

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

JJM 12/3/24

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <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>24MPD1799<br>REPORTING AGENCY NAME *<br>Millersburg   |  | LOCAL REPORT NUMBER *<br>24MPD1799   |  |
| COUNTY *<br>38  |  | LOCALITY *<br>2 - VILLAGE<br>Millersburg   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Millersburg  |  |
| CRASH DATE / TIME *<br>11/30/2024 21:41   |  | CRASH SEVERITY<br>4<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY  |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED<br>NUMBER OF UNITS<br>1<br>UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN   |  |
| ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>LOCATION ROAD NAME<br>CR 58<br>ROAD TYPE<br>RD  |  | LATITUDE DECIMAL DEGREES<br>40.533643  |  | LONGITUDE DECIMAL DEGREES<br>-81.911120  |  |
| REFERENCE POINT<br>3<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #  |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | 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  |  |
| DISTANCE FROM REFERENCE<br>3<br>1 - MILES<br>2 - FEET<br>3 - YARDS  |  | 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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>3<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED     |  |
| LOCATION OF FIRST HARMFUL EVENT<br>6<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  |  | MANNER OF CRASH COLLISION/IMPACT<br>1<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                                 |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  |
| MEDIAN TYPE<br>3<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  |  | 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>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER /UNKNOWN   |  | CONDITIONS<br>1<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>2<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>4<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  |  | WEATHER<br>1<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 |  |
| NARRATIVE<br>Unit 1 was driving eastbound on CR 58. Unit 1 was trying to make a left turn into the property of 4370 CR 58. Unit 1 turn too soon as she drove straight into a ditch off of CR 58. The passenger of Unit 1 was transported to the hospital for a possible broken arm. |  |  |  |  |  |
|   |  |  |  |  |  |
| CRASH REPORTED DATE / TIME<br>11/30/2024 21:41  |  | DISPATCH DATE / TIME<br>11/30/2024 21:41   |  | ARRIVAL DATE / TIME<br>11/30/2024 21:42  |  |
| SCENE CLEARED DATE / TIME<br>11/30/2024 22:39   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |  | TOTAL TIME ROADWAY CLOSED<br>0   |  |
| OTHER INVESTIGATION TIME<br>30  |  | TOTAL MINUTES<br>88  |  | OFFICER'S NAME*<br>Derrick, Hunter   |  |
| OFFICER'S BADGE NUMBER*<br>111  |  | CHECKED BY OFFICER'S NAME*<br><i>Chief [Signature]</i>   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>100  |  |
| <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)   |  |  |  |  |  |

**UNIT #** 1 **OWNER NAME:** LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
 ROBERTS, ADAM, ANTHONY **OWNER PHONE:** INCLUDE AREA CODE (☐ SAME AS DRIVER)  
 330-763-1681

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
 4111 CR 58, MILLERSBURG, OH, 44654

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

**LP STATE** OH **LICENSE PLATE #** KJQ3952 **VEHICLE IDENTIFICATION #** 1G1PC5SB6D7155367 **VEHICLE YEAR** 2013 **VEHICLE MAKE** CHEVROLET

**INSURANCE VERIFIED** **INSURANCE COMPANY** PROGRESSIVE **INSURANCE POLICY #** 972683424 **COLOR** BLU **VEHICLE MODEL** CRUZE

**TYPE OF USE**  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** 1 **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** 1  
 0 **# OF TRAILING UNITS**

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

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

**SPECIAL FUNCTION** 1  
 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  
 99 **VEHICLE DEFECTS**

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

**NON-MOTORIST LOCATION** 1  
 2  
 3

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 OR TRAILS 11 - SHARED USE PATHS AT INCIDENT SCENE 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN

**ACTION** 3  
 6 **PRE-CRASH ACTIONS**

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** 11

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 9  
 2  
 3 44  
 4  
 5  
 6

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 - 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

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

LOCAL REPORT NUMBER

24MPD1799

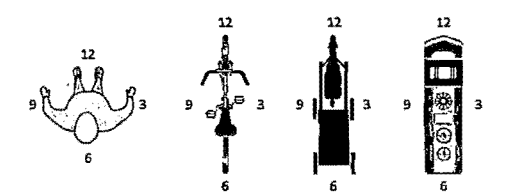
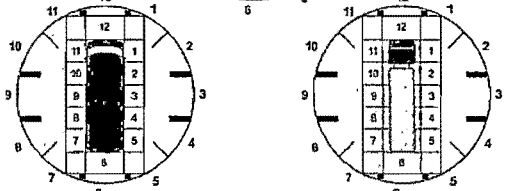
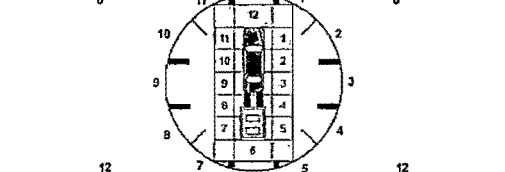
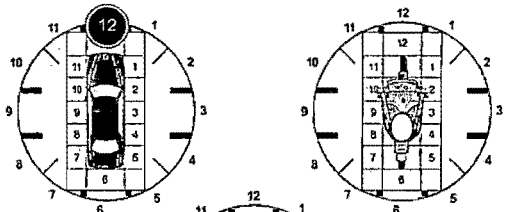
DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - 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 ]

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** 2  
 1 - ONE-WAY  
 2 - TWO-WAY

**TRAFFIC CONTROL** 6  
 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 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 4 TO 1  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

**UNIT SPEED** 10 **DETECTED SPEED**  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

**POSTED SPEED** 35



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

24MPD1799

|  |  |                                   |                        |  |   |                                   |  |                              |                           |                      |                     |                  |                               |
|--|--|-----------------------------------|------------------------|--|---|-----------------------------------|--|------------------------------|---------------------------|----------------------|---------------------|------------------|-------------------------------|
| <b>UNIT #</b><br>1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>MAJOR, QUIANA, HELEN |                                   |                        |  | <b>DATE OF BIRTH</b><br>08/06/2006  |                                   |  | <b>AGE</b><br>18             | <b>GENDER</b><br>F        |                      |                     |                  |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>14 W. MAIN ST, DANVILLE, OH, 43014 |  |                                   |                        |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>740-507-8037  |                                   |  |                              |                           |                      |                     |                  |                               |
| <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 USED</b><br>4 | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |                  |                               |
| <b>OL STATE</b><br>OH  | <b>OPERATOR LICENSE NUMBER</b><br>VU121951               |                                   | <b>OFFENSE CHARGED</b> |  | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>        |  |                              | <b>CITATION NUMBER</b>    |                      |                     |                  |                               |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b>                                       | <b>RESTRICTION SELECT UP TO 3</b> |                        | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   | <b>CONDITION</b><br>1  | <b>ALCOHOL TEST</b>          |                           |                      | <b>DRUG TEST(S)</b> |                  |                               |
|  |  |                                   |                        |  |   |                                   |  | <b>STATUS</b><br>1           | <b>TYPE</b><br>1          | <b>VALUE</b>         | <b>STATUS</b><br>1  | <b>TYPE</b><br>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<br><input type="checkbox"/> 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><br><input type="checkbox"/>   | <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><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              | <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> |

|  |                                  |                                   |                        |  |   |                              |  |                         |                        |                 |                     |             |                               |
|--|----------------------------------|-----------------------------------|------------------------|--|---|------------------------------|--|-------------------------|------------------------|-----------------|---------------------|-------------|-------------------------------|
| <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<br><input type="checkbox"/> 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><br><input type="checkbox"/>   | <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><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              | <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> |

|                              |  |                                    |                              |  |  |  |
|------------------------------|--|------------------------------------|------------------------------|--|--|--|
| <b>INJURIES</b>              | <b>SEATING POSITION</b>  | <b>AIR BAG</b>                     | <b>OL CLASS</b>              | <b>OL RESTRICTION(S)</b>   | <b>DRIVER DISTRACTION</b>  | <b>TEST STATUS</b>                             |
| 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  | 6 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 6 - EXCEPT TRACTOR-TRAILER   | 6 - PASSENGER  |  |
|                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                    |                              | 7 - EXCEPT INTERMEDIATE LICENSE RESTRICTIONS                                       | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | <b>ALCOHOL TEST TYPE</b>                       |
|                              | 8 - THIRD - MIDDLE   | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 8 - LEARNER'S PERMIT RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | 1 - NONE                                       |
|                              | 9 - THIRD - RIGHT SIDE   | 1 - NOT EJECTED                    | H - HAZMAT                   | 9 - LIMITED TO DAYLIGHT ONLY   | 9 - OTHER / UNKNOWN  | 2 - BLOOD                                      |
|                              | 10 - SLEEPER SECTION OF TRUCK CAB  | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 10 - LIMITED TO EMPLOYMENT ONLY  |  | 3 - URINE                                      |
|                              | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                | P - PASSENGER                | 11 - LIMITED TO OTHER  |  | 4 - BREATH                                     |
|                              | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 4 - NOT APPLICABLE                 | N - TANKER                   | 12 - LIMITED - OTHER   |  | 5 - OTHER                                      |
|                              | 13 - TRAILING UNIT   | <b>TRAPPED</b>                     | Q - MOTOR SCOOTER            | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | <b>CONDITION</b>   | <b>DRUG TEST TYPE</b>                          |
|                              | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    | R - THREE-WHEEL MOTORCYCLE   | 14 - MILITARY VEHICLES ONLY  | 1 - APPARENTLY NORMAL  | 1 - NONE                                       |
|                              | 15 - NON-MOTORIST  | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 2 - PHYSICAL IMPAIRMENT  | 2 - BLOOD                                      |
|                              | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    | 3 - URINE                                      |
|                              |  |                                    | X - TANKER / HAZMAT          | 17 - PROSTHETIC AID  | 4 - ILLNESS  | 4 - OTHER                                      |
|                              |  |                                    |                              | 18 - OTHER   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   |  |
|                              |  |                                    | <b>GENDER</b>                |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | <b>DRUG TEST RESULT(S)</b>                     |
|                              |  |                                    | F - FEMALE                   |  | 7 - OTHER / UNKNOWN  | 1 - AMPHETAMINES                               |
|                              |  |                                    | M - MALE                     |  |  | 2 - BARBITURATES                               |
|                              |  |                                    | U - OTHER / UNKNOWN          |  |  | 3 - BENZODIAZEPINES                            |
|                              |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
|                              |  |                                    |                              |  |  | 5 - COCAINE                                    |
|                              |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
|                              |  |                                    |                              |  |  | 7 - OTHER                                      |
|                              |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

24MPD1799

|  |  |  |   |                              |
|--|--|--|---|------------------------------|
| <b>UNIT #</b><br>1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>SHOULTS, AUSTIN, MATTHEW | <b>DATE OF BIRTH</b><br>04/13/1998                       | <b>AGE</b><br>26  | <b>GENDER</b><br>M           |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>4370 CR 58, MILLERSBURG, OH, 44654 |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>234-799-0099 |   |                              |
| <b>INJURIES</b><br>4   | <b>INJURED TAKEN BY</b><br>2                                 | <b>EMS AGENCY (NAME)</b><br>DISTRICT ONE                 | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br>JPH | <b>SAFETY EQUIPMENT</b><br>4 |
| <input type="checkbox"/>   | <b>DOT-COMPLIANT MC HELMET</b>                               | <b>SEATING POSITION</b><br>3                             | <b>AIR BAG USAGE</b><br>1                                     | <b>EJECTION</b><br>1         |
| <input type="checkbox"/>   | <b>TRAPPED</b><br>1  |  |   |                              |

| 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                 |
| <b>INJURED TAKEN BY</b>                |   | 6 - SECOND - RIGHT SIDE   | 9 - DEPLOYMENT UNKNOWN             |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)   | <b>EJECTION</b>                    |
| 2 - EMS                                | 7 - BOOSTER SEAT                              | 8 - THIRD - MIDDLE  | 1 - NOT EJECTED                    |
| 3 - POLICE                             | 8 - HELMET USED                               | 9 - THIRD - RIGHT SIDE  | 2 - PARTIALLY EJECTED              |
| 9 - OTHER / UNKNOWN                    | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 10 - SLEEPER SECTION OF TRUCK CAB   | 3 - TOTALLY EJECTED                |
| <b>GENDER</b>                          |   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
| F - FEMALE                             | 10 - REFLECTIVE CLOTHING                      | 12 - PASSENGER IN UNENCLOSED CARGO AREA   | <b>TRAPPED</b>                     |
| M - MALE                               | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 13 - TRAILING UNIT  | 1 - NOT TRAPPED                    |
| U - OTHER / UNKNOWN                    | 99 - OTHER / UNKNOWN                          | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)   | 2 - EXTRICATED BY MECHANICAL MEANS |
|  |   | 15 - NON-MOTORIST   | 3 - FREED BY NON-MECHANICAL MEANS  |
|  |   | 99 - OTHER / UNKNOWN  |                                    |

|  |  |            |               |
|--|--|------------|---------------|
| <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>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>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> |            |               |