



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

25MPD0492

☒ PHOTOS TAKEN

☐ OH -2 ☐ OH -3

LOCAL INFORMATION 25MPD0492

☐ SECONDARY CRASH

☐ OH-1P ☐ OTHER

REPORTING AGENCY NAME \*

NCIC \*

HIT/SKIP

NUMBER OF UNITS

UNIT IN ERROR

☐ PRIVATE PROPERTY

Millersburg

03801

1 - SOLVED  
2 - UNSOLVED

2

1 98 - ANIMAL  
99 - UNKNOWN

COUNTY\*  
38

LOCALITY\*  
1 - CITY  
2 - VILLAGE  
3 - TOWNSHIP  
2

LOCATION: CITY, VILLAGE, TOWNSHIP\*  
Millersburg

CRASH DATE / TIME\*  
03/31/2025 14:37

CRASH SEVERITY  
1 - FATAL  
2 - SERIOUS INJURY  
3 - MINOR INJURY  
4 - INJURY POSSIBLE  
5 - PROPERTY DAMAGE ONLY  
5

ROUTE TYPE  
LOCATION

ROUTE NUMBER

PREFIX 1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
3

LOCATION ROAD NAME  
Jackson

ROAD TYPE  
ST

LATITUDE DECIMAL DEGREES  
40.554169

ROUTE TYPE  
REFERENCE

ROUTE NUMBER

PREFIX 1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
3

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
80 Jackson

ROAD TYPE

LONGITUDE DECIMAL DEGREES  
-81.916780

REFERENCE POINT  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE #  
3

DIRECTION FROM REFERENCE  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

ROUTE TYPE  
IR - INTERSTATE ROUTE (TP)  
US - FEDERAL US ROUTE  
SR - STATE ROUTE  
CR - NUMBERED COUNTY ROUTE  
TR - NUMBERED TOWNSHIP ROUTE

ROAD TYPE  
AL - ALLEY  
AV - AVENUE  
BL - BOULEVARD  
CR - CIRCLE  
CT - COURT  
DR - DRIVE  
HE - HEIGHTS  
HW - HIGHWAY  
LA - LANE  
MP - MILEPOST  
OV - OVAL  
PK - PARKWAY  
PI - PIKE  
PL - PLACE  
RD - ROAD  
SQ - SQUARE  
ST - STREET  
TE - TERRACE  
TL - TRAIL  
WA - WAY

INTERSECTION RELATED  
☒ WITHIN INTERSECTION OR ON APPROACH  
☐ WITHIN INTERCHANGE AREA

NUMBER OF APPROACHES  
4

DISTANCE FROM REFERENCE

DISTANCE UNIT OF MEASURE  
1 - MILES  
2 - FEET  
3 - YARDS

ROUTE TYPE

ROAD TYPE

ROADWAY  
☐ ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT  
1 - ON ROADWAY  
2 - ON SHOULDER  
3 - IN MEDIAN  
4 - ON ROADSIDE  
5 - ON GORE  
6 - OUTSIDE TRAFFIC WAY  
7 - ON RAMP  
8 - OFF RAMP  
9 - CROSSOVER  
10 - DRIVEWAY/ALLEY ACCESS  
11 - RAILWAY GRADE CROSSING  
12 - SHARED USE PATHS OR TRAILS  
13 - BIKE LANE  
14 - TOLL BOOTH  
99 - OTHER / UNKNOWN  
1

MANNER OF CRASH COLLISION/IMPACT  
1 - NOT COLLISION  
2 - REAR-END  
3 - HEAD-ON  
4 - REAR-TO-REAR  
5 - BACKING  
6 - ANGLE  
7 - SIDESWIPE, SAME DIRECTION  
8 - SIDESWIPE, OPPOSITE DIRECTION  
9 - OTHER / UNKNOWN  
7

DIRECTION OF TRAVEL  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

MEDIAN TYPE  
1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
2 - DIVIDED FLUSH MEDIAN (≥4 FEET)  
3 - DIVIDED, DEPRESSED MEDIAN  
4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
9 - OTHER / UNKNOWN

☐ WORK ZONE RELATED  
☐ WORKERS PRESENT  
☐ LAW ENFORCEMENT PRESENT  
☐ ACTIVE SCHOOL ZONE

WORK ZONE TYPE  
1 - LANE CLOSURE  
2 - LANE SHIFT / CROSSOVER  
3 - WORK ON SHOULDER OR MEDIAN  
4 - INTERMITTENT OR MOVING WORK  
5 - OTHER

LOCATION OF CRASH IN WORK ZONE  
1 - BEFORE THE 1ST WORK ZONE WARNING SIGN  
2 - ADVANCE WARNING AREA  
3 - TRANSITION AREA  
4 - ACTIVITY AREA  
5 - TERMINATION AREA

CONTOUR  
1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL  
4 - CURVE GRADE  
9 - OTHER / UNKNOWN

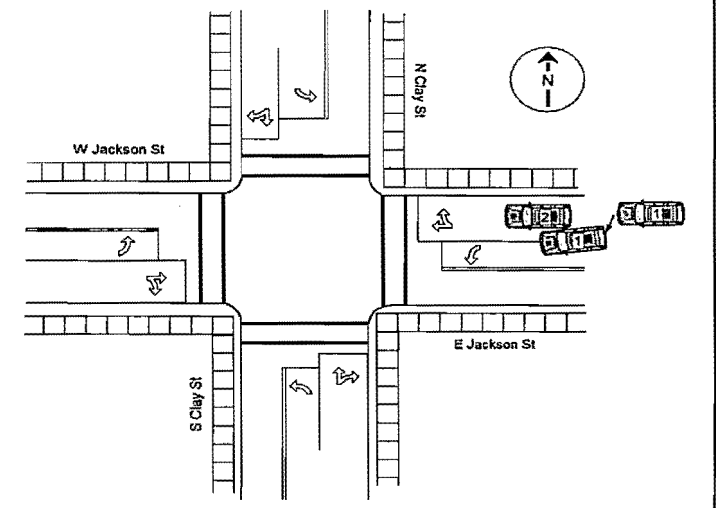
CONDITIONS  
1 - DRY  
2 - WET  
3 - SNOW  
4 - ICE  
5 - SAND, MUD, DIRT, OIL, GRAVEL  
6 - WATER (STANDING, MOVING)  
7 - SLUSH  
9 - OTHER / UNKNOWN

SURFACE  
1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK  
4 - SLAG, GRAVEL, STONE  
5 - DIRT  
9 - OTHER / UNKNOWN

LIGHT CONDITION  
1 - DAYLIGHT  
2 - DAWN/DUSK  
3 - DARK - LIGHTED ROADWAY  
4 - DARK - ROADWAY NOT LIGHTED  
5 - DARK - UNKNOWN ROADWAY LIGHTING  
9 - OTHER / UNKNOWN  
1

WEATHER  
1 - CLEAR  
2 - CLOUDY  
3 - FOG, SMOG, SMOKE  
4 - RAIN  
5 - SLEET, HAIL  
6 - SNOW  
7 - SEVERE CROSSWINDS  
8 - BLOWING SAND, SOIL, DIRT, SNOW  
9 - FREEZING RAIN OR FREEZING DRIZZLE  
99 - OTHER / UNKNOWN  
2

NARRATIVE  
Unit #2 was stopped in traffic West bound on E. Jackson St. when Unit #1 attempted to enter turn lane striking Unit #2 in drivers side rear of vehicle causing minor damage to both vehicles



|  |                          |  |                                 |  |                                |   |   |   |  |
|--|--------------------------|--|---------------------------------|--|--------------------------------|---|---|---|--|
| CRASH REPORTED DATE / TIME<br>03/31/2025 14:37 |                          | DISPATCH DATE / TIME<br>03/31/2025 14:40 |                                 | ARRIVAL DATE / TIME<br>03/31/2025 14:42        |                                | SCENE CLEARED DATE / TIME<br>03/31/2025 14:59 |   | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |  |
| TOTAL TIME ROADWAY CLOSED                      | OTHER INVESTIGATION TIME | TOTAL MINUTES                            | OFFICER'S NAME*<br>Lay, Jeffrey | CHECKED BY OFFICER'S NAME*<br>Chet [Signature] | OFFICER'S BADGE NUMBER*<br>109 | CHECKED BY OFFICER'S BADGE NUMBER*<br>100     | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs) |   |  |

|  |  |   |
|--|--|---|
| UNIT #   | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) |
| 1  | BRADFORD, CONNIE, M                                | 740-272-2243                                      |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) |  |   |
| 3261 MILLER PAUL RD, GALENA, OH, 43021                     |  |   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP        |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE       |

|            |                   |                          |              |               |
|------------|-------------------|--------------------------|--------------|---------------|
| LP STATE   | LICENSE PLATE #   | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE  |
| OH         | JDC6440           | 3GNAXKEV6KS649059        | 2019         | CHEVROLET     |
| INSURANCE  | INSURANCE COMPANY | INSURANCE POLICY #       | COLOR        | VEHICLE MODEL |
| ☑ VERIFIED | UTICA MUTUAL      | 5173246                  | GRY          | EQUINOX       |

|  |  |  |
|--|--|--|
| TYPE OF USE  | US DOT #   | TOWED BY: COMPANY NAME   |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  |  |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                              | VEHICLE WEIGHT GVWR/GCWR                                 | HAZARDOUS MATERIAL   |
|  | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - > 26K LBS. | <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD |

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

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

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

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

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

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

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

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

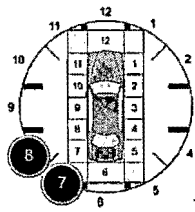
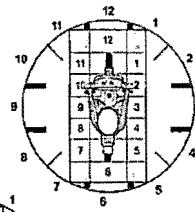
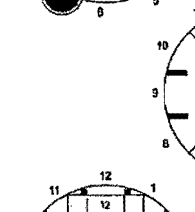
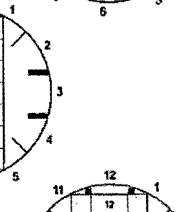
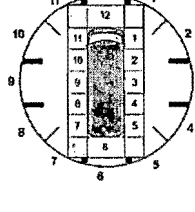
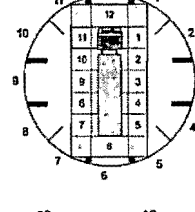
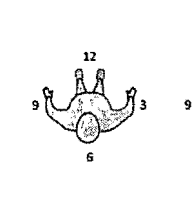
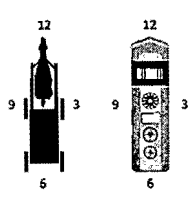
|                    |   |   |   |   |  |
|--------------------|---|---|---|---|--|
| SEQUENCE OF EVENTS | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE | 7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT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

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

|                     |   |                    |   |
|---------------------|---|--------------------|---|
| FIRST HARMFUL EVENT | 1 | MOST HARMFUL EVENT | 1 |
|---------------------|---|--------------------|---|

|  |   |
|--|---|
| LOCAL REPORT NUMBER  | 25MPD0492   |
| DAMAGE   | DAMAGE SCALE  |
|  | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN  |
| DAMAGED AREA(S)  | INDICATE ALL THAT APPLY   |
|  |   |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]<br><input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15]<br><input type="checkbox"/> UNIT NOT AT SCENE [16] |   |
| INITIAL POINT OF CONTACT   | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN              |
| TRAFFIC  | TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY<br>2  |
|  | TRAFFIC CONTROL<br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL                       |
| # OF THROUGH LANES ON ROAD   | 2   |
| RAIL GRADE CROSSING  | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN |
| UNIT SPEED   | 10  |
| POSTED SPEED   | 25  |
| DETECTED SPEED   | 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED  |

|   |   |  |  |   |               |
|---|---|--|--|---|---------------|
| OWNER   | UNIT #  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )  |  | OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )  |               |
|   | 2   | DUFF, MELISSA, D   |  | 330-231-5061  |               |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) |   |  |  |   |               |
| 9379 CR 292, MILLERSBURG, OH, 44654   |   |  |  |   |               |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                 |   |  |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                 |               |
|   |   |  |  |   |               |
| VEHICLE   | LP STATE  | LICENSE PLATE #  | VEHICLE IDENTIFICATION #                       | VEHICLE YEAR  | VEHICLE MAKE  |
|   | OH  | HNVS112  | 1FM5K8D85JGB63939                              | 2018  | FORD          |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY  | INSURANCE POLICY #                             | COLOR   | VEHICLE MODEL |
|   |   | STATE FARM   | Z8014655FP35                                   | SIL   | EXPLORER      |
|   | TYPE OF USE   |  | US DOT #                                       | TOWED BY: COMPANY NAME  |               |
|   | <input type="checkbox"/> COMMERCIAL   | <input type="checkbox"/> GOVERNMENT  | <input type="checkbox"/> IN EMERGENCY RESPONSE |   |               |
|   | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED  | <input type="checkbox"/> HIT/SKIP UNIT   | # OCCUPANTS                                    | HAZARDOUS MATERIAL  |               |
|   |   |  |  | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |               |
|   | VEHICLE WEIGHT GVWR/GCWR  |  |  |   |               |
|   | 1 - ≤ 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - > 26K LBS.   |  |  |   |               |
| EVENTS  | UNIT TYPE   | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |  |   |               |
|   | 3   |  |  |   |               |
|   | # OF TRAILING UNITS   |  |  |   |               |
|   | 2   |  |  |   |               |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?   | 0 - NO AUTONOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTONOMATION<br>3 - CONDITIONAL AUTONOMATION<br>4 - HIGH AUTONOMATION<br>5 - FULL AUTONOMATION<br>9 - UNKNOWN  |  |   |               |
|   | 2   |  |  |   |               |
|   | SPECIAL FUNCTION  | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP.<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN  |  |   |               |
|   | 1   |  |  |   |               |
|   | CARGO BODY TYPE   | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN / ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN  |  |   |               |
|   | 1   |  |  |   |               |
| VEHICLE DEFECTS   | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN  |  |  |   |               |
| 1   |   |  |  |   |               |
| NON-MOTORIST LOCATION   | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN   |  |  |   |               |
| 4   |   |  |  |   |               |
| ACTION  | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>11 - PRE-CRASH ACTIONS   |  |  |   |               |
| 1   |   |  |  |   |               |
| CONTRIBUTING CIRCUMSTANCES  | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE /ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING /FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION |  |  |   |               |
| 1   |   |  |  |   |               |
| SEQUENCE OF EVENTS  |   |  |  |   |               |
| 1   | 20  |  |  |   |               |
| 2   | 1   |  |  |   |               |
| 3   | 1   |  |  |   |               |
| 4   | 1   |  |  |   |               |
| 5   | 1   |  |  |   |               |
| 6   | 1   |  |  |   |               |
| 1   | 1   |  |  |   |               |
| EVENTS  |   |  |  |   |               |
| 1   | 20  |  |  |   |               |
| 2   | 1   |  |  |   |               |
| 3   | 1   |  |  |   |               |
| 4   | 1   |  |  |   |               |
| 5   | 1   |  |  |   |               |
| 6   | 1   |  |  |   |               |
| 1   | 1   |  |  |   |               |
| COLLISION WITH FIXED OBJECT - STRUCK  |   |  |  |   |               |
| 1   | 1   |  |  |   |               |
| 2   | 1   |  |  |   |               |
| 3   | 1   |  |  |   |               |
| 4   | 1   |  |  |   |               |
| 5   | 1   |  |  |   |               |
| 6   | 1   |  |  |   |               |
| 1   | 1   |  |  |   |               |
| FIRST HARMFUL EVENT   |   |  |  |   |               |
| 1   | 1   |  |  |   |               |
| MOST HARMFUL EVENT  |   |  |  |   |               |
| 1   | 1   |  |  |   |               |

|   |  |
|---|--|
| LOCAL REPORT NUMBER   |  |
| 25MPD0492   |  |
| DAMAGE  |  |
| DAMAGE SCALE  |  |
| 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN  |  |
| 2   |  |
| DAMAGED AREA(S)   |  |
| INDICATE ALL THAT APPLY   |  |
|         |  |
| <input type="checkbox"/> - NO DAMAGE [ 0 ]<br><input type="checkbox"/> - TOP [ 13 ]<br><input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]  |  |
| INITIAL POINT OF CONTACT  |  |
| 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN  |  |
| 6   |  |
| TRAFFIC   |  |
| TRAFFICWAY FLOW   | TRAFFIC CONTROL  |
| 1 - ONE-WAY<br>2 - TWO-WAY  | 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| 2   | 2  |
| # OF THROUGH LANES ON ROAD  | RAIL GRADE CROSSING  |
| 2   | 1  |
| UNIT / NON-MOTORIST DIRECTION   |  |
| 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN   |  |
| FROM 3 TO 4   |  |
| UNIT SPEED  | DETECTED SPEED   |
| 0   | 1 - STATED / ESTIMATED SPEED   |
| POSTED SPEED  | 2 - CALCULATED / EDR<br>3 - UNDETERMINED   |
| 25  | 1  |



# MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER<br>25MPD0492  |  |                                 |  |  |   |  |  |                    |   |              |
|---|--|---------------------------------|--|--|---|--|--|--------------------|---|--------------|
| UNIT #<br>1   | NAME: LAST, FIRST, MIDDLE<br>BRADFORD, CONNIE, M |                                 |  |  | DATE OF BIRTH<br>01/23/1959                       |  | AGE<br>66                                  | GENDER<br>F        |   |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3261 MILLER PAUL RD, GALENA, OH, 43021 |  |                                 |  |  | CONTACT PHONE - INCLUDE AREA CODE<br>740-272-2243 |  |  |                    |   |              |
| 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>RG277389              |                                 | 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<br>1 1 . |                    | DRUG TEST(S)<br>STATUS TYPE RESULTS SELECT UP TO 4<br>1 1 |              |
| UNIT #<br>2   | NAME: LAST, FIRST, MIDDLE<br>DUFF, MELISSA, D    |                                 |  |  | DATE OF BIRTH<br>07/29/1976                       |  | AGE<br>48                                  | GENDER<br>F        |   |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>9379 CR 292, MILLERSBURG, OH, 44654    |  |                                 |  |  | CONTACT PHONE - INCLUDE AREA CODE<br>330-231-5061 |  |  |                    |   |              |
| 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>RS124389              |                                 | 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<br>1 1 . |                    | DRUG TEST(S)<br>STATUS TYPE RESULTS SELECT UP TO 4<br>1 1 |              |
| 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  | OFFENSE DESCRIPTION                              |  | CITATION NUMBER    |   |              |
| OL CLASS  | ENDORSEMENT                                      | RESTRICTION SELECT UP TO 3      | DRIVER DISTRACTED BY                           | ALCOHOL / DRUG SUSPECTED   |   | CONDITION  | ALCOHOL TEST                               |                    | DRUG TEST(S)  |              |
| INJURIES  |  |                                 |  |  |   |  |  |                    |   |              |
| SEATING POSITION  |  |                                 |  |  |   |  |  |                    |   |              |
| AIR BAG   |  |                                 |  |  |   |  |  |                    |   |              |
| OL CLASS  |  |                                 |  |  |   |  |  |                    |   |              |
| OL RESTRICTION(S)   |  |                                 |  |  |   |  |  |                    |   |              |
| DRIVER DISTRACTION  |  |                                 |  |  |   |  |  |                    |   |              |
| TEST STATUS   |  |                                 |  |  |   |  |  |                    |   |              |
| INJURIES TAKEN BY   |  |                                 |  |  |   |  |  |                    |   |              |
| SAFETY EQUIPMENT  |  |                                 |  |  |   |  |  |                    |   |              |
| EJECTION  |  |                                 |  |  |   |  |  |                    |   |              |
| TRAPPED   |  |                                 |  |  |   |  |  |                    |   |              |
| OL ENDORSEMENT  |  |                                 |  |  |   |  |  |                    |   |              |
| CONDITION   |  |                                 |  |  |   |  |  |                    |   |              |
| ALCOHOL TEST TYPE   |  |                                 |  |  |   |  |  |                    |   |              |
| DRUG TEST TYPE  |  |                                 |  |  |   |  |  |                    |   |              |
| DRUG TEST RESULT(S)   |  |                                 |  |  |   |  |  |                    |   |              |
| GENDER  |  |                                 |  |  |   |  |  |                    |   |              |