OHO DEPARTMENT T	RAFFIC CR			ES MANDATORY FIELD FOR SUPPLEM	ENT REPORT	L	OCAL REPORT N		
PHOTOS TAKEN SECONDARY CRASH	☐OH-1P ☐O	THER REPORT	INFORMATION TING AGENCY NAME *		NCIC *	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	IUMBER OF UNIT	1	
38 11.2.2-1	VILLAGE Miller	ION: CITY. VILLAG			3001	CRASH DATE / 12/04/2024		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY	
ROUTE TYPE ROUTE NO	2-S	AST Sout	h Washington		ROAD TYPE ST	40.55404		SUSPECTED 3 - MINOR INJURY SUSPECTED	
ROUTE TYPE ROUTE NO	2-5	NORTH REFERE	ashington	MILEPOST, HOUSE #)	ROAD TYPE ST	-81.9184		4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
REFERENCE POINT 1 - INTERSECTION 1 - MILE POST 3 - HOUSE # DISTANCE FROM REFERENCE	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	IR - INTERS US - FEDER SR - STATE CR - NUMB TR - NUMB	AL US ROUTE ROUTE CR CT DR ERED TOWNSHIP AV BL CR CT DR HE	ROAD TYPE - ALLEY HW - HIGHWAY - AVENUE LA - LANE - BOULEVARD MP - MILEPOST - CIRCLE OV - OVAL - COURT PK - PARKWAY - DRIVE PI - PIKE - HEIGHTS PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	WITHIN INTERC	ROADW	NUMBER OF APPROACHES	
1 - ON ROADW 1 - ON SHOUL 3 - IN MEDIAN 4 - ON ROADSI 5 - ON GORE 6 - OUTSIDE TR 7 - ON RAMP 8 - OFF RAMP	DER 10 - DRI 11 - RAI 1DE 12 - SHA TRA RAFFIC WAY 13 - BIK 14 - TO	SSOVER IVEWAY/ALLEY A ILWAY GRADE C ARED USE PATH	TRA 1 - NO BETT TWO VEH TRA 2 - REA 3 - HEA	NNER OF CRASH COLLISION/IMP T COLLISION 4 - REAR-TO-REAR WEEN 5 - BACKING O MOTOR HICLES IN 7 - SIDESWIPE, SAME AR-END 8 - SIDESWIPE, OPPO AD-ON 9 - OTHER / UNKNO	DIRECTION SITE DIRECTION	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - DIV (< < 2 - DIV (≥ < 3 - DIV 4 - DIV (AN	MEDIAN TYPE VIDED FLUSH MEDIAN 4 FEET) VIDED FLUSH MEDIAN 4 FEET) VIDED, DEPRESSED MEDIAN VIDED, RAISED MEDIAN NY TYPE) THER / UNKNOWN	
WORK ZONE RELATE WORKERS PRESENT LAW ENFORCEMENT ACTIVE SCHOOL ZOI	PRESENT	1 - LANE 2 - LANE 3 - WORK OR MI	MITTENT OR MOVING WORK	5 - TERMINATION AF	WORK ZONE ING AREA	2 - STRAIGHT	2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, OIL, GRAVEL	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL,	
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOK 4 - RAIN 5 - SLEET, HAIL	WEATHER 6 - SNOW 7 - SEVERE CROSSWINDS E 8 - BLOWING SAND, SOIL, DIRT 9 - FREEZING RAIN OR FREEZIN 99 - OTHER / UNKNOWN		9 - OTHER /UNKNOWN	6 - WATER (STAN MOVING) 7 - SLUSH 9 - OTHER / UNK	5 - DIRT 9 - OTHER	
sideswiping that occupations who stated that facing the police dediver side mirror of that she followed U walked into the built vehicle and stated shad Family Services side mirror. I spoke that no damage was	she was sitting in epartment waiting of her vehicle and to liding. I then spokes he had no idea the employee. Unit a to the manager of the semployee was done to their versions.	rsburg Cream a parking sp for her daug then proceed family service e with Unit # hat she hit an #2 claims the of the Job and chicle. I attem	Services for a report of a rery. Upon arrival I spoke of Northbound on S Walter when Unit #1 Side led to keep going. Unit es where the driver of Unit who was driving a course is minor damage to be a family Services and the pted to gain camera for at has suitable footage of the services.	te with Unit ashington eswiped her #2 Stated Unit #1 unty owned t #1 is a Job her driver ney claimed ootage of	WJsd	M Washington S Washi	E Jackson		
CRASH REPORTED			ATCH DATE / TIME	ARRIVAL DATE / TIM		SCENE CLEARED		REPORT TAKEN BY POLICE AGENCY	
12/04/2024 TOTAL TIME	4 16:06 OTHER	12/	04/2024 16:10 OFFICER'S NAME*	12/04/2024 16:1	HECKED BY OFFIC	12/04/202 ER'S NAME*	4 16:44	MOTORIST	
ROADWAY CLOSED INV		MINUTES 34	Shows, Logan OFFICER'S BA	ADGE NUMBER*	Chief 1	SUPPLEM (CORRECTION TO AN EXISTING R ODPS)			



LOCAL REPORT NUMBER

24MPD1813

UNIT#	OWNER NAME: LAST, FIRST, M	IIDDLE (SAME AS DRIVER)	0	WNER PHONE:	NCLUDE ARE	A CODE (SAME AS DRIVER)	DAMAGE					
1	HOLMES COUNTY CO			3	30-674	-1111	DAMAGE SCALE					
OWNER A	DDRESS: STREET, CITY, STATE, ZIF						1 - NONE	3 - FUNCTIONAL DAMAGE				
2 COUR	T ST, MILLERSBURG, C	H, 44654					2 - MINOR DAM					
0	CIAL CARRIER: NAME, ADDRESS			COMMERCIAL CA	RRIER PHO	ONE: INCLUDE AREA CODE		- UNKNOWN				
								MAGED AREA(S)				
LP STATE	LICENSE PLATE #	VEHICLE ID	ENTIFICATION #	VEHICL	E YEAR	VEHICLE MAKE	INDIC	ATE ALL THAT APPLY				
ОН	105ZHF		3H2LGA71373		20	FORD	12	12				
	INCUIDANCE COMPAN		URANCE POLICY #		OR	VEHICLE MODEL	11 2	11 12				
VERIFI	COUNTY RISK SH	ARING AUTHO 0470		BL	K	EXPLORER	10 1 1 2	10 11 1 1 2				
	TYPE OF USE		US DOT#	TOWED BY: CO	MPANY N	AME	10 2	10.000.2				
СОММ	ERCIAL GOVERNMENT	IN EMERGENCY RESPONSE					9 9 3	3 9 9 3				
INTERI	ock	# OCCUPANTS VEHICLE	WEIGHT GVWR/GCWR	MATERIAL	CLAS	S MATERIAL S # PLACARD ID #	7 7	7 7 7				
DEVICE	HIT/SKIP UNIT		1 - ≤10K LBS. 2 - 10.001 - 26K LBS.	RELEASED	CLAS	Sw PEACHIE ID	8 / 6 /	8 4 5				
EQUIP	ED		3 - > 26K LBS.	PLACARD			7 6 5	12 7 6 5				
		. (O (LIVERY VEHICLE		PEDESTRIAN/SKATER		12				
1 3			CINICIE LINIT	S (16+ PASSENGERS HER VEHICLE		WHEELCHAIR (ANY TYPE) OTHER NON-MOTORIST	10/	1 1 2				
UNIT TY	E VEHICLE	TOCYCLE	TRUCK 21 - HE	AVY EQUIPMENT		BICYCLE	9	9 3 3				
		OPED OR MOTORIZED	- EARM EOLIDAMENT	IMAL WITH RIDER		TRAIN	_	3 11 4				
	4 FICKO		- MOTORHOME	IMAL-DRAWN VEHI	CLE 99 -	UNKNOWN OR HIT/SKIP	8	7 8 5 /4				
0							42	5 12				
VEHICL							11	6 11 1				
H	WAS VEHICLE OPERATING IN AL MODE WHEN CRASH OCCURRE	? 0		CONDITIONAL AUT		9 - UNKNOWN	10 11 1 2	10 11 1 2				
, 2		0 1		HIGH AUTOMATION			10 2	10 2				
	1 - YES 2 - NO 9 - OTHER / U	NKNOWN AUTONOMOUS 2 MODE LEVEL	- PARTIAL AUTOMATION 5 -	FULL AUTOMATION			9 9 3	3 9 9 3				
	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM		21 - MAIL CARRIER	8 4	8 4 7				
. 1	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING		99 - OTHER / UNKNOWN	8 / 6 5 / 4	8 / 8 / 4				
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMO	OVAL		7 5	7 5				
SPECIAL FUNCTION	A SCHOOL TRANSPORT	9 - BUS - OTHER 10 - AMBULANCE	14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP.	19 - TOWING 20 - SAFETY SERV	ICE		0	•				
ronciio	5 - BUS - TRANSIT/COMMUTER	10 - AIVIDOLAINCE	13 - CONSTRUCTION EQUIP.	PATROL	ICE.			12 12 12				
100	1 - NO CARGO BODY TYPE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DUMP		99 - OTHER / UNKNOWN	12					
1 1	/ NOT APPLICABLE	5 - INTERMODAL	8 - POLE	12 - CONCRETE N	MIXER		. 8.8					
CARGO	2 - BUS 3 - VEHICLE TOWING	CONTAINER CHASSIS 6 - CARGOVAN	9 - CARGO TANK	13 - AUTO TRANS	SPORTER		9 3 9	9 T 3 9 3 3				
BODY	ANOTHER MOTOR VEHICLE	/ENCLOSED BOX	10 - FLAT BED	14 - GARBAGE/RE	FUSE		0	•				
1111	. 1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROU	IBLE	99 - OTHER / UNKNOWN	6	•				
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10 - DISABLED FR				6 6 6				
VEHICL DEFECT	5 - IAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT								
DEFECT	3						X - NO DAMAG	E[0] L- UNDERCARRIAGE [14]				
178.18	1 - INTERSECTION - I MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE	10 - DRIVEWAY A 11 - SHARED USE		99 - OTHER / UNKNOWN	☐- TOP [13]	- ALL AREAS [15]				
NON-	2 - INTERSECTION -	5 - TRAVEL LANE -	8 - SIDEWALK	OR TRAILS								
MOTORIST		6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPO AT INCIDENT			Ц-	UNIT NOT AT SCENE [16]				
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC	15 - WALKING, RI		21 - STANDING OUTSIDE	INITIA	L POINT OF CONTACT				
	2 - NON-COLLISION	2 - BACKING	LANE	JOGGING, PL		DISABLED VEHICLE	0 - NO DAM					
. 3	1 1	3 - CHANGING LANES 4 - OVERTAKING/PASSING	10 - PARKED 11 - SLOWING OR STOPPED	16 - WORKING 17 - PUSHING VE	HICLE	99 - OTHER / UNKNOWN	99 1-12 - REFE					
ACTION	3 - STRIKING PRE-CRASH	5 - MAKING RIGHT TURN	IN TRAFFIC	18 - APPROACHI			DIAG	RAM				
ACTION	4 - STRUCK ACTIONS 5 - BOTH STRIKING	6 - MAKING LEFT TURN	12 - DRIVERLESS	LEAVING VEH	HICLE		13 - TOP	99 - UNKNOWN				
	& STRUCK	7 - MAKING U-TURN 8 - ENTERING TRAFFIC	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING	19 - STANDING 20 - OTHER NON	-MOTORIS	T						
	9 - OTHER / UNKNOWN	LANE	SPECIFIED LOCATION				A TOTAL DESIGNATION OF THE PARTY OF THE PART	TRAFFIC				
	1 - NONE 2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE /ACDA	13 - IMPROPER START FROM A PARKED POSITION	18 - OPERATING I	DEFECTIVE	23 - OPENING DOOR INTO ROADWAY	TRAFFICWAT FLOW	TRAFFIC CONTROL				
	3 - RAN RED LIGHT	9 - IMPROPER LANE	14 - STOPPED OR PARKED	19 - LOAD SHIFTI		99 - OTHER IMPROPER	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN				
99	4 - RAN STOP SIGN	CHANGE	ILLEGALLY	/FALLING/SPI		ACTION	2	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL				
CONTRIBU	TING 6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY	21 - LYING IN RO				3-100nex 0-10 continue				
CIRCUMST	ANCES 7 - LEFT OF CENTER	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NOT DISCER	VIBLE		# OF THROUGH LANES	RAIL GRADE CROSSING				
SEQUEN	CE OF EVENTS				186		ON ROAD	1 - NOT INVLOVED 2 - INVOLVED-ACTIVE CROSSING				
SEQUEN	C. C. LVAVIS		EVENTS				2	3 - INVOLVED-PASSIVE CROSSING				
11 21	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19 - ANIMAL -OT 20 - MOTOR VEH		23 - STRUCK BY FALLING, SHIFTING CARGO OR	7					
	3 - IMMERSION	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	TRANSPORT		ANYTHING SET IN	UNIT / NO	ON-MOTORIST DIRECTION				
2	4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE	21 - PARKED MO VEHICLE	TOR	MOTION BY A MOTOR VEHICLE		1 - NORTH 5 - NORTHWEST				
-	5 - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM	22 - WORK ZONE		24 - OTHER MOVABLE OBJECT		2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST				
21	6 - EQUIPMENT FAILURE	OF TRAVEL	18 - ANIMAL - DEER	MAINTENAN EQUIPMENT	CE		FROM 2 TO	1 4 - WEST 8 - SOUTHWEST				
3		COLLISIO	N WITH FIXED OBJECT -	Secretary of the Control of the Cont				9 - OTHER / UNKNOWN				
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES	45 - EMBANKME 46 - FENCE	NT	52 - BUILDING 53 - TUNNEL	HAUT CREED	DETECTED COSED				
	26 - BRIDGE OVERHEAD	33 - MEDIAN CABLE BARRIER	SUPPORT	47 - MAILBOX		54 - OTHER FIXED	UNIT SPEED	DETECTED SPEED				
51	STRUCTURE	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE	48 - TREE 49 - FIRE HYDRAI	NT	OBJECT 99 - OTHER / UNKNOWN		1 - STATED / ESTIMATED SPEED				
	27 - BRIDGE PIER OR ABUTMENT	35 - MEDIAN CONCRETE	OR SUPPORT	50 - WORK ZONE								
6	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	BARRIER 36 - MEDIAN OTHER BARRIER	42 - CULVERT 43 - CURB	MAINTENAN EQUIPMENT	CE		POSTED SPEED	2 - CALCULATED / EDR				
	30 - GUARDRAIL FACE	37 - TRAFFIC SIGN POST	44 - DITCH	51 - WALL				3 - UNDETERMINED				



FIRST HARMFUL EVENT

MOST HARMFUL EVENT

LOCAL REPORT NUMBER

24MPD1813

UNIT # O	WNER NAME: LAST, FIRST, M	IDDI E / TICAME AC DON'E	ED)	OWNER	PHONE:INCLUDE	AREA CODE (SAME AS DRIVER)	C	AMAGE
	MITTMAN, TIMOTHY,		DIV.				DA	MAGE SCALE
	DRESS: STREET, CITY, STATE, ZIP			-			1 - NONE	3 - FUNCTIONAL DAMAGE
	502, MILLERSBURG,						2 2 - MINOR DAMA	GE 4 - DISABLING DAMAGE
	AL CARRIER: NAME, ADDRESS,			Cor	MMERCIAL CARRIER P	PHONE: INCLUDE AREA CODE	9 -	UNKNOWN
COMMERCIA	AL CARRIER NAME, ADDRESS,	CITI, STATE EIT					DAN	IAGED AREA(S)
In crare)	ICENCE DI ATE #	VEL	HOLE IDENTIFICATION #		VELUCIEVEA	R VEHICLE MAKE	INDICA	TE ALL THAT APPLY
	LICENSE PLATE #		HICLE IDENTIFICATION #		2015	DODGE		42
	HVJ5709 INSURANCE COMPAN		GRR7LG9FS509863 INSURANCE POLICY #	-	COLOR	VEHICLE MODEL	11 12	11 1
INSURAN	ICC		934695788		BLK	RAM	2 2	10
	TYPE OF USE			Tow	ED BY: COMPAN		10 11 2	10 100 2
COMMER	си Пооктингит П	IN EMERGENCY	US DOT#				9 9 3 3	9 9 3 3
		RESPONSE	EHICLE WEIGHT GVWR/GCW	R		OUS MATERIAL	8 4	- 000
DEVICE	HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS.	11 1	MATERIAL CL ELEASED	ASS # PLACARD ID #	8 7 5 4	8 7 7 5 4
EQUIPPE			2 - 10.001 - 26K LBS. 3 - > 26K LBS.		LACARD		7 6 5	12 7 5
	1 - PASSENGER CAR 6 - VAN	(9-15 SEATS)	12 - GOLF CART 18 -	LIMO (LIVE	RY VEHICLE) 2	3 - PEDESTRIAN/SKATER	6 11	12 6
141		TORCYCLE 2-WHEELED	O AA CINICICIINIT			4 - WHEELCHAIR (ANY TYPE)	10	11 1 2
UNIT TYPE	A GROOT LITTLED!	TORCYCLE 3-WHEELED OCYCLE	TRUCK	OTHER VEH		5 - OTHER NON-MOTORIST	-	10 2
ONII TYPE	VEHICLE 10 - MO	OPED OR MOTORIZED	15 - SEMI-TRACTOR	HEAVY EQ		26 - BICYCLE 27 - TRAIN	9	9 3 3
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YCLE	16 - FARM EQUIPMENT			9 - UNKNOWN OR HIT/SKIP	7.	7 8 5 74
14,97	5 - CARGO VAN 11 - AL (ATV/L	L TERRAIN VEHICLE JTV)	17 - MOTORHOME				, <	6
	# OF TRAILING UNITS						11 12 7	6 11 12
	WAS VEHICLE OPERATING IN AU		0 - NO AUTOMATION	3 - CONDIT	IONAL AUTOMATIC	ON 9 - UNKNOWN	12	10 12
	MODE WHEN CRASH OCCURRED	0	1 - DRIVER ASSISTANCE	4 - HIGH AL	UTOMATION		10 11 1	10 11 1
2	1 - YES 2 - NO 9 - OTHER / UI		OMOUS 2 - PARTIAL AUTOMATION	5 - FULL AU	TOMATION		9 9 3 3	9 9 3 3
1000		MODE L				4	8 4	8 4
	1 - NONE 2 - TAXI	6 - BUS - CHARTER/1 7 - BUS - INTERCITY		16 - F	ARM MOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 5 4	8 7 5 4
111	3 - ELECTRONIC RIDE	8 - BUS - SHUTTLE	13 - POLICE		NOW REMOVAL	33 - OTHER / GIVENOWIN	7	7 6
SPECIAL	SHARING	9 - BUS - OTHER	14 - PUBLIC UTILITY	Diame I have	OWING		6	6
FUNCTION	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQU		AFETY SERVICE			
	3-BO3-TRANSII/COMIMOTER			P	ATROL			1 1
1 1 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL			99 - OTHER / UNKNOWN	12	
CARGO	2 - BUS	5 - INTERMODAL CONTAINER CHAS	8 - POLE ASSIS 9 - CARGO TANK		ONCRETE MIXER	D	R A R	
BODY	3 - VEHICLE TOWING	6 - CARGOVAN	10 - FLAT RED		SARBAGE/REFUSE	N.	,000	3 9 3 3
TYPE	ANOTHER MOTOR VEHICLE	/ENCLOSED BOX		100				7
1 1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRE		OTOR TROUBLE	99 - OTHER / UNKNOWN	6	
VEHICLE	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE		CCIDENT	IOR		6 6
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT					- NO DAMAGE	[0] UNDERCARRIAGE [14]
	1 - INTERSECTION -	4 - MIDBLOCK -	7 - SHOULDER/ROADSIDE	10 - D	DRIVEWAY ACCESS	99 - OTHER / UNKNOWN		
	MARKED CROSSWALK	MARKED CROSS	SWALK 8 - SIDEWALK		HARED USE PATHS		☐- TOP [13]	L- ALL AREAS [15]
NON- MOTORIST	2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATIO	ON 9 - MEDIAN/CROSSING		R TRAILS IRST RESPONDER		□- u	NIT NOT AT SCENE [16]
LOCATION	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	ISLAND	A	T INCIDENT SCENE			
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	D 9 - LEAVING TRAFFIC LANE		WALKING, RUNNING OGGING, PLAYING	G, 21 - STANDING OUTSIDE DISABLED VEHICLE	INITIAL	POINT OF CONTACT
	2 - NON-COLLISION	2 - BACKING 3 - CHANGING LANE			WORKING	99 - OTHER / UNKNOWN	0 - NO DAMA	IGE 14 - UNDERCARRIAGE
4	3 - STRIKING	4 - OVERTAKING/PAS	ASSING 11 - SLOWING OR STOPPE		PUSHING VEHICLE		10 1-12 - REFER	
ACTION	4 - STRUCK PRE-CRASH ACTIONS				APPROACHING OR EAVING VEHICLE		DIAGRA	99 - UNKNOWN
	5 - BOTH STRIKING	7 - MAKING U-TURN			TANDING		13 - TOP	
	& STRUCK	8 - ENTERING TRAFF		ING 20 - 0	OTHER NON-MOTO	DRIST	Add Street	TRAFFIC
	9 - OTHER / UNKNOWN 1 - NONE		SPECIFIED LOCATION O CLOSE 13 - IMPROPER START FRO	M 18 - O	PERATING DEFECTI	VE 23 - OPENING DOOR INTO		TRAFFIC CONTROL
	2 - FAILURE TO YIELD	/ACDA	A PARKED POSITION		QUIPMENT	ROADWAY	TRAFFICWAY FLOW 1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
	3 - RAN RED LIGHT	9 - IMPROPER LANE			OAD SHIFTING FALLING/SPILLING	99 - OTHER IMPROPER ACTION	2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
1	4 - RAN STOP SIGN 5 - UNSAFE SPEED	CHANGE 10 - IMPROPER PASS	ILLEGALLY SING 15 - SWERVING TO AVOID		APROPER CROSSIN		2	6 3 - FLASHER 6 - NO CONTROL
CONTRIBUTION	G 6 - IMPROPER TURN	11 - DROVE OFF ROA	AD 16 - WRONG WAY	21 - L'	YING IN ROADWAY			
CIRCUMSTAN	7 - LEFT OF CENTER	12 - IMPROPER BACK	CKING 17 - VISION OBSTRUCTION	N 22 - N	OT DISCERNIBLE		# OF THROUGH LANES ON ROAD	1 - NOT INVLOVED
SEQUENCE	OF EVENTS							2 - INVOLVED-ACTIVE CROSSING
2			EVENTS				2	3 - INVOLVED-PASSIVE CROSSING
1 20	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	7 - SEPARATION OF U 8 - RAN OFF ROAD RI			NIMAL -OTHER MOTOR VEHICLE IN	23 - STRUCK BY FALLING, SHIFTING CARGO OR		
	3 - IMMERSION	9 - RAN OFF ROAD LE	EFT 14 - PEDESTRIAN	Т	RANSPORT	ANYTHING SET IN	UNIT / NO	N-MOTORIST DIRECTION
2	4 - JACKKNIFE	10 - CROSS MEDIAN 11 - CROSS CENTERLI			PARKED MOTOR EHICLE	MOTION BY A MOTOR VEHICLE		1 - NORTH 5 - NORTHEAST
	J 5 - CARGO / EQUIPMENT LOSS OR SHIFT	OPPOSITE DIRECT		22 - V	VORK ZONE	24 - OTHER MOVABLE OBJECT		2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST
3	6 - EQUIPMENT FAILURE	OF TRAVEL	18 - ANIMAL - DEER		QUIPMENT		FROM 2 TO 1	4 - WEST 8 - SOUTHWEST
-		cc	OLLISION WITH FIXED OBJECT		processor and a final community of a state of			9 - OTHER / UNKNOWN
4	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	38 - OVERHEAD SIGN POS	ST 45 - E	MBANKMENT ENCE	52 - BUILDING 53 - TUNNEL		DETECTED COSTS
	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRI 33 - MEDIAN CABLE 8		47 - N	MAILBOX	54 - OTHER FIXED	UNIT SPEED	DETECTED SPEED
5	STRUCTURE	34 - MEDIAN GUARDI		48 - T 49 - F	REE IRE HYDRANT	OBJECT 99 - OTHER / UNKNOWN		1 - STATED / ESTIMATED SPEED
	27 - BRIDGE PIER OR ABUTMENT	BARRIER 35 - MEDIAN CONCRI	41 - OTHER POST, POLE OR SUPPORT	50 - V	WORK ZONE			
6	28 - BRIDGE PARAPET	BARRIER	42 - CULVERT		QUIPMENT		POSTED SPEED	2 - CALCULATED / EDR
	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER I 37 - TRAFFIC SIGN PO		51 - 1			TOSTED SPEED	2 - LINDSTEDMINED
								3 - UNDETERMINED

OF PUBLIC	MOTORIST / NON-MOTORIST								24MPD1813								
UNIT #		NAME: LAST, FIRST, MIDDLE														GENDE	
1	BOLES, CA	ASSIDY, ALISA								08/04/1995 29 F						F	
ADDRESS:	STREET, CITY,							-		CONT	ACT PHO	NE - INC	CLUDE AR	REA CODE			
		EW PHILADELPHIA, OH, 4	4663							330-	407-10	25					
INJURIES		EMS AGENCY (NAME)		INJURED T	AKEN TO: M	EDICAL FACILITY (NAMI	crry)	SAF	FETY EQUIPMENT ED		T-COMPLIA	NT POS	ATING	AIR BA	G USAGE	EJECTION	TRAPP
5	BY 1	ICENICE NUMBER		OFFERIG	F CHARGE	-	LOCAL	10	FFENSE DESCRI		HELMET		1	CITA	TION NU	1 IMPER	1
	TW76876	LICENSE NUMBER 3		OFFENS	E CHARGI	ED	CODE	1	FFENSE DESCRI	PHON				CITA	ION NO	JWIDER	
OL CLASS	ENDORSEME	NT RESTRICTION SELECT UP TO 3	The second second			OL / DRUG SUSF			CONDITION	A	TYPE	L TEST		STATUS	TYPE	TEST(70 C (A.1)
4	ВУ		TRACTED 1	OTHER		JUANA		1	1	1	·	OE.	1	1	RESOLIS	SELECT OF	
UNIT #	NAME: LAS	T, FIRST, MIDDLE										DATE OF	BIRTH		T	AGE	GEND
ADDRESS:	STREET, CITY,	STATE, ZIP						_		CONT	ACT PHO	ONE - IN	CLUDE AF	REA CODE			
								_						_			1
INJURIES	S INJURED EMS AGENCY (NAME) TAKEN BY			INJURED T	must be a second of the second			US	FETY EQUIPMENT SED	DOT-COMPLIANT POSITION MC HELMET				AIR BA	G USAGE	EJECTION	TRAF
OL STATE	E OPERATOR LICENSE NUMBER			OFFENS	E CHARG	ED	LOCAL	0	FFENSE DESCRI	PTION	CI				CITATION NUMBER		
OL CLASS	S ENDORSEMENT RESTRICTION SELECT UP TO 3			VER	ALCOH	IOL / DRUG SUSI	PECTED	+	CONDITION	A	LCOHOL TEST			DRUG TEST(S)			
			DIS	TRACTED		HOL MAR	JUANA			STATUS	TYPE	VAL	UE	STATUS	TYPE	RESULTS	SELECT UP
UNIT #								_				DATE OF	BIRTH			AGE	GENI
A DODDESS.	STREET CITY	CTATE ZID								CONT	TACT PHO	ONE IN	CHIDE A	DEA CODE			
ADDRESS:	STREET, CITY,	STATE, ZIP								CON	ACI PRO	DINE - IN	CLUDE A	REA CODE			
INJURIES	INJURED EMS AGENCY (NAME) TAKEN BY INJURED TAKEN T			TAKEN TO: N	MEDICAL FACILITY (NAM	E, CITY)		AFETY EQUIPMENT SED	DOT-COMPLIANT POSITION MC HELMET			AIR BA	IG USAGE	EJECTIO	TRAI		
OL STATE	OPERATOR	LICENSE NUMBER		OFFENSE CHARGED LOCAL CODE				OFFENSE DESCRI	IPTION				CITA	CITATION NUMBER			
OL CLASS	ENDORSEMI	ENT RESTRICTION SELECT UP TO 3		IVER		OL / DRUG SUS		+	CONDITION	A	ССОН	DL TEST	T	4	DRUC	G TEST(S)
			DIS	TRACTED	=	HOL MAR	JUANA	1		STATUS	TYPE	VAL	.UE	STATUS	TYPE	RESULTS	SELECT U
INJ	URIES	SEATING POSITION		AIR BAC	5	OL CL	ASS	h	OL RESTRIC	TION(S	DR	IVER D	STRA	CTION	T	EST ST	ATUS
- NOT TRAN	MINOR NJURY ENT INJURY TAKEN B	9 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	2 - DEPLO 3 - DEPLO 4 - DEPLO FRONT 5 - NOT A 9 - DEPLO 1 - NOT E 2 - PARTIA 3 - TOTAL	EJECTIO DECTED ALLY EJECTED LLY EJECTED	N ED	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CL (OHIO = D) 5 - M/C MOPEL 6 - NO VALID C OL ENDOR H - HAZMAT	ONLY	2 3 4 5 6 7 8	- ALCOHOL INTER DEVICE - CDL INTRASTATI - CORRECTIVE LEN - FARM WAIVER - EXCEPT CLASS A & CLASS B BUS - EXCEPT TRACTO - INTERMEDIATE IN	E ONLY NSES BUS PR-TRAILE LICENSE	2 - M EL C 3 - T C 8 - T 5 - C 6 - F 7 - C	COMMUNICAL	CATION I CYPING, IN HAND CATION I IN HAND CATION I FIVITY WI C DEVICE R TRACTIO	S-FREE DEVICE DEVICE DEVICE ITH AN	2 - TES 3 - TES COM / UM 4 - TES RES 5 - TES RES 1 - NOM 2 - BLO	OD	ED SAM
POLICE OF TROCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO		1 - NOT T	TRAPPED M - MOTORCYCLE P - PASSENGER			17	12 - LIMITED - OTHER			8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN			3 - URINE 4 - BREATH 5 - OTHER				
- OTHER / UNKNOWN		MECHA 3 - FREED	2 - EXTRICATED BY N - TANKER MECHANICAL MEANS Q - MOTOR SCOOTER			1	(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY			CONDITION 1 - APPARENTLY NORMAL			DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE				
SHOULDER BELT ONLY 14 - RIDING ON VEHICLE USED EXTERIOR LAP BELT ONLY USED (NON-TRAILING UNIT)		MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE			S	15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR			ES 3 - EMOTIONAL (E.G., RAKES DEPRESSED, ANGRY, DISTURBED)				4 - OTHER DRUG TEST RESUL				
SHOULDER USED	& LAP BELT	15 - NON-MOTORIST 99 - OTHER / UNKNOWN	NON-MOTORIST		T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT			17 - PROSTHETIC A 18 - OTHER		4 - ILLI 5 - FEL		ELL ASLEE ATIGUED,	ETC.		2 - BAR 3 - BEN	PHETAMIN BITURATES IZODIAZEP	INES
- FORWARD CHILD REST - REAR FACT BOOSTER S HELMET US PROTECTIV	D FACING TRAINT SYSTEM SING SEAT	^				F - FEMALE M - MALE U - OTHER / UN					N A	JNDER THE MEDICATION ALCOHOL OTHER / UI	NS / DR	UGS /	5 - COC 6 - OPI/ 7 - OTH	ATES / OPI	OIDS

OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER 24MPD1813						
UNIT #	NAME: LA	ST, FIRST, MIDDLE	DA	TE OF BIRTH AGE GENDE										
ADDRESS: STREET, CITY, STATE, ZIP								E - INCLUDE AF	REA CODE					
							CONTACT FROM	- INCLUDE AF	CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (I	NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED			
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AR	REA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (I	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED				
UNIT #	NAME: LA	ST, FIRST, MIDDLE				DA	TE OF BIRTH		AGE	GENDER				
ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE AR	REA CODE					
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (I	NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED			
UNIT #	NAME: LA	ST, FIRST, MIDDLE					MC HELMET DA	TE OF BIRTH		AGE	GENDER			
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE	- INCLUDE AS	REA CODE					
	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (I	NAME, CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USAG	E EJECTION	TRAPPED			
IIIOKIES	TAKEN BY	EWIS AGENCY (NAME)		THE THE TAKE THE THE THE THE THE THE THE THE THE TH	enit, city		MC HELMET	POSITION	AIN DAG GANG		HOLITED			
	IN.	JURIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
1 - FAT	AL		1 - NONE			NT - LEFT SIDE TORCYCLE DRIVE		1 - NOT	DEPLOYED					
2 - SUS	PECTED S	SERIOUS INJURY		E OCCUPANT	2 - DEPLOYED FRONT									
3 - SUS	PECTED N	MINOR INJURY		DER BELT ONLY USED T ONLY USED	NT - RIGHT SIDE	3 - DEPLOYED SIDE								
	SIBLE INJ			DER & LAP BELT USED	ND - LEFT SIDE	4 - DEPLOYED BOTH								
5 - NO	APPAREN	IT INJURY		RESTRAINT SYSTEM -		ORCYCLE PASSE OND - MIDDLE	NGER)	FRONT/SIDE						
	INJURE	D TAKEN BY		ARD FACING		ND - RIGHT SID	5 - NOT APPLICABLE 9 - DEPLOYMENT LINKNOWN							
1 - NOT		ORTED /		RESTRAINT SYSTEM -		D - LEFT SIDE	9 - DEPLOYMENT UNKNOWN							
TREA	ATED AT	SCENE	REAR F	ACING	ORCYCLE SIDE O D - MIDDLE	CAR)		EJECTIO	NC					
2 - EMS			7 - BOOST	ER SEAT		D - RIGHT SIDE	1 - NOT EJECTED							
3 - POLICE 8 - HELME					EPER SECTION O			ALLY EJECTED						
			TIVE PADS USED		SENGER IN OTH									
GENDER (ELBOWS, KNEES 10 - REFLECTIVE CLC					SUC	CH AS A BUS, PICK-U	P WITH CAP)	VITH CAP)						
F - FEMALE 11 - LIGHTING - PEDESTRIAN						SENGER IN UNE	ENCLOSED	ED						
M - MALE / BICYCLE ONLY						ILING UNIT								
U - OTHER / UNKNOWN 1- 1- 1- 1- 1- 1- 1- 1- 1- 1					ING ON VEHICLE	E EXTERIOR 2 - EXTRICATED BY MECHANICAL MEANS								
				15 - NOI	N-TRAILING UNIT) N-MOTORIST		3 - FREE							
NAME: LA	ST, FIRST, M	IDDLE			99 - 011	HER / UNKNOWN		TE OF BIRTH	-MECHANIC	AGE	GENDER			
				1			1.1.2							
ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	E - INCLUDE AF	REA CODE					
COLUMN TO STREET, ST.							The state of the s				NAME AND ADDRESS OF THE OWNER, TH			
NAME: LA	ST, FIRST, M	IDDLE					DA	TE OF BIRTH		AGE	GENDER			
		IDDLE TY, STATE, ZIP					CONTACT PHONE		REA CODE	AGE	GENDER			
ADDRESS:		Y, STATE, ZIP					CONTACT PHONE		REA CODE	AGE	GENDER			