE										
-	CLASS	ENDORSEM	ENT	RESTRICTION SELECT UP TO 3	3	DRIV	L /er	ALCO	IOL / DRUG :	SUSPE	CTED	C	ONDITION	А	LCOHO	OL TES	ST		DRUG	TEST(S)
						DIST	RACTED	Terco	ног 🗌	MARUU	IANA			STATUS	TYPE	V	ALUE	STATUS	TYPE		SELECT UP TO 4
<u> </u>						Ľ,		ОТНЕ	R DRUG							,				ļ	_
UN.	IIT#	NAME: LA	ST, FJ	RST, MIDDLE											•	DATE O	F BIRTH			AGE	GENDER
ADI	DRESS:	STREET, CITY	, STA	ATE. ZIP										<u> </u>							_
IORI E		·	•											CONT	ACI PHI	DNE - I	INCLUDE AR	EA CODE			
INI E	URIES	INJURED	EM!	S AGENCY (NAME)		_	INJURED	TAKEN TO: N	MEDICAL FACILITY	(NAME C	TIY)		TY EQUIPMENT	 			SEATING	AIR BA	G USAGE	EJECTION	N TRAPPED
NON		TAKEN BY										USED	•		T-Complu HELME		OSITION				
OTORIST / NON-MOTORIST	STATE	OPERATOR	LICE	NSE NUMBER			OFFENS	E CHARG	ED		LOCAL	OFF	FENSE DESCRI	PTION				CITAT	TION NU	L IMBER	
jo G	OFFENSE CHARGED LOCAL OFFENSE DESCRIPTION CITATION NUMBER																				
	CLASS	ENDORSEM	ENT	RESTRICTION SELECT UP TO 3		DRIV			OL / DRUG	SUSPE	CTED	C	ONDITION	A	LCOHO	OL TES	T		DRUG	TEST(S)
						DIST BY	RACTED	H		MARIJU.	ANA			STATUS	TYPE	V/	ALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4
3_	IMI	IRIES	1	SEATING POSITION			ID DAG		R DRUG								<u> </u>		<u> </u>		
1 - FAT/	1,7,0	Witz		1 - FRONT - LEFT SIDE.	1 - N		IR BAC PLOYED	3	i v	CLAS	S		L RESTRIC		π.	IOT DIST	DISTRAC	-,		ST STA	TUS
2 - SUSI INJU		SERIOUS	i j.				ED FRONT ED SIDE	Г	11 - CLASS A 2 - CLASS B			. 0	EVICE DL INTRASTATE		2 - N		Ý OPERATI	NG AN		REFUSED	*
3 - SÚSI	PECTED	MINOR		3 - FRONT - RIGHT SIDE 4 - SECOND - LÉFT SIDE		EPLOY:	ED BOTH		3 - CLASS C			_3 - C	ORRECTIVE LEN		, 0	OMMUN	ICATION D	EVICE ,		TAMINATE	D SAMPLE
INJU 4 - POS	RY SIBLÉ INJ	URY	2	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE			PLICABLE MENT UN		4 REGULAI		SS	5 - E	XCEPT CLASS A	BUS	, b	MING	ON HANDS	FREE	4 - TEST		
5 - NO /	APPAREN	it injury	, (5 - SECOND - RIGHT SIDE	1				5 - M/C MO		NLY	, 8	E CLASS B BUS	TDAN FD	, <u>o</u>	OMMUN	ICATION D	EVICE :	FESU 5 - TEST	LTS KNOW GIVEN,	VN .
INJ	JRIES	TAKEN B	Y	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	3.		ECTIO	N'	6 - NO VALI	D OL		8,-11	NTERMEDIATE LI		', с	OMMUN	ICATION D	EVICE.		LTS UNKN	2 , 011
	-	SPORTED	1	3 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	2 - P		LY EJECTE		OL END	ORSE	MENT	9 ÷ LI	RESTRICTIONS EARNER'S PERM	ıτ `	, E		IIC DEVICE	, 1	ALCO 1 - NON		ST TYPE
/TRI		T SCENE	1	10 - SLEEPER SECTION OF TRUCK CAB			/ EJECTED PLICABLE		H - HAZMA	Ť,		10 -1	ESTRICTIONS LIMITED TO DAY	/LIGHT	7-0	THER DIS	STRACTION		5 - Broc	D	
3 - POL	ICE	. 4		1) - PASSENGER IN OTHER ENCLOSED CARGO		П	RAPPE	D	M - MOTOR		:	11 - 1	ONLY LIMITED TO EMP		<u>T</u> '8-0	THER DI	E VEHICLE STRACTION		3 - URIN 4 - BREA	TH 📑	r _j
9 - OTI	IER/UI	KNOWN	ì	AREA INON-TRAILING UNIT,	1 - N		APPED TED BY	-	P - PASSENO N - TANKER				LIMITED - OTHE MECHANICAL D				THE VEHICLI INKNOWN	<u>ا</u> ا	5 - OTH		•
SAF	TY EC	UIPMEN	֓֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֓֓֓֡֓֓֡֓	BUS, PICK-UP WITH CAP) 12 - PASSENGER IN	м	ECHAN	NCAL MEA	ANS	Q - MOTOR		TER ,		(SPECIAL BRAKE) CONTROLS, OR (CON	DITION		DRU 1 NON	IG TEST	TYPE
	E USED			UNENCLOSED CARGO AREA				L MEANS	R - THREE-V			. 4	ADAPTIVE DEVIC	ES)			TLY NORMA IMPAIRMEN		2,- BLOC 3 - URIN		
USE),	ELT ONLY	, ·	14 - RIDING ON VEHICLE EXTERIOR	Į				S - SCHOOL			15 - I	MOTOR VEHICLI WITHOUT AIR BE	ES RAKES	:3 - E! DE	MOTIONA PRESSED,	AL (E.G., ANGRY,		4 - OTH	R	
4 - SHO	ULDER 8	LY USED LAP BELT		(NON-TRAILING UNIT) 15 - NON-MOTORIST	ř.		-		T - DOUBLE		PLE	16 - 0 17 - 1	OUTSIDE MIRRO PROSTHETIC AIE	R .	, DU 4 - (L	STURBED) LNESS		- (TEST R IETAMINE	ESULT(S) S
	D RESTR	AINT SYSTEM		99 - OTHER / UNKNOWN	1				X - TANKER		MAT-	,18 - 6	OTHER		,5 - FE		EP, FAINTED	٠. ٠	2 - BARB	TURATES	
	RWARD I D RESTR	FACING AINT SYSTEM	3		1				CE	NDEF	,	; 1	A		,6 - U	NDER TH	E INFLUENC	E OF	4 - CANIN	ODIAZEPIN IABINOIDS	
	R FACIN	IG	1		į				F - FEMALE	415/5	,				, At	COHOL		ļ.		ES / OPIO	ID\$
8 - HELM	AET USE		ŧ		1				M - MALE	e		!	4 34		.6 ~O.	IMER/U	NKNOWN		7 - OTHE 8 - NEGA	R TIVE RESU	its
(ELB	OWS, KN	IEES, ÉTO	T:	1					U - OTHER /	UNKN	IOWN	1	* "A."	, ·		. 1) + "	1			·
11 - LIG	HTING -	CLOTHING PEDESTRIAN	i		i r.	,			l 3 " #				. "	- •	3	_	•				
	CYCLE O HER / UN	NLY KNOWN		<u> </u>					<u>.</u>			1 3	a		,		,e ²	(52 🛴

		CCUPANT	/WITNI	ESS ADDEND	UM				ORT NUMBER	ł				
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH	7,723	AGE	GENDER			
ADDRESS	STREET, CIT	Y, STATE, ZIP		<u>-</u>			CONTACT PHON	E - INCLUDE ARE	EA CODE					
	INJURED TAKEN BY	EMS AGENCY INAME		INJURED TAKEN TO: MEDIKAL FACILITY (N	IAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	SE EJECTION	TRAPPED			
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER			
ADDRESS	_I : STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE ARE	EA CODE					
	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO; MEDICAL FACILITY (N	IAME, CITY)	SAFETY EQUIPMENT	DOT-COMMINIT	SEATING POSITION	AIR BAG USA	E EJECTION	TRAPPED			
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER			
ADDRESS:	: STREET, CIT	r, STATE, ZIP	<u> </u>				CONTACT PHON	E - INCLUDE ARE	EA CODE		,			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (N	IAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USA	SE EJECTION	TRAPPED			
UNIT #	T # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH						
ADDRESS	: STREET, CITY	, STATE, ZIP					CONTACT PHON	E - INCLUDE ARE	A CODE					
	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (N	IAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USA	SE EJECTION	TRAPPED			
	INI	URIES	SAFETY	EQUIPMENT USED	1	SEATING POS	ITION	}	AIR BAG	ISAGE				
2 - SUS 3 - SUS 4 - POS 5 - NO 1 - NO TRE 2 - EMS 3 - POL	1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 1 - NONE USED - (MOTORCYCLE DRIV) 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 7 - HIRD - RIGHT SIDE (MOTORCYCLE PASS) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION							3 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN AR) EJECTION 1 - NOT EJECTED						
9 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) GENDER 10 - REFLECTIVE CLOTHING 11 - PASSENGER IN OT SUCH AS A BUS, PICK- 12 - PASSENGER IN UN CARGO AREA 13 - TRAILING UNIT H - RIDING ON VEHICL (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN								TRAILING UNIT UP WITH CAP) NENCLOSED 1 NOT TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 - FREED BY						
NAME; LA	ST, FIRST, MII	DDLE					DA	TE OF BIRTH		AGE	GENDER			
ADDRESS	: STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE		4			
NAME: LA	ST, FIRST, MII	DDLE					DA	TE OF BIRTH		AGE	GENDER			
ADDRESS	: STREET, CIT	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE					
NAME: LA	ST, FIRST, MII	DDLE					DA	TE OF BIRTH		AGE	GENDER			
ADDRESS:	STREET, CITY	, STATE, ZIP			(<u>-</u>	CONTACT PHONE	- INCLUDE ARE	A CODE		_			

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
24MPD1523	Millersburg	10/10/2024
N COUNTY OF	ACCIDENT LOCATION	
Holmes County	Port Washington Rd	
·	,	
	•	
	,	
,		
•		
		·
	r.	
	•	
	•	
)	`
		,
	,	·
		· ·
		•
	•	
	-	
	- ✓	•
·-		

.

OFFICERS SIGNATURE	BADGE NO.
	108