

|   |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |   |  |
|---|--|--|--|--|--|--|--|---|---|--|--|--|--|--|--|---|--|---|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY  |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER  |  | <b>LOCAL INFORMATION</b><br>REPORTING AGENCY NAME*<br>Mt Vernon Police Department  |  | NCIC*<br>04201   |  | M-P2304108  |   | HIT/SKIP<br><input type="checkbox"/> 1 - SOLVED<br><input type="checkbox"/> 2 - UNSOLVED   |  | NUMBER OF UNITS<br>2   |  | UNIT IN ERROR<br><input type="checkbox"/> 1 98 - ANIMAL<br><input type="checkbox"/> 99 - UNKNOWN   |  |   |  |   |  |
| COUNTY*<br>42   |  | LOCALITY*<br><input type="checkbox"/> 1 - CITY<br><input type="checkbox"/> 2 - VILLAGE<br><input type="checkbox"/> 3 - TOWNSHIP  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Mount Vernon   |  | CRASH DATE/TIME*<br>11/30/2023 08:34   |  | CRASH SEVERITY<br><input type="checkbox"/> 1 - FATAL<br><input type="checkbox"/> 2 - SERIOUS INJURY SUSPECTED<br><input type="checkbox"/> 3 - MINOR INJURY SUSPECTED<br><input type="checkbox"/> 4 - INJURY POSSIBLE<br><input type="checkbox"/> 5 - PROPERTY DAMAGE ONLY   |   |  |  |  |  |  |  |   |  |   |  |
| <b>LOCATION</b><br>ROUTE TYPE<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   |  | ROUTE NUMBER<br><input type="checkbox"/> 1   |  | PREFIX<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   |  | LOCATION ROAD NAME<br>MULBERRY   |  | ROAD TYPE<br>ST   |   | LATITUDE<br>40.400156  |  |  |  |  |  |   |  |   |  |
| <b>REFERENCE</b><br>ROUTE TYPE<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  |  | ROUTE NUMBER<br><input type="checkbox"/> 4   |  | PREFIX<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>CURTIS  |  | ROAD TYPE<br>ST   |   | LONGITUDE<br>-82.476162  |  |  |  |  |  |   |  |   |  |
| REFERENCE POINT<br><input type="checkbox"/> 1 - INTERSECTION<br><input type="checkbox"/> 2 - MILE POST<br><input type="checkbox"/> 3 - HOUSE #  |  | DIRECTION FROM REFERENCE<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 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  |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS  |  | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE  |   | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY  |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  |  |  |   |  |   |  |
| DISTANCE FROM REFERENCE<br><input type="checkbox"/> 1 - MILES<br><input type="checkbox"/> 2 - FEET<br><input type="checkbox"/> 3 - YARDS  |  | DIRECTION FROM REFERENCE<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 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  |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS  |  | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE  |   | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY  |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  |  |  |   |  |   |  |
| LOCATION OF FIRST HARMFUL EVENT<br><input type="checkbox"/> 1 - ON ROADWAY<br><input type="checkbox"/> 2 - ON SHOULDER<br><input type="checkbox"/> 3 - IN MEDIAN<br><input type="checkbox"/> 4 - ON ROADSIDE<br><input type="checkbox"/> 5 - ON GORE<br><input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY<br><input type="checkbox"/> 7 - ON RAMP<br><input type="checkbox"/> 8 - OFF RAMP |  | DIRECTION FROM REFERENCE<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 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  |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS  |  | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE  |   | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY  |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  | MANNER OF CRASH COLLISION/IMPACT<br><input type="checkbox"/> 1 - NOT COLLISION<br><input type="checkbox"/> 2 - REAR-END<br><input type="checkbox"/> 3 - HEAD-ON<br><input type="checkbox"/> 4 - REAR-TO-REAR<br><input type="checkbox"/> 5 - BACKING<br><input type="checkbox"/> 6 - ANGLE<br><input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION<br><input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION<br><input type="checkbox"/> 9 - OTHER/UNKNOWN |  | DIRECTION OF TRAVEL<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST |  | MEDIAN TYPE<br><input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br><input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br><input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN<br><input type="checkbox"/> 4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br><input type="checkbox"/> 9 - OTHER/UNKNOWN |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |  | WORK ZONE TYPE<br><input type="checkbox"/> 1 - LANE CLOSURE<br><input type="checkbox"/> 2 - LANE SHFT/CROSSOVER<br><input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN<br><input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK<br><input type="checkbox"/> 5 - OTHER |  | LOCATION OF CRASH IN WORK ZONE<br><input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA<br><input type="checkbox"/> 3 - TRANSITION AREA<br><input type="checkbox"/> 4 - ACTIVITY AREA<br><input type="checkbox"/> 5 - TERMINATION AREA |  | CONTOUR<br><input type="checkbox"/> 2  |  | CONDITIONS<br><input type="checkbox"/> 1  |   | SURFACE<br><input type="checkbox"/> 2  |  |  |  |  |  |   |  |   |  |
| LIGHT CONDITION<br><input type="checkbox"/> 1 - DAYLIGHT<br><input type="checkbox"/> 2 - DAWN/DUSK<br><input type="checkbox"/> 3 - DARK - LIGHTED ROADWAY<br><input type="checkbox"/> 4 - DARK - ROADWAY NOT LIGHTED<br><input type="checkbox"/> 5 - DARK - UNKNOWN ROADWAY LIGHTING<br><input type="checkbox"/> 9 - OTHER/UNKNOWN  |  | WEATHER<br><input type="checkbox"/> 1 - CLEAR<br><input type="checkbox"/> 2 - CLOUDY<br><input type="checkbox"/> 3 - FOG, SMOG, SMOKE<br><input type="checkbox"/> 4 - RAIN<br><input type="checkbox"/> 5 - SLEET, HAIL   |  | WEATHER<br><input type="checkbox"/> 6 - SNOW<br><input type="checkbox"/> 7 - SEVERE CROSSWINDS<br><input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW<br><input type="checkbox"/> 9 - FREEZING RAIN OR FREEZING DRIZZLE<br><input type="checkbox"/> 99 - OTHER/UNKNOWN                           |  | CONTOUR<br><input type="checkbox"/> 1 - STRAIGHT LEVEL<br><input type="checkbox"/> 2 - STRAIGHT GRADE<br><input type="checkbox"/> 3 - CURVE LEVEL<br><input type="checkbox"/> 4 - CURVE GRADE<br><input type="checkbox"/> 9 - OTHER/ UNKNOWN |  | CONDITIONS<br><input type="checkbox"/> 1 - DRY<br><input type="checkbox"/> 2 - WET<br><input type="checkbox"/> 3 - SNOW<br><input type="checkbox"/> 4 - ICE<br><input type="checkbox"/> 5 - SAND, MUD, DIRT, OIL, GRAVEL<br><input type="checkbox"/> 6 - WATER (STANDING, MOVING)<br><input type="checkbox"/> 7 - SLUSH<br><input type="checkbox"/> 9 - OTHER/UNKNOWN |   | SURFACE<br><input type="checkbox"/> 1 - CONCRETE<br><input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT<br><input type="checkbox"/> 3 - BRICK/BLOCK<br><input type="checkbox"/> 4 - SLAG, GRAVEL, STONE<br><input type="checkbox"/> 5 - DIRT<br><input type="checkbox"/> 9 - OTHER/ UNKNOWN |  |  |  |  |  |   |  |   |  |
| <b>NARRATIVE</b><br>Unit 1 was stopped westbound on West Curtis Street at North Mulberry Street at the stop sign. Unit 2 was traveling southbound on North Mulberry Street. Unit 1 attempted to cross over North Mulberry Street, failing to yield to Unit 2. Unit 1 was struck in the right side by Unit 2.  |  |  |  |  |  |  |  |   |   |  |  | <b>DIAGRAM</b><br>   |  |  |  |   |  |   |  |
| CRASH REPORTED DATE/TIME<br>11/30/2023 08:35  |  |  | DISPATCH DATE/TIME<br>11/30/2023 08:36 |  |  | ARRIVAL DATE/TIME<br>11/30/2023 08:37  |  |   | SCENE CLEARED DATE/TIME<br>11/30/2023 09:17 |  |  | 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>25   |  | TOTAL MINUTES<br>66  |  | OFFICER'S NAME*<br>Trowbridge, Justin  |  |   | CHECKED BY OFFICER'S NAME*                  |  |  | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)  |  |  |  |   |  |   |  |
|   |  |  |  |  |  | OFFICER'S BADGE NUMBER*<br>292-23  |  |   | CHECKED BY OFFICER'S BADGE NUMBER*          |  |  |  |  |  |  |   |  |   |  |

M-P2304108

|  |  |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
|--|--|---|-------------------------|---|--|--------------------------------|--------------------------------------|-------------------------|-------------------------|-----------------------|------------------------------|---|-------------------------------|------------------------|--------------------------|---------------------|-------------------------------|-------------------|-----------------------|-----------------|---------------------|------------------------------|-----------------------------------|-------------------|-------------------------|---------------------|---------------------------|--------------|-----------|--------------------|--|--|
| <b>UNIT #</b><br>1   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>WEIRICH, JEREMY S  | <b>OWNER PHONE:</b> INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>133 N YARROW ST, OREGON, OH 43616  |  |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                            |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>HRL5939  | <b>VEHICLE IDENTIFICATION #</b><br>1FADP3F26EL371375                          |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>VEHICLE YEAR</b><br>2014  | <b>VEHICLE MAKE</b><br>Ford  |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>STATE FARM INSURANCE   | <b>INSURANCE POLICY #</b><br>2475621SFP35                                     |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>COLOR</b><br>Black  | <b>VEHICLE MODEL</b><br>Fusion   |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>TYPE OF USE</b><br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE   |  | <b>US DOT #</b>   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>INTERLOCK DEVICE EQUIPPED</b>   | <b>HIT/SKIP UNIT</b>   | <b># OCCUPANTS</b><br>1   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.   |  | <b>TOWED BY: COMPANY NAME</b><br>MIKE'S MARATHON                              |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #   |  |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>UNIT TYPE</b><br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - WHEELED MOTORCYCLE<br>8 - AUTOCYCLE<br>9 - MOPED OR MOTORIZED BICYCLE<br>10 - ALL TERRAIN VEHICLE (ATV/UTV)<br>11 - GOLF CART<br>12 - SNOWMOBILE<br>13 - SINGLE UNIT TRUCK<br>14 - SEMI-TRACTOR<br>15 - FARM EQUIPMENT<br>16 - MOTORHOME<br>17 - LIMO (LIVERY VEHICLE)<br>18 - SNOWMOBILE<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>28 - UNKNOWN OR HIT/SKIP  |  |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b># OF TRAILING UNITS</b><br>0  | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?</b><br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>SPECIAL FUNCTION</b><br>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 EQUIPMENT<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   |  |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>CARGO BODY TYPE</b><br>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 - CARGO VAN/ 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  |  |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>VEHICLE DEFECTS</b><br>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   |  |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>NON-MOTORIST LOCATION AT IMPACT</b><br>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 OR TRAILS<br>11 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN  |  |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>ACTION</b><br>1 - NON-COLLISION<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN<br>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<br>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<br>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<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN  |  |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>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  |  |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>SEQUENCE OF EVENTS</b>  |  |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>EVENTS</b>  | <table border="1"> <tr> <td>1 - OVERTURN/ ROLL-OVER</td> <td>6 - EQUIPMENT FAILURE</td> <td>11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL</td> <td>16 - RAILWAY VEHICLE</td> <td>22 - WORK ZONE MAINTENANCE EQUIPMENT</td> </tr> <tr> <td>2 - FIRE/EXPLOSION</td> <td>7 - SEPARATION OF UNITS</td> <td>12 - DOWNHILL RUNAWAY</td> <td>17 - ANIMAL - FARM</td> <td>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</td> </tr> <tr> <td>3 - IMMERSION</td> <td>8 - RAN OFF ROAD RIGHT</td> <td>13 - OTHER NON-COLLISION</td> <td>18 - ANIMAL - DEER</td> <td>24 - OTHER MOVABLE OBJECT</td> </tr> <tr> <td>4 - JACKKNIFE</td> <td>9 - RAN OFF ROAD LEFT</td> <td>14 - PEDESTRIAN</td> <td>19 - ANIMAL - OTHER</td> <td></td> </tr> <tr> <td>5 - CARGO/EQUIPMENT LOSS OR SHIFT</td> <td>10 - CROSS MEDIAN</td> <td>15 - PEDALCYCLE</td> <td>20 - MOTOR VEHICLE</td> <td></td> </tr> </table> |   | 1 - OVERTURN/ ROLL-OVER | 6 - EQUIPMENT FAILURE   | 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE           | 22 - WORK ZONE MAINTENANCE EQUIPMENT | 2 - FIRE/EXPLOSION      | 7 - SEPARATION OF UNITS | 12 - DOWNHILL RUNAWAY | 17 - ANIMAL - FARM           | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE | 3 - IMMERSION                 | 8 - RAN OFF ROAD RIGHT | 13 - OTHER NON-COLLISION | 18 - ANIMAL - DEER  | 24 - OTHER MOVABLE OBJECT     | 4 - JACKKNIFE     | 9 - RAN OFF ROAD LEFT | 14 - PEDESTRIAN | 19 - ANIMAL - OTHER |                              | 5 - CARGO/EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 15 - PEDALCYCLE         | 20 - MOTOR VEHICLE  |                           |              |           |                    |  |  |
| 1 - OVERTURN/ ROLL-OVER  | 6 - EQUIPMENT FAILURE  | 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL                            | 16 - RAILWAY VEHICLE    | 22 - WORK ZONE MAINTENANCE EQUIPMENT  |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| 2 - FIRE/EXPLOSION   | 7 - SEPARATION OF UNITS  | 12 - DOWNHILL RUNAWAY   | 17 - ANIMAL - FARM      | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| 3 - IMMERSION  | 8 - RAN OFF ROAD RIGHT   | 13 - OTHER NON-COLLISION  | 18 - ANIMAL - DEER      | 24 - OTHER MOVABLE OBJECT   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| 4 - JACKKNIFE  | 9 - RAN OFF ROAD LEFT  | 14 - PEDESTRIAN   | 19 - ANIMAL - OTHER     |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| 5 - CARGO/EQUIPMENT LOSS OR SHIFT  | 10 - CROSS MEDIAN  | 15 - PEDALCYCLE   | 20 - MOTOR VEHICLE      |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>COLLISION WITH FIXED OBJECT - STRUCK</b>  |  |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <table border="1"> <tr> <td>25 - IMPACT ATTENUATOR/ CRASH CUSHION</td> <td>31 - GUARDRAIL END</td> <td>37 - TRAFFIC SIGN POST</td> <td>43 - CURB</td> <td>50 - WORK ZONE MAINTENANCE EQUIPMENT</td> </tr> <tr> <td>26 - BRIDGE OVERHEAD STRUCTURE</td> <td>32 - PORTABLE BARRIER</td> <td>38 - OVERHEAD SIGN POST</td> <td>44 - DITCH</td> <td>51 - WALL</td> </tr> <tr> <td>27 - BRIDGE PIER OR ABUTMENT</td> <td>33 - MEDIUM CABLE BARRIER</td> <td>39 - LIGHT/LUMINARIES SUPPORT</td> <td>45 - EMBANKMENT</td> <td>52 - BUILDING</td> </tr> <tr> <td>28 - BRIDGE PARAPET</td> <td>34 - MEDIUM GUARDRAIL BARRIER</td> <td>40 - UTILITY POLE</td> <td>46 - FENCE</td> <td>53 - TUNNEL</td> </tr> <tr> <td>29 - BRIDGE RAIL</td> <td>35 - MEDIUM CONCRETE BARRIER</td> <td>41 - OTHER POST, POLE OR SUPPORT</td> <td>47 - MAILBOX</td> <td>54 - OTHER FIXED OBJECT</td> </tr> <tr> <td>30 - GUARDRAIL FACE</td> <td>36 - MEDIUM OTHER BARRIER</td> <td>42 - CULVERT</td> <td>48 - TREE</td> <td>99 - OTHER/UNKNOWN</td> </tr> </table> | 25 - IMPACT ATTENUATOR/ CRASH CUSHION  | 31 - GUARDRAIL END  | 37 - TRAFFIC SIGN POST  | 43 - CURB   | 50 - WORK ZONE MAINTENANCE EQUIPMENT               | 26 - BRIDGE OVERHEAD STRUCTURE | 32 - PORTABLE BARRIER                | 38 - OVERHEAD SIGN POST | 44 - DITCH              | 51 - WALL             | 27 - BRIDGE PIER OR ABUTMENT | 33 - MEDIUM CABLE BARRIER   | 39 - LIGHT/LUMINARIES SUPPORT | 45 - EMBANKMENT        | 52 - BUILDING            | 28 - BRIDGE PARAPET | 34 - MEDIUM GUARDRAIL BARRIER | 40 - UTILITY POLE | 46 - FENCE            | 53 - TUNNEL     | 29 - BRIDGE RAIL    | 35 - MEDIUM CONCRETE BARRIER | 41 - OTHER POST, POLE OR SUPPORT  | 47 - MAILBOX      | 54 - OTHER FIXED OBJECT | 30 - GUARDRAIL FACE | 36 - MEDIUM OTHER BARRIER | 42 - CULVERT | 48 - TREE | 99 - OTHER/UNKNOWN |  |  |
| 25 - IMPACT ATTENUATOR/ CRASH CUSHION  | 31 - GUARDRAIL END   | 37 - TRAFFIC SIGN POST  | 43 - CURB               | 50 - WORK ZONE MAINTENANCE EQUIPMENT  |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| 26 - BRIDGE OVERHEAD STRUCTURE   | 32 - PORTABLE BARRIER  | 38 - OVERHEAD SIGN POST   | 44 - DITCH              | 51 - WALL   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| 27 - BRIDGE PIER OR ABUTMENT   | 33 - MEDIUM CABLE BARRIER  | 39 - LIGHT/LUMINARIES SUPPORT   | 45 - EMBANKMENT         | 52 - BUILDING   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| 28 - BRIDGE PARAPET  | 34 - MEDIUM GUARDRAIL BARRIER  | 40 - UTILITY POLE   | 46 - FENCE              | 53 - TUNNEL   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| 29 - BRIDGE RAIL   | 35 - MEDIUM CONCRETE BARRIER   | 41 - OTHER POST, POLE OR SUPPORT  | 47 - MAILBOX            | 54 - OTHER FIXED OBJECT   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| 30 - GUARDRAIL FACE  | 36 - MEDIUM OTHER BARRIER  | 42 - CULVERT  | 48 - TREE               | 99 - OTHER/UNKNOWN  |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |
| <b>FIRST HARMFUL EVENT</b><br>1  | <b>MOST HARMFUL EVENT</b><br>1   |   |                         |   |  |                                |                                      |                         |                         |                       |                              |   |                               |                        |                          |                     |                               |                   |                       |                 |                     |                              |                                   |                   |                         |                     |                           |              |           |                    |  |  |

|  |   |
|--|---|
| <b>DAMAGE</b>  |   |
| <b>DAMAGE SCALE</b>  |   |
| 4  | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN  |
| <b>DAMAGED AREA(S)</b><br>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 ] |   |
| <b>INITIAL POINT OF CONTACT</b>  |   |
| 3  | 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            |
| <b>TRAFFIC</b>   |   |
| <b>TRAFFICWAY FLOW</b>   | <b>TRAFFIC CONTROL</b>  |
| 1  | 1 - ONE-WAY<br>2 - TWO-WAY<br>4 - 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL      |
| <b># OF THROUGH LANES ON ROAD</b>  | <b>RAIL GRADE CROSSING</b>  |
| 2  | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| <b>UNIT / NON-MOTORIST DIRECTION</b>   |   |
| FROM 3 TO 4  | 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 |
| <b>UNIT SPEED</b>  | <b>DETECTED SPEED</b>   |
|  | 3   |
| <b>POSTED SPEED</b>  |   |
| 25   | 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED  |

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|   |  |   |
|---|--|---|
| <b>UNIT #</b>   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>2 MICK, ALEXANDER C                                  | <b>OWNER PHONE:</b> INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER   |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>511 E CHESTNUT ST, MOUNT VERNON, OH 43050   |  |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP  |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE  |
| <b>LP STATE</b>   | <b>LICENSE PLATE #</b>   | <b>VEHICLE IDENTIFICATION #</b>   |
| OH  | GLY1193  | 1G1PE5SB6G7194958   |
|   | <b>VEHICLE YEAR</b>  | <b>VEHICLE MAKE</b>   |
|   | 2016   | Chevrolet   |
| <input type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b>   | <b>INSURANCE POLICY #</b>   |
|   | STATE FARM INSURANCE   | 2110084SFP35  |
|   | <b>COLOR</b>   | <b>VEHICLE MODEL</b>  |
|   | Blue   | Cruze   |
| <b>TYPE OF USE</b>  |  |   |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE  |  |   |
| <b>US DOT #</b>   |  | <b>TOWED BY:</b> COMPANY NAME   |
|   |  |   |
| <b>HAZARDOUS MATERIAL</b>   |  |   |
| <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #   |  |   |
| <b>HAZARDOUS MATERIAL</b>   |  |   |
| <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #   |  |   |
| <b>UNIT TYPE</b>  | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN                              | 7 - MOTORCYCLE<br>8 - MOTORCYCLE<br>9 - AUTO CYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)                             |
| <b># OF TRAILING UNITS</b>  | 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 |
| <b>2</b>  | 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 |   |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?</b>   |  |   |
| 1 - YES 2 - NO 9 - OTHER/UNKNOWN <b>0</b> AUTONOMOUS MODE LEVEL   |  |   |
| <b>SPECIAL FUNCTION</b>   |  |   |
| 1 - NONE    2 - TAXI    3 - ELECTRONIC RIDE SHARING    4 - SCHOOL TRANSPORT /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 EQUIPMENT   |  |   |
| 16 - FARM    17 - MOWING    18 - SNOW REMOVAL    19 - TOWING    20 - SAFETY SERVICE PATROL  |  |   |
| 21 - MAIL CARRIER    99 - OTHER/UNKNOWN   |  |   |
| <b>CARGO BODY TYPE</b>  |  |   |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE    2 - BUS    3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE    4 - LOGGING   |  |   |
| 5 - INTERMODAL CONTAINER CHASSIS    6 - CARGO VAN/ 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   |  |   |
| <b>VEHICLE DEFECTS</b>  |  |   |
| 1 - TURN SIGNALS    2 - HEAD LAMPS    3 - TAIL LAMPS    4 - BRAKES    5 - STEERING    6 - TIRE BLOWOUT  |  |   |
| 7 - WORN OR SLICK TIRES    8 - TRAILER EQUIPMENT DEFECTIVE    9 - MOTOR TROUBLE    10 - DISABLED FROM PRIOR ACCIDENT    99 - OTHER/UNKNOWN  |  |   |
| <b>NON-MOTORIST LOCATION AT IMPACT</b>  |  |   |
| 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    12 - FIRST RESPONDER AT INCIDENT SCENE    99 - OTHER/UNKNOWN |  |   |
| <b>ACTION</b>   |  |   |
| 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   |  |   |
| <b>CONTRIBUTING CIRCUMSTANCES</b>   |  |   |
| 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   |  |   |
| <b>SEQUENCE OF EVENTS</b>   |  |   |
| 1 - OVERTURN/ ROLL-OVER    2 - FIRE/EXPLOSION    3 - IMMERSION    4 - JACKKNIFE    5 - CARGO/EQUIPMENT LOSS OR SHIFT  |  |   |
| 6 - EQUIPMENT FAILURE    7 - SEPARATION OF UNITS    8 - RAN OFF ROAD    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  |  |   |
| <b>COLLISION WITH FIXED OBJECT - STRUCK</b>   |  |   |
| 25 - IMPACT ATTENUATOR/ CRASH CUSHION    26 - BRIDGE OVERHEAD STRUCTURE    27 - BRIDGE PIER OR ABUTMENT    28 - BRIDGE PARAPET    29 - BRIDGE RAIL    30 - GUARDRAIL FACE   |  |   |
| 31 - GUARDRAIL END    32 - PORTABLE BARRIER    33 - MEDIUM CABLE BARRIER    34 - MEDIUM GUARDRAIL BARRIER    35 - MEDIUM CONCRETE BARRIER    36 - MEDIUM OTHER BARRIER  |  |   |
| 37 - TRAFFIC SIGN POST    38 - OVERHEAD SIGN POST    39 - LIGHT/LUMINARIES SUPPORT    40 - UTILITY POLE    41 - OTHER POST, POLE OR SUPPORT    42 - CULVERT   |  |   |
| 43 - CURB    44 - DITCH    45 - EMBANKMENT    46 - FENCE    47 - MAILBOX    48 - TREE    49 - FIRE HYDRANT  |  |   |
| 50 - WORK ZONE MAINTENANCE EQUIPMENT    51 - WALL    52 - BUILDING    53 - TUNNEL    54 - OTHER FIXED OBJECT    99 - OTHER/UNKNOWN  |  |   |
| <b>FIRST HARMFUL EVENT</b> <b>MOST HARMFUL EVENT</b>  |  |   |
| 1    1  |  |   |

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

**LOCAL REPORT NUMBER\***  
M-P2304108

|   |   |                                   |  |   |   |                              |   |                      |  |  |
|---|---|-----------------------------------|--|---|---|------------------------------|---|----------------------|--|--|
| <b>UNIT #</b><br>1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>WEIRICH, ASHLYN MARIE |                                   |  | <b>DATE OF BIRTH</b><br>10/28/2001  |   | <b>AGE</b><br>22             | <b>GENDER</b><br>F                                  |                      |  |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>220 MAPLE LN LOT 5, GREEN SPRINGS, OH 44836 |   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |   |                              |   |                      |  |  |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b>                                   | <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 MC HELMET    | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>3                           | <b>EJECTION</b><br>4 | <b>TRAPPED</b><br>1  |  |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b><br>UU478978                |                                   | <b>OFFENSE CHARGED</b><br>MTV 331.19                   | <b>LOCAL CODE</b>   | <b>OFFENSE DESCRIPTION</b><br>Operation @ Stop Sign |                              | <b>CITATION NUMBER</b><br>MVP42012300003674         |                      |  |  |
| <b>OL CLASS</b>   | <b>ENDORSEMENT SELECT UP TO 2</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><br>STATUS: 1, TYPE: 1, VALUE: . |                      | <b>DRUG TEST(S)</b><br>STATUS: 1, TYPE: 1, RESULT: [ ] [ ] [ ] [ ] |  |

|   |   |                                   |  |   |  |                              |   |                      |  |  |
|---|---|-----------------------------------|--|---|--|------------------------------|---|----------------------|--|--|
| <b>UNIT #</b><br>2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>SCOTT, ASHLEY M |                                   |  | <b>DATE OF BIRTH</b><br>02/03/1987  |  | <b>AGE</b><br>36             | <b>GENDER</b><br>F                                  |                      |  |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>511 E CHESTNUT ST, MOUNT VERNON, OH 43050 |   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |  |                              |   |                      |  |  |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b>                             | <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 MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1                           | <b>EJECTION</b><br>4 | <b>TRAPPED</b><br>1  |  |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b><br>SP458108          |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b>   | <b>OFFENSE DESCRIPTION</b>                       |                              | <b>CITATION NUMBER</b>                              |                      |  |  |
| <b>OL CLASS</b>   | <b>ENDORSEMENT SELECT UP TO 2</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><br>STATUS: 1, TYPE: 1, VALUE: . |                      | <b>DRUG TEST(S)</b><br>STATUS: 1, TYPE: 1, RESULT: [ ] [ ] [ ] [ ] |  |

|  |                                   |                                   |  |   |  |                         |                        |                 |                     |  |
|--|-----------------------------------|-----------------------------------|--|---|--|-------------------------|------------------------|-----------------|---------------------|--|
| <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 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>   | <b>OFFENSE DESCRIPTION</b>                       |                         | <b>CITATION NUMBER</b> |                 |                     |  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</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> |  |

| INJURIES   | SEATING POSITION   | AIR BAG   | OL CLASS  | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |
|--|--|---|---|---|--|--|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |
| <b>INJURED TAKEN BY</b>  | <b>EJECTION</b>  |   | <b>OL ENDORSEMENT</b>   |   | <b>ALCOHOL TEST TYPE</b>   |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE  |   | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |  |
| <b>SAFETY EQUIPMENT</b>  | <b>TRAPPED</b>   |   | <b>GENDER</b>   |   | <b>DRUG TEST TYPE</b>  |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |   | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |  |
|  |  |   |   |   | <b>DRUG TEST RESULT(S)</b>   |  |
|  |  |   |   |   | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN  |  |
|  |  |   |   |   | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS   |  |

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |  |  |  |  |  |  |  |   |  |   |  |  |  |                         |  |
|--|--|--|--|--|--|--|--|---|--|---|--|--|--|-------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY   |  | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER   |  | <b>LOCAL INFORMATION</b><br>REPORTING AGENCY NAME*<br>Mt Vernon Police Department  |  | NCIC*<br>04201   |  | HIT/SKIP<br><input type="checkbox"/> 1 - SOLVED<br><input type="checkbox"/> 2 - UNSOLVED  |  | NUMBER OF UNITS<br>2  |  | UNIT IN ERROR<br><input type="checkbox"/> 1 98 - ANIMAL<br><input type="checkbox"/> 99 - UNKNOWN |  |                         |  |
| COUNTY*<br>42  |  | LOCALITY*<br><input type="checkbox"/> 1 - CITY<br><input type="checkbox"/> 2 - VILLAGE<br><input type="checkbox"/> 3 - TOWNSHIP  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Mount Vernon   |  | CRASH DATE/TIME*<br>11/30/2023 11:10   |  | CRASH SEVERITY<br><input type="checkbox"/> 1 - FATAL<br><input type="checkbox"/> 2 - SERIOUS INJURY SUSPECTED<br><input type="checkbox"/> 3 - MINOR INJURY SUSPECTED<br><input type="checkbox"/> 4 - INJURY POSSIBLE<br><input type="checkbox"/> 5 - PROPERTY DAMAGE ONLY |  |   |  |  |  |                         |  |
| <b>LOCATION</b><br>ROUTE TYPE   ROUTE NUMBER   PREFIX<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  |  | LOCATION ROAD NAME<br>CLINTON  |  | ROAD TYPE<br>RD  |  | LATITUDE<br>40.416265  |  | <b>REFERENCE</b><br>ROUTE TYPE   ROUTE NUMBER   PREFIX<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>MANSFIELD  |  | ROAD TYPE<br>AV  |  | LONGITUDE<br>-82.488711 |  |
| REFERENCE POINT<br><input type="checkbox"/> 1 - INTERSECTION<br><input type="checkbox"/> 2 - MILE POST<br><input type="checkbox"/> 3 - HOUSE #   |  | DIRECTION FROM REFERENCE<br><input type="checkbox"/> 4<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 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  |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY   |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA   |  | NUMBER OF APPROACHES<br><input type="checkbox"/>  |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |  |                         |  |
| DISTANCE FROM REFERENCE<br>30  |  | DISTANCE UNIT OF MEASURE<br><input type="checkbox"/> 2<br><input type="checkbox"/> 1 - MILES<br><input type="checkbox"/> 2 - FEET<br><input type="checkbox"/> 3 - YARDS  |  | LOCATION OF FIRST HARMFUL EVENT<br><input type="checkbox"/> 1 - ON ROADWAY<br><input type="checkbox"/> 2 - ON SHOULDER<br><input type="checkbox"/> 3 - IN MEDIAN<br><input type="checkbox"/> 4 - ON ROADSIDE<br><input type="checkbox"/> 5 - ON GORE<br><input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY<br><input type="checkbox"/> 7 - ON RAMP<br><input type="checkbox"/> 8 - OFF RAMP<br><input type="checkbox"/> 9 - CROSSOVER<br><input type="checkbox"/> 10 - DRIVEWAY/ALLEY ACCESS<br><input type="checkbox"/> 11 - RAILWAY GRADE CROSSING<br><input type="checkbox"/> 12 - SHARED USE PATHS OR TRAILS<br><input type="checkbox"/> 13 - BIKE LANE<br><input type="checkbox"/> 14 - TOLL BOOTH<br><input type="checkbox"/> 99 - OTHER/UNKNOWN |  | MANNER OF CRASH COLLISION/IMPACT<br><input type="checkbox"/> 8<br><input type="checkbox"/> 1 - NOT COLLISION<br><input type="checkbox"/> 2 - REAR-END<br><input type="checkbox"/> 3 - HEAD-ON<br><input type="checkbox"/> 4 - REAR-TO-REAR<br><input type="checkbox"/> 5 - BACKING<br><input type="checkbox"/> 6 - ANGLE<br><input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION<br><input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION<br><input type="checkbox"/> 9 - OTHER/UNKNOWN |  | DIRECTION OF TRAVEL<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   |  | MEDIAN TYPE<br><input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br><input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br><input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN<br><input type="checkbox"/> 4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br><input type="checkbox"/> 9 - OTHER/UNKNOWN |  |  |  |                         |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |  | WORK ZONE TYPE<br><input type="checkbox"/> 1 - LANE CLOSURE<br><input type="checkbox"/> 2 - LANE SHFT/CROSSOVER<br><input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN<br><input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK<br><input type="checkbox"/> 5 - OTHER |  | LOCATION OF CRASH IN WORK ZONE<br><input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA<br><input type="checkbox"/> 3 - TRANSITION AREA<br><input type="checkbox"/> 4 - ACTIVITY AREA<br><input type="checkbox"/> 5 - TERMINATION AREA   |  | CONTOUR<br><input type="checkbox"/> 1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN  |  | CONDITIONS<br><input type="checkbox"/> 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><input type="checkbox"/> 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><input type="checkbox"/> 1<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><input type="checkbox"/> 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            |  |  |  |  |  |   |  |   |  |  |  |                         |  |
| <b>NARRATIVE</b><br>Unit 1 was traveling northbound on Mansfield Avenue. Unit 2 was stopped eastbound on Clinton Road at Mansfield Avenue at the stop sign. Unit 2 attempted to turn westbound onto Clinton Road. Unit 1 made an improper turn and struck the left front corner of Unit 2. |  |  |  |  |  | <b>DIAGRAM</b><br>   |  |   |  |   |  |  |  |                         |  |
| CRASH REPORTED DATE/TIME<br>11/30/2023 11:12   |  | DISPATCH DATE/TIME<br>11/30/2023 11:20   |  | ARRIVAL DATE/TIME<br>11/30/2023 11:23  |  | SCENE CLEARED DATE/TIME<br>11/30/2023 11:46  |  | 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>25   |  | TOTAL MINUTES<br>51  |  | OFFICER'S NAME*<br>Trowbridge, Justin  |  | CHECKED BY OFFICER'S NAME*  |  |   |  |  |  |                         |  |
|  |  |  |  | OFFICER'S BADGE NUMBER*<br>292-23  |  | CHECKED BY OFFICER'S BADGE NUMBER*   |  | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)   |  |   |  |  |  |                         |  |

M-P2304112

|  |   |   |
|--|---|---|
| <b>UNIT #</b><br>1   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>GREEN, PAUL FRITZGERALD   | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>175 S MAIN ST, APT D, FREDERICKTOWN, OH 43019  |   |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |
| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>R076898   | <b>VEHICLE IDENTIFICATION #</b><br>1G1AT58H197157374                              |
| <b>VEHICLE YEAR</b><br>2009  | <b>VEHICLE MAKE</b><br>Chevrolet  |   |
| <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>UNITED OHIO INSURANCE COMPANY   | <b>INSURANCE POLICY #</b><br>NSA119483300   |
| <b>COLOR</b><br>Red  | <b>VEHICLE MODEL</b><br>Cobalt  |   |
| <b>TYPE OF USE</b><br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE   |   | <b>US DOT #</b>   |
| <b>INTERLOCK DEVICE EQUIPPED</b> <input type="checkbox"/> <b>HIT/SKIP UNIT</b> <input type="checkbox"/>  |   | <b>TOWED BY:</b> COMPANY NAME   |
| <b># OCCUPANTS</b><br>1  | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> <b>PLACARD ID #</b> <input type="checkbox"/>  |   |
| <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.   | <b>UNIT TYPE</b><br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - MOTORCYCLE<br>8 - MOTORCYCLE<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     |   |
| <b># OF TRAILING UNITS</b><br>0  | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |   |
| <b>SPECIAL FUNCTION</b><br>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 EQUIPMENT<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   | <b>CARGO BODY TYPE</b><br>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 - CARGO VAN/ 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   |   |
| <b>VEHICLE DEFECTS</b><br>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   | <b>NON-MOTORIST LOCATION AT IMPACT</b><br>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  |   |
| <b>ACTION</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>9 - OTHER/UNKNOWN<br>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<br>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<br>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<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN   | <b>VEHICLE DEFECTS</b><br>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  |   |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>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  | <b>INITIAL POINT OF CONTACT</b><br>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   |   |
| <b>SEQUENCE OF EVENTS</b><br>1 - OVERTURN/ ROLL-OVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>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<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIUM CABLE BARRIER<br>34 - MEDIUM GUARDRAIL BARRIER<br>35 - MEDIUM CONCRETE BARRIER<br>36 - MEDIUM OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>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<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN | <b>TRAFFIC</b><br><b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br>2 - TWO-WAY<br><b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL<br><b># OF THROUGH LANES ON ROAD</b><br>2<br><b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING<br><b>UNIT / NON-MOTORIST DIRECTION</b><br>FROM 2 TO 4<br>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<br><b>UNIT SPEED</b><br><b>DETECTED SPEED</b><br>3<br>1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED<br><b>POSTED SPEED</b><br>25 |   |

**DAMAGE**

**DAMAGE SCALE**

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

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

**INITIAL POINT OF CONTACT**

11 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

**TRAFFIC**

**TRAFFICWAY FLOW**

2 1 - ONE-WAY 2 - TWO-WAY

**TRAFFIC CONTROL**

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

**UNIT SPEED**

**DETECTED SPEED**

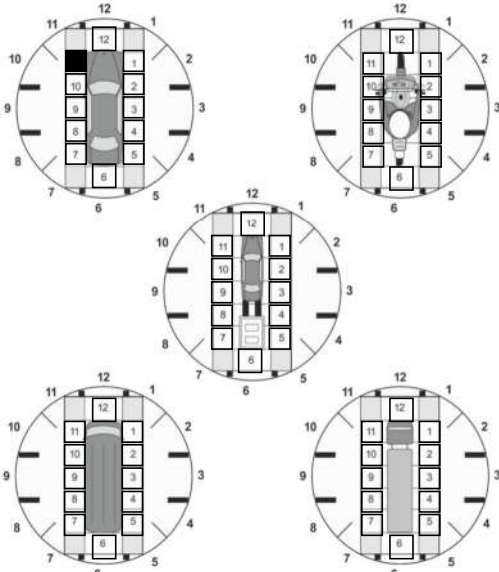
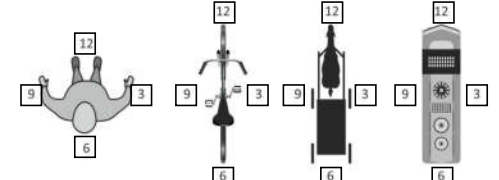
3 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED

**POSTED SPEED**

25

M-P2304112

|  |  |  |  |                                |
|--|--|--|--|--------------------------------|
| <b>UNIT #</b><br>2   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>SMITH, TYLER LEE |  | <b>OWNER PHONE:</b> INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                |                                |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>319 WOOSTER RD, MOUNT VERNON, OH 43050   |  |  |  |                                |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |  |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE   |                                |
| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>JVK4821  | <b>VEHICLE IDENTIFICATION #</b><br>1D7HW58J37S108337 | <b>VEHICLE YEAR</b><br>2007  | <b>VEHICLE MAKE</b><br>Dodge   |
| <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>STATE FARM INSURANCE   | <b>INSURANCE POLICY #</b><br>4005811SFP35            | <b>COLOR</b><br>Black  | <b>VEHICLE MODEL</b><br>Dakota |
| <b>TYPE OF USE</b><br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE   |  | <b>US DOT #</b>                                      | <b>TOWED BY:</b> COMPANY NAME  |                                |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>  | <input type="checkbox"/> <b>HIT/SKIP UNIT</b>  | <b># OCCUPANTS</b><br>1                              | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID # |                                |
| <b>VEHICLE WEIGHT GVWR/GCWR</b><br><input type="checkbox"/> 1 - <= 10K LBS.<br><input type="checkbox"/> 2 - 10,001 - 26K LBS.<br><input type="checkbox"/> 3 - >= 26K LBS.  |  |  |  |                                |
| <b>UNIT TYPE</b><br>4<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>7 - MOTORCYCLE<br>8 - MOTORCYCLE<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   |  |  |  |                                |
| <b># OF TRAILING UNITS</b><br>0  |  |  |  |                                |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?</b><br>2<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>AUTONOMOUS MODE LEVEL<br>0   |  |  |  |                                |
| <b>SPECIAL FUNCTION</b><br>1<br>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 EQUIPMENT<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  |  |  |  |                                |
| <b>CARGO BODY TYPE</b><br>1<br>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 - CARGO VAN/ 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   |  |  |  |                                |
| <b>VEHICLE DEFECTS</b><br>1<br>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  |  |  |  |                                |
| <b>NON-MOTORIST LOCATION AT IMPACT</b><br>1<br>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 OR TRAILS<br>11 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN   |  |  |  |                                |
| <b>ACTION</b><br>4<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN<br>11<br>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<br>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<br>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<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN   |  |  |  |                                |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>1<br>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   |  |  |  |                                |
| <b>SEQUENCE OF EVENTS</b><br>1<br>20<br>1 - OVERTURN/ ROLL-OVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - RAILWAY VEHICLE OPOSITE DIRECTION OF TRAVEL<br>13 - DOWNHILL RUNAWAY<br>14 - OTHER NON-COLLISION<br>15 - PEDESTRIAN<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT   |  |  |  |                                |
| <b>COLLISION WITH FIXED OBJECT - STRUCK</b><br>4<br>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<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIUM CABLE BARRIER<br>34 - MEDIUM GUARDRAIL BARRIER<br>35 - MEDIUM CONCRETE BARRIER<br>36 - MEDIUM OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>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<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |  |  |  |                                |
| <b>FIRST HARMFUL EVENT</b><br>1  |  | <b>MOST HARMFUL EVENT</b><br>1                       |  |                                |

|  |   |
|--|---|
| <b>DAMAGE</b><br><b>DAMAGE SCALE</b><br>3<br>1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN  |   |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY<br>   |   |
|    |   |
| <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 ] |   |
| <b>INITIAL POINT OF CONTACT</b><br>11<br>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  |   |
| <b>TRAFFICWAY FLOW</b><br>2<br>1 - ONE-WAY<br>2 - TWO-WAY  | <b>TRAFFIC CONTROL</b><br>4<br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| <b># OF THROUGH LANES ON ROAD</b><br>2   | <b>RAIL GRADE CROSSING</b><br>1<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING            |
| <b>UNIT / NON-MOTORIST DIRECTION</b><br>FROM 4 TO 3<br>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   |   |
| <b>UNIT SPEED</b><br>0   | <b>DETECTED SPEED</b><br>1<br>1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                              |
| <b>POSTED SPEED</b><br>25  |   |

# MOTORIST / NON-MOTORIST

**LOCAL REPORT NUMBER\***  
M-P2304112

|  |                                   |                                   |  |  |  |                         |                        |                     |                |                     |               |             |                              |
|--|-----------------------------------|-----------------------------------|--|--|--|-------------------------|------------------------|---------------------|----------------|---------------------|---------------|-------------|------------------------------|
| <b>UNIT #</b>                                | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |  | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>              | <b>GENDER</b>          |                     |                |                     |               |             |                              |
| 1  | NAYLOR, MISTY RENEE               |                                   |  | 12/21/1974                               |  | 48                      | F                      |                     |                |                     |               |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b>     |                                   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                         |                        |                     |                |                     |               |             |                              |
| 175 S MAIN ST APT D, FREDERICKTOWN, OH 43019 |                                   |                                   |  |  |  |                         |                        |                     |                |                     |               |             |                              |
| <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 MC HELMET   | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b>     | <b>TRAPPED</b> |                     |               |             |                              |
| 5  |                                   |                                   |  | 4  | <input type="checkbox"/>   | 1                       | 1                      | 4                   | 1              |                     |               |             |                              |
| <b>OL STATE</b>                              | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b>                        | <b>OFFENSE DESCRIPTION</b>   |                         | <b>CITATION NUMBER</b> |                     |                |                     |               |             |                              |
|  |                                   |                                   | MTV 331.10A2   |  | Improper Left Turn At Intersection   |                         | MVP4201230003675       |                     |                |                     |               |             |                              |
| <b>OL CLASS</b>                              | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> |  | <b>DRIVER DISTRACTED BY</b>              | <b>ALCOHOL / DRUG SUSPECTED</b>  |                         | <b>CONDITION</b>       | <b>ALCOHOL TEST</b> |                | <b>DRUG TEST(S)</b> |               |             |                              |
|  |                                   |                                   |  | 1  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                         | 1                      | <b>STATUS</b>       | <b>TYPE</b>    | <b>VALUE</b>        | <b>STATUS</b> | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |  |  |  |                         |                        | 1                   | 1              | .                   | 1             | 1           |                              |

|  |                                   |                                   |  |  |  |                         |                        |                     |                |                     |               |             |                              |
|--|-----------------------------------|-----------------------------------|--|--|--|-------------------------|------------------------|---------------------|----------------|---------------------|---------------|-------------|------------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |  | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>              | <b>GENDER</b>          |                     |                |                     |               |             |                              |
| 2  | SMITH, TYLER LEE                  |                                   |  | 10/05/1994                               |  | 29                      | M                      |                     |                |                     |               |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                         |                        |                     |                |                     |               |             |                              |
| 319 WOOSTER RD, MOUNT VERNON, OH 43050   |                                   |                                   |  |  |  |                         |                        |                     |                |                     |               |             |                              |
| <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 MC HELMET   | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b>     | <b>TRAPPED</b> |                     |               |             |                              |
| 5  |                                   |                                   |  | 4  | <input type="checkbox"/>   | 1                       | 1                      | 4                   | 1              |                     |               |             |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b>                        | <b>OFFENSE DESCRIPTION</b>   |                         | <b>CITATION NUMBER</b> |                     |                |                     |               |             |                              |
| OH                                       | TT723536                          |                                   |  |  |  |                         |                        |                     |                |                     |               |             |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> |  | <b>DRIVER DISTRACTED BY</b>              | <b>ALCOHOL / DRUG SUSPECTED</b>  |                         | <b>CONDITION</b>       | <b>ALCOHOL TEST</b> |                | <b>DRUG TEST(S)</b> |               |             |                              |
|  |                                   |                                   |  | 1  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                         | 1                      | <b>STATUS</b>       | <b>TYPE</b>    | <b>VALUE</b>        | <b>STATUS</b> | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |  |  |  |                         |                        | 1                   | 1              | .                   | 1             | 1           |                              |

|  |                                   |                                   |  |  |  |                         |                        |                     |                |                     |               |             |                              |
|--|-----------------------------------|-----------------------------------|--|--|--|-------------------------|------------------------|---------------------|----------------|---------------------|---------------|-------------|------------------------------|
| <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 MC HELMET   | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b>     | <b>TRAPPED</b> |                     |               |             |                              |
|  |                                   |                                   |  |  | <input type="checkbox"/>   |                         |                        |                     |                |                     |               |             |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b>                        | <b>OFFENSE DESCRIPTION</b>   |                         | <b>CITATION NUMBER</b> |                     |                |                     |               |             |                              |
|  |                                   |                                   |  |  |  |                         |                        |                     |                |                     |               |             |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> |  | <b>DRIVER DISTRACTED BY</b>              | <b>ALCOHOL / DRUG SUSPECTED</b>  |                         | <b>CONDITION</b>       | <b>ALCOHOL TEST</b> |                | <b>DRUG TEST(S)</b> |               |             |                              |
|  |                                   |                                   |  |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                         |                        | <b>STATUS</b>       | <b>TYPE</b>    | <b>VALUE</b>        | <b>STATUS</b> | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |  |  |  |                         |                        |                     |                | .                   |               |             |                              |

| INJURIES  | SEATING POSITION   | AIR BAG   | OL CLASS   | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |
|---|--|---|--|---|--|--|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL   | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                   |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |  | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                      | <b>OL ENDORSEMENT</b><br>H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   |  | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |
| <b>SAFETY EQUIPMENT</b><br>1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |  | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                  | <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN  | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |
|   |  |   |  |   |  | <b>DRUG TEST RESULT(S)</b><br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3<br><input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY |  | <b>LOCAL INFORMATION</b><br>REPORTING AGENCY NAME*<br>Mt Vernon Police Department  |  | NCIC*<br>04201   |  | M-P2304114   |  |
| COUNTY*<br>42   |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Mount Vernon   |  | CRASH DATE/TIME*<br>11/30/2023 12:43   |  |
| ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX<br>4   |  | LOCATION ROAD NAME<br>HIGH   |  | ROAD TYPE<br>ST  |  | LATITUDE<br>40.393796  |  |
| ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX<br>4   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>SANDUSKY  |  | ROAD TYPE<br>ST  |  | LONGITUDE<br>-82.488724  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1  |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>3  |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  |
| DISTANCE FROM REFERENCE<br>50   |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2  |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5  |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>1  |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN<br>2     |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>1   |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN<br>1  |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/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   |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN<br>1   |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN<br>1 |  | 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  |  |
| <b>NARRATIVE</b><br>Unit 1 and Unit 2 were stopped westbound in traffic on West High Street. Unit 1 failed to maintain a stopped position and struck Unit 2 in the rear-end.  |  |  |  | <b>DIAGRAM</b><br>   |  |  |  |
| CRASH REPORTED DATE/TIME<br>11/30/2023 12:44  |  | DISPATCH DATE/TIME<br>11/30/2023 12:47   |  | ARRIVAL DATE/TIME<br>11/30/2023 12:50  |  | SCENE CLEARED DATE/TIME<br>11/30/2023 13:07  |  |
| TOTAL TIME ROADWAY CLOSED<br>0  |  | OTHER INVESTIGATION TIME<br>20   |  | TOTAL MINUTES<br>40  |  | OFFICER'S NAME*<br>Trowbridge, Justin  |  |
| OFFICER'S BADGE NUMBER*<br>292-23   |  | CHECKED BY OFFICER'S NAME*   |  | CHECKED BY OFFICER'S BADGE NUMBER*   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)   |  |

M-P2304114

|   |  |  |  |                               |
|---|--|--|--|-------------------------------|
| <b>UNIT #</b><br>1  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>FROST, ELIZABETH ANN |  | <b>OWNER PHONE:</b> INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER  |                               |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>113 E SUGAR ST, MOUNT VERNON, OH 43050  |  |  |  |                               |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP  |  |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE   |                               |
| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b><br>KAH6091  | <b>VEHICLE IDENTIFICATION #</b><br>1FADP3K21DL315641   | <b>VEHICLE YEAR</b><br>2013  | <b>VEHICLE MAKE</b><br>Ford   |
| <input type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b>   | <b>INSURANCE POLICY #</b>  | <b>COLOR</b><br>Red  | <b>VEHICLE MODEL</b><br>Focus |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>   |  | <b>US DOT #</b>  | <b>TOWED BY:</b> COMPANY NAME  |                               |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>   | <input type="checkbox"/> <b>HIT/SKIP UNIT</b>  | <b># OCCUPANTS</b><br>1  | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> <b>MATERIAL CLASS #</b> <input type="checkbox"/> <b>PLACARD ID #</b> |                               |
| <b>UNIT TYPE</b><br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - MOTORCYCLE<br>8 - MOTORCYCLE<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   | <b># OF TRAILING UNITS</b><br>0  |  |  |                               |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>2   |  | <b>AUTONOMOUS MODE LEVEL</b><br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN<br>0   |  |                               |
| <b>SPECIAL FUNCTION</b><br>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 EQUIPMENT<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  |  | <b>CARGO BODY TYPE</b><br>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 - CARGO VAN/ 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                          |  |                               |
| <b>VEHICLE DEFECTS</b><br>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  |  | <b>NON-MOTORIST LOCATION AT IMPACT</b><br>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 OR TRAILS<br>11 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN |  |                               |
| <b>ACTION</b><br>1 - NON-COLLISION<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN<br>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<br>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<br>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<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN   |  | <b>INITIAL POINT OF CONTACT</b><br>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  |  |                               |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>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   |  | <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br>2 - TWO-WAY<br><b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL   |  |                               |
| <b>SEQUENCE OF EVENTS</b><br>1 - OVERTURN/ ROLL-OVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>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<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT  |  | <b># OF THROUGH LANES ON ROAD</b><br>2<br><b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING  |  |                               |
| <b>COLLISION WITH FIXED OBJECT - STRUCK</b><br>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<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIUM CABLE BARRIER<br>34 - MEDIUM GUARDRAIL BARRIER<br>35 - MEDIUM CONCRETE BARRIER<br>36 - MEDIUM OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>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<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |  | <b>UNIT / NON-MOTORIST DIRECTION</b><br>FROM 3 TO 4<br>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   |  |                               |
| <b>FIRST HARMFUL EVENT</b><br>1   |  | <b>MOST HARMFUL EVENT</b><br>1   |  |                               |

**DAMAGE**

**DAMAGE SCALE**

2

1 - NONE      3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE      4 - DISABLING DAMAGE

9 - UNKNOWN

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

**INITIAL POINT OF CONTACT**

12

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

**TRAFFIC**

**TRAFFICWAY FLOW**

2

1 - ONE-WAY  
2 - TWO-WAY

**TRAFFIC CONTROL**

6

1 - ROUNDABOUT  
2 - SIGNAL  
3 - FLASHER  
4 - STOP SIGN  
5 - YIELD SIGN  
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 3 TO 4

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

**UNIT SPEED**

3

**DETECTED SPEED**

1

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

**POSTED SPEED**

25

|  |  |   |
|--|--|---|
| <b>UNIT #</b>  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>2 MCDONALD, ROGER D  | <b>OWNER PHONE:</b> INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>6811 JOHNS TOWN RD, MOUNT VERNON, OH 43050 | <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |   |
| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>POOL   | <b>VEHICLE IDENTIFICATION #</b><br>3C6RR7KT8HG795763                          |
| <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>BUCKEYE STATE MUTUAL INS CO  | <b>INSURANCE POLICY #</b><br>PA230000770                                      |
| <b>VEHICLE YEAR</b><br>2017  | <b>VEHICLE MAKE</b><br>Dodge   | <b>COLOR</b><br>Gray  |
| <b>VEHICLE MODEL</b><br>Ram 1500   | <b>TYPE OF USE</b><br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE   |   |
| <b>US DOT #</b>  | <b>TOWED BY:</b> COMPANY NAME  |   |
| <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                             | <b>VEHICLE WEIGHT GVWR/GCWR</b><br><input type="checkbox"/> 1 - <= 10K LBS.<br><input type="checkbox"/> 2 - 10,001 - 26K LBS.<br><input type="checkbox"/> 3 - >= 26K LBS.  |   |
| <b>UNIT TYPE</b><br>4  | 1 - PASSENGER VAN (MINIVAN)<br>2 - PASSENGER CAR (SPORT UTILITY VEHICLE)<br>3 - PICK UP<br>4 - CARGO VAN<br>5 - MOTORCYCLE<br>6 - MOTORCYCLE<br>7 - MOTORCYCLE<br>8 - AUTOCYCLE<br>9 - MOPED OR MOTORIZED BICYCLE<br>10 - ALL TERRAIN VEHICLE (ATV/UTV)  |   |
| <b># OF TRAILING UNITS</b><br>0  | 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 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   |   |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>2  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN  |   |
| <b>SPECIAL FUNCTION</b><br>1   | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT /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 EQUIPMENT<br>15 - CONSTRUCTION EQUIPMENT<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   |   |
| <b>CARGO BODY TYPE</b><br>1  | 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 - CARGO VAN/ 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  |   |
| <b>VEHICLE DEFECTS</b><br>1  | 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   |   |
| <b>NON-MOTORIST LOCATION AT IMPACT</b><br>1  | 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 OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN  |   |
| <b>ACTION</b><br>4   | 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<br>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<br>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<br>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<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN         |   |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>1   | 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   |   |
| <b>SEQUENCE OF EVENTS</b>  | <b>EVENTS</b>  |   |
| 1 20   | 1 - OVERTURN/ ROLL-OVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL<br>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<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT   |   |
| 4  | <b>COLLISION WITH FIXED OBJECT - STRUCK</b>  |   |
| 5  | 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<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIUM CABLE BARRIER<br>34 - MEDIUM GUARDRAIL BARRIER<br>35 - MEDIUM CONCRETE BARRIER<br>36 - MEDIUM OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>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<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |   |
| 1  | <b>FIRST HARMFUL EVENT</b>   | <b>MOST HARMFUL EVENT</b>   |

|  |  |
|--|--|
| <b>DAMAGE</b>  |  |
| <b>DAMAGE SCALE</b>  |  |
| 2  | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN                                 |
| <b>DAMAGED AREA(S)</b><br>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 ] |  |
| <b>INITIAL POINT OF CONTACT</b>  |  |
| 6  | 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 |
| <b>TRAFFIC</b>   |  |
| <b>TRAFFICWAY FLOW</b>   | <b>TRAFFIC CONTROL</b>   |
| 2  | 6  |
| 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                             |
| <b># OF THROUGH LANES ON ROAD</b>  | <b>RAIL GRADE CROSSING</b>   |
| 2  | 1  |
| <b>UNIT / NON-MOTORIST DIRECTION</b>   |  |
| FROM 3   | TO 4   |
| <b>UNIT SPEED</b>  | <b>DETECTED SPEED</b>  |
| 0  | 1  |
| <b>POSTED SPEED</b>  | 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED   |
| 25   |  |

# MOTORIST / NON-MOTORIST

**LOCAL REPORT NUMBER\***  
M-P2304114

|   |                                   |                                   |  |  |  |  |  |                         |                      |                        |                     |             |                              |
|---|-----------------------------------|-----------------------------------|--|--|--|--|--|-------------------------|----------------------|------------------------|---------------------|-------------|------------------------------|
| <b>UNIT #</b>                             | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |  |  |  | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>              | <b>GENDER</b>        |                        |                     |             |                              |
| 1   | FROST, THOMAS ALLEN               |                                   |  |  |  | 08/09/1991                               |  | 32                      | M                    |                        |                     |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b>  |                                   |                                   |  |  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                         |                      |                        |                     |             |                              |
| 105 W CHESTNUT ST, MOUNT VERNON, OH 43050 |                                   |                                   |  |  |  |  |  |                         |                      |                        |                     |             |                              |
| <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 MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b>        | <b>TRAPPED</b>      |             |                              |
| 5   |                                   |                                   |  |  |  | 4  | <input type="checkbox"/>                         | 1                       | 1                    | 4                      | 1                   |             |                              |
| <b>OL STATE</b>                           | <b>OPERATOR LICENSE NUMBER</b>    |                                   |  | <b>OFFENSE CHARGED</b>                                 |  | <b>LOCAL CODE</b>                        | <b>OFFENSE DESCRIPTION</b>                       |                         |                      | <b>CITATION NUMBER</b> |                     |             |                              |
| OH  | TN321476                          |                                   |  | MTV 333.03A  |  |  | ACDA- Assured Clear Distance Ah                  |                         |                      | MVP4201230003676       |                     |             |                              |
| <b>OL CLASS</b>                           | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> |  | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |  | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b>     |                      |                        | <b>DRUG TEST(S)</b> |             |                              |
|   |                                   |                                   |  | 1  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | 1  | <b>STATUS</b>           | <b>TYPE</b>          | <b>VALUE</b>           | <b>STATUS</b>       | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|   |                                   |                                   |  |  |  |  |  | 1                       | 1                    | .                      | 1                   | 1           |                              |

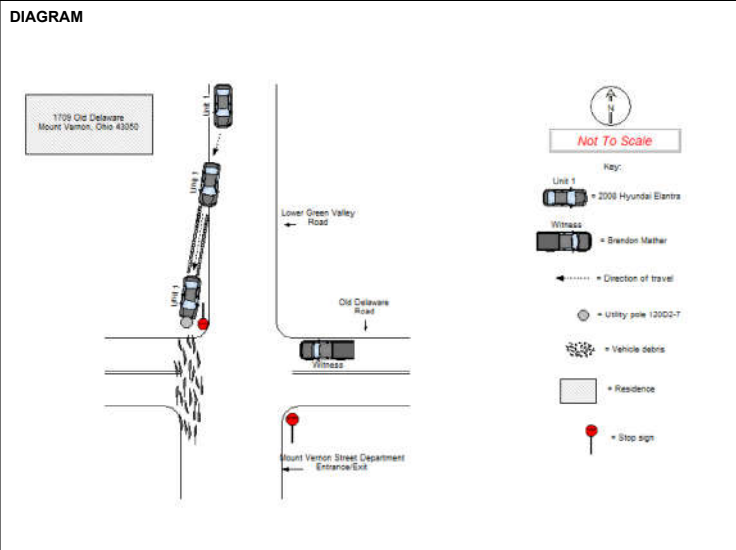
|   |                                   |                                   |  |  |  |  |  |                         |                      |                        |                     |             |                              |
|---|-----------------------------------|-----------------------------------|--|--|--|--|--|-------------------------|----------------------|------------------------|---------------------|-------------|------------------------------|
| <b>UNIT #</b>                             | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |  |  |  | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>              | <b>GENDER</b>        |                        |                     |             |                              |
| 2   | MCDONALD, ROGER D                 |                                   |  |  |  | 02/07/1960                               |  | 63                      | M                    |                        |                     |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b>  |                                   |                                   |  |  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                         |                      |                        |                     |             |                              |
| 6811 JOHNSTOWN RD, MOUNT VERNON, OH 43050 |                                   |                                   |  |  |  |  |  |                         |                      |                        |                     |             |                              |
| <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 MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b>        | <b>TRAPPED</b>      |             |                              |
| 5   |                                   |                                   |  |  |  | 4  | <input type="checkbox"/>                         | 1                       | 1                    | 4                      | 1                   |             |                              |
| <b>OL STATE</b>                           | <b>OPERATOR LICENSE NUMBER</b>    |                                   |  | <b>OFFENSE CHARGED</b>                                 |  | <b>LOCAL CODE</b>                        | <b>OFFENSE DESCRIPTION</b>                       |                         |                      | <b>CITATION NUMBER</b> |                     |             |                              |
| OH  | RL615277                          |                                   |  |  |  |  |  |                         |                      |                        |                     |             |                              |
| <b>OL CLASS</b>                           | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> |  | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |  | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b>     |                      |                        | <b>DRUG TEST(S)</b> |             |                              |
| 4   |                                   |                                   |  | 1  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | 1  | <b>STATUS</b>           | <b>TYPE</b>          | <b>VALUE</b>           | <b>STATUS</b>       | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|   |                                   |                                   |  |  |  |  |  | 1                       | 1                    | .                      | 1                   | 1           |                              |

|  |                                   |                                   |  |  |  |  |  |                         |                      |                        |                     |             |                              |
|--|-----------------------------------|-----------------------------------|--|--|--|--|--|-------------------------|----------------------|------------------------|---------------------|-------------|------------------------------|
| <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 MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b>        | <b>TRAPPED</b>      |             |                              |
|  |                                   |                                   |  |  |  |  | <input type="checkbox"/>                         |                         |                      |                        |                     |             |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   |  | <b>OFFENSE CHARGED</b>                                 |  | <b>LOCAL CODE</b>                        | <b>OFFENSE DESCRIPTION</b>                       |                         |                      | <b>CITATION NUMBER</b> |                     |             |                              |
|  |                                   |                                   |  |  |  |  |  |                         |                      |                        |                     |             |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> |  | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |  | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b>     |                      |                        | <b>DRUG TEST(S)</b> |             |                              |
|  |                                   |                                   |  |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  |  | <b>STATUS</b>           | <b>TYPE</b>          | <b>VALUE</b>           | <b>STATUS</b>       | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |  |  |  |  |  |                         |                      | .                      |                     |             |                              |

| INJURIES  | SEATING POSITION   | AIR BAG   | OL CLASS   | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |
|---|--|---|--|---|--|--|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL   | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                   |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |   | <b>OL ENDORSEMENT</b><br>H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |  |
| <b>SAFETY EQUIPMENT</b><br>1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |   | <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |  |
|   |  |   |  | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN   |  | <b>DRUG TEST RESULT(S)</b><br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |

|   |   |   |   |  |   |   |  |  |
|---|---|---|---|--|---|---|--|--|
| <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3<br><input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY   |   | <b>LOCAL INFORMATION</b><br><b>REPORTING AGENCY NAME*</b><br>Mt Vernon Police Department  |   | <b>LOCAL REPORT NUMBER*</b><br>M-P2304131  |   |   |  |  |
| <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY  |   | <b>NCIC*</b><br>04201   |   | <b>HIT/SKIP</b><br><input type="checkbox"/> 1 - SOLVED<br><input type="checkbox"/> 2 - UNSOLVED  | <b>NUMBER OF UNITS</b><br>1   | <b>UNIT IN ERROR</b><br><input type="checkbox"/> 1 98 - ANIMAL<br><input type="checkbox"/> 99 - UNKNOWN   |  |  |
| <b>COUNTY*</b><br>42  | <b>LOCALITY*</b><br><input checked="" type="checkbox"/> 1 - CITY<br><input type="checkbox"/> 2 - VILLAGE<br><input type="checkbox"/> 3 - TOWNSHIP   | <b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b><br>Mount Vernon   |   | <b>CRASH DATE/TIME*</b><br>12/01/2023 10:05  |   | <b>CRASH SEVERITY</b><br><input checked="" type="checkbox"/> 4<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                              |  |  |
| <b>ROUTE TYPE</b><br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   | <b>ROUTE NUMBER</b><br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   | <b>PREFIX</b><br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   | <b>LOCATION ROAD NAME</b><br>LOWER GREEN VALLEY   |  | <b>ROAD TYPE</b><br>RD  | <b>LATITUDE</b><br>40.396339  |  |  |
| <b>ROUTE TYPE</b><br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   | <b>ROUTE NUMBER</b><br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   | <b>PREFIX</b><br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   | <b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b><br>OLD DELAWARE  |  | <b>ROAD TYPE</b><br>RD  | <b>LONGITUDE</b><br>-82.513020  |  |  |
| <b>REFERENCE POINT</b><br><input checked="" type="checkbox"/> 1 - INTERSECTION<br><input type="checkbox"/> 2 - MILE POST<br><input type="checkbox"/> 3 - HOUSE #  | <b>DIRECTION FROM REFERENCE</b><br><input checked="" type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  | <b>ROUTE TYPE</b><br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  | <b>ROAD TYPE</b><br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS  | <b>ROAD TYPE</b><br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   | <b>RD - ROAD</b><br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY  | <b>INTERSECTION RELATED</b><br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br><b>NUMBER OF APPROACHES</b><br><input type="checkbox"/> ROADWAY DIVIDED |  |  |
| <b>DISTANCE FROM REFERENCE</b><br>154   | <b>DISTANCE UNIT OF MEASURE</b><br><input checked="" type="checkbox"/> 1 - MILES<br><input type="checkbox"/> 2 - FEET<br><input type="checkbox"/> 3 - YARDS   | <b>IR - INTERSTATE ROUTE (TP)</b><br><b>US - FEDERAL US ROUTE</b><br><b>SR - STATE ROUTE</b><br><b>CR - NUMBERED COUNTY ROUTE</b><br><b>TR - NUMBERED TOWNSHIP ROUTE</b>  | <b>AL - ALLEY</b><br><b>AV - AVENUE</b><br><b>BL - BOULEVARD</b><br><b>CR - CIRCLE</b><br><b>CT - COURT</b><br><b>DR - DRIVE</b><br><b>HE - HEIGHTS</b>   | <b>HW - HIGHWAY</b><br><b>LA - LANE</b><br><b>MP - MILEPOST</b><br><b>OV - OVAL</b><br><b>PK - PARKWAY</b><br><b>PI - PIKE</b><br><b>PL - PLACE</b>  | <b>RD - ROAD</b><br><b>SQ - SQUARE</b><br><b>ST - STREET</b><br><b>TE - TERRACE</b><br><b>TL - TRAIL</b><br><b>WA - WAY</b>                                     | <b>ROADWAY</b><br><input type="checkbox"/> ROADWAY DIVIDED  |  |  |
| <b>LOCATION OF FIRST HARMFUL EVENT</b><br><input checked="" type="checkbox"/> 1 - ON ROADWAY<br><input type="checkbox"/> 2 - ON SHOULDER<br><input type="checkbox"/> 3 - IN MEDIAN<br><input type="checkbox"/> 4 - ON ROADSIDE<br><input type="checkbox"/> 5 - ON GORE<br><input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY<br><input type="checkbox"/> 7 - ON RAMP<br><input type="checkbox"/> 8 - OFF RAMP |   | <b>9 - CROSSOVER</b><br><input type="checkbox"/> 10 - DRIVEWAY/ALLEY ACCESS<br><input type="checkbox"/> 11 - RAILWAY GRADE CROSSING<br><input type="checkbox"/> 12 - SHARED USE PATHS OR TRAILS<br><input type="checkbox"/> 13 - BIKE LANE<br><input type="checkbox"/> 14 - TOLL BOOTH<br><input type="checkbox"/> 99 - OTHER/UNKNOWN |   | <b>MANNER OF CRASH COLLISION/IMPACT</b><br><input checked="" type="checkbox"/> 1 - NOT COLLISION<br><input type="checkbox"/> 2 - REAR-END<br><input type="checkbox"/> 3 - HEAD-ON<br><input type="checkbox"/> 4 - REAR-TO-REAR<br><input type="checkbox"/> 5 - BACKING<br><input type="checkbox"/> 6 - ANGLE<br><input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION<br><input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION<br><input type="checkbox"/> 9 - OTHER/UNKNOWN |   | <b>DIRECTION OF TRAVEL</b><br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  | <b>MEDIAN TYPE</b><br><input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br><input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br><input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN<br><input type="checkbox"/> 4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br><input type="checkbox"/> 9 - OTHER/UNKNOWN |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   | <b>WORK ZONE TYPE</b><br><input type="checkbox"/> 1 - LANE CLOSURE<br><input type="checkbox"/> 2 - LANE SHFT/CROSSOVER<br><input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN<br><input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK<br><input type="checkbox"/> 5 - OTHER |   | <b>LOCATION OF CRASH IN WORK ZONE</b><br><input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA<br><input type="checkbox"/> 3 - TRANSITION AREA<br><input type="checkbox"/> 4 - ACTIVITY AREA<br><input type="checkbox"/> 5 - TERMINATION AREA |  | <b>CONTOUR</b><br><input checked="" type="checkbox"/> 1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN | <b>CONDITIONS</b><br><input checked="" type="checkbox"/> 2<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             | <b>SURFACE</b><br><input checked="" type="checkbox"/> 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   |  |
| <b>LIGHT CONDITION</b><br><input checked="" type="checkbox"/> 1<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  |   | <b>WEATHER</b><br><input checked="" type="checkbox"/> 4<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   |   | <b>CRASH REPORTED DATE/TIME</b><br>12/01/2023 10:06  | <b>DISPATCH DATE/TIME</b><br>12/01/2023 10:07   | <b>ARRIVAL DATE/TIME</b><br>12/01/2023 10:08  | <b>SCENE CLEARED DATE/TIME</b><br>12/01/2023 11:54   | <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP) |
| <b>TOTAL TIME ROADWAY CLOSED</b><br>0   | <b>OTHER INVESTIGATION TIME</b><br>25   | <b>TOTAL MINUTES</b><br>132   | <b>OFFICER'S NAME*</b><br>Trowbridge, Justin  | <b>CHECKED BY OFFICER'S NAME*</b>  |   | <b>OFFICER'S BADGE NUMBER*</b><br>292-23  | <b>CHECKED BY OFFICER'S BADGE NUMBER*</b>  |  |

**NARRATIVE**  
 Unit 1 was traveling southbound on Lower Green Valley Road. Unit 1 left the right side of the road and collided with a utility pole on the northwest side of Lower Green Valley Road at Old Delaware Road.



M-P2304131

|  |   |  |
|--|---|--|
| <b>UNIT #</b><br>1   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>POSEY, SHAWNA MARIE   | <b>OWNER PHONE:</b> INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                      |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>115 MANSFIELD AVENUE, MOUNT VERNON, OH 43050   |   |  |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE   |
| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>KCX6611   | <b>VEHICLE IDENTIFICATION #</b><br>KMHJU46D38U280570   |
| <b>VEHICLE YEAR</b><br>2008  | <b>VEHICLE MAKE</b><br>Hyundai  |  |
| <input type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b>  | <b>INSURANCE POLICY #</b>  |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>  | <b>US DOT #</b>   | <b>TOWED BY:</b> COMPANY NAME  |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b> <input type="checkbox"/> <b>HIT/SKIP UNIT</b>  | <b># OCCUPANTS</b><br>1   | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.     |
| <b>UNIT TYPE</b><br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - MOTORCYCLE<br>8 - MOTORCYCLE<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  | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> <b>MATERIAL CLASS #</b> <input type="checkbox"/> <b>PLACARD ID #</b>  |  |
| <b># OF TRAILING UNITS</b><br>0  | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?</b><br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN  |  |
| <b>SPECIAL FUNCTION</b><br>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 EQUIPMENT<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   | <b>CARGO BODY TYPE</b><br>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 - CARGO VAN/ 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                           |  |
| <b>VEHICLE DEFECTS</b><br>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   | <b>NON-MOTORIST LOCATION AT IMPACT</b><br>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 OR TRAILS<br>11 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN |  |
| <b>ACTION</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN<br>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<br>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<br>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<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN  | <b>VEHICLE DEFECTS</b><br>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  |  |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>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  | <b>INITIAL POINT OF CONTACT</b><br>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   |  |
| <b>SEQUENCE OF EVENTS</b><br>1 - OVERTURN/ ROLL-OVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - 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<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIUM CABLE BARRIER<br>34 - MEDIUM GUARDRAIL BARRIER<br>35 - MEDIUM CONCRETE BARRIER<br>36 - MEDIUM OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>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<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN | <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br>2 - TWO-WAY<br><b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL  |  |
| <b>EVENT(S)</b><br>1 - 8<br>2 - 40<br>3 -<br>4 -<br>5 -<br>6 -   | <b># OF THROUGH LANES ON ROAD</b><br>2<br><b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |  |
| <b>FIRST HARMFUL EVENT</b><br>1  | <b>UNIT / NON-MOTORIST DIRECTION</b><br>FROM 1 TO 2<br>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  |  |
| <b>MOST HARMFUL EVENT</b><br>2   | <b>UNIT SPEED</b><br>35   | <b>DETECTED SPEED</b><br>3<br>1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED |

**DAMAGE**

**DAMAGE SCALE**

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

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

**INITIAL POINT OF CONTACT**

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

**TRAFFIC**

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

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

**UNIT SPEED**  
35

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

**LOCAL REPORT NUMBER\***  
M-P2304131

|  |                                   |                                   |                        |  |  |                              |  |                         |                        |                     |                |             |                              |
|--|-----------------------------------|-----------------------------------|------------------------|--|--|------------------------------|--|-------------------------|------------------------|---------------------|----------------|-------------|------------------------------|
| <b>UNIT #</b>                                | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |                        |  |  | <b>DATE OF BIRTH</b>         |  | <b>AGE</b>              | <b>GENDER</b>          |                     |                |             |                              |
| 1  | POSEY, SHAWNA MARIE               |                                   |                        |  |  | 10/30/1986                   |  | 37                      | F                      |                     |                |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b>     |                                   |                                   |                        |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |                              |  |                         |                        |                     |                |             |                              |
| 115 MANSFIELD AVENUE, MOUNT VERNON, OH 43050 |                                   |                                   |                        |  |  |                              |  |                         |                        |                     |                |             |                              |
| <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 MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b>     | <b>TRAPPED</b> |             |                              |
| 4  | 2                                 | MOUNT VERNON FIRE DE              |                        | KNOX COMMUNITY HOSPITAL, MOUNT VERNON                  |  | 1                            | <input type="checkbox"/>                         | 1                       | 2                      | 4                   | 1              |             |                              |
| <b>OL STATE</b>                              | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b> |  | <b>LOCAL CODE</b>  | <b>OFFENSE DESCRIPTION</b>   |  |                         | <b>CITATION NUMBER</b> |                     |                |             |                              |
| OH   | SX730134                          |                                   | 4511.202A              |  |  | Failure To Control Vehicle   |  |                         | MVP4201230003679       |                     |                |             |                              |
| <b>OL CLASS</b>                              | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> |                        | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |                              | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b>     |                        | <b>DRUG TEST(S)</b> |                |             |                              |
| 6  |                                   |                                   |                        | 9  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              | 1  | <b>STATUS</b>           | <b>TYPE</b>            | <b>VALUE</b>        | <b>STATUS</b>  | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |                        |  |  |                              |  | 1                       | 1                      | .                   | 1              | 1           |                              |

|  |                                   |                                   |                        |  |  |                              |  |                         |                        |                     |                |             |                              |
|--|-----------------------------------|-----------------------------------|------------------------|--|--|------------------------------|--|-------------------------|------------------------|---------------------|----------------|-------------|------------------------------|
| <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 MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b>     | <b>TRAPPED</b> |             |                              |
|  |                                   |                                   |                        |  |  |                              | <input type="checkbox"/>                         |                         |                        |                     |                |             |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b> |  | <b>LOCAL CODE</b>  | <b>OFFENSE DESCRIPTION</b>   |  |                         | <b>CITATION NUMBER</b> |                     |                |             |                              |
|  |                                   |                                   |                        |  |  |                              |  |                         |                        |                     |                |             |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> |                        | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |                              | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b>     |                        | <b>DRUG TEST(S)</b> |                |             |                              |
|  |                                   |                                   |                        |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              |  | <b>STATUS</b>           | <b>TYPE</b>            | <b>VALUE</b>        | <b>STATUS</b>  | <b>TYPE</b> | <b>RESULT 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 MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b>     | <b>TRAPPED</b> |             |                              |
|  |                                   |                                   |                        |  |  |                              | <input type="checkbox"/>                         |                         |                        |                     |                |             |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b> |  | <b>LOCAL CODE</b>  | <b>OFFENSE DESCRIPTION</b>   |  |                         | <b>CITATION NUMBER</b> |                     |                |             |                              |
|  |                                   |                                   |                        |  |  |                              |  |                         |                        |                     |                |             |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> |                        | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |                              | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b>     |                        | <b>DRUG TEST(S)</b> |                |             |                              |
|  |                                   |                                   |                        |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              |  | <b>STATUS</b>           | <b>TYPE</b>            | <b>VALUE</b>        | <b>STATUS</b>  | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |                        |  |  |                              |  |                         |                        | .                   |                |             |                              |

| INJURIES  | SEATING POSITION   | AIR BAG   | OL CLASS  | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |
|---|--|---|---|---|--|--|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |   | <b>OL ENDORSEMENT</b><br>H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT  |   | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |  |
| <b>SAFETY EQUIPMENT</b><br>1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |   | <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |   | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |  |
|   |  |   | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN |   | <b>DRUG TEST RESULT(S)</b><br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS   |  |

**LOCAL REPORT NUMBER\***  
M-P2304131

|                 |                                   |                           |                                   |  |                              |  |                          |                          |                          |                          |
|-----------------|-----------------------------------|---------------------------|-----------------------------------|--|------------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                     | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     | AGE  | GENDER                       |  |                          |                          |                          |                          |
|                 | ADDRESS: STREET, CITY, STATE, ZIP |                           | CONTACT PHONE - INCLUDE AREA CODE |  |                              |  |                          |                          |                          |                          |
|                 | <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 MC HELMET | <b>SEATING POSITION</b>  | <b>AIR BAG USAGE</b>     | <b>EJECTION</b>          | <b>TRAPPED</b>           |
|                 | <input type="checkbox"/>          | <input type="checkbox"/>  |                                   |  | <input type="checkbox"/>     | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| INJURY                       | SAFETY EQUIPMENT USED                         | SEATING POSITION   | AIR BAG USAGE                  |
|------------------------------|---|--|--------------------------------|
| 1 - FATAL                    | 1 - NONE USED - VEHICLE OCCUPANT              | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED               |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED                   | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT             |
| 3 - SUSPECTED MINOR INJURY   | 3 - LAP BELT ONLY USED                        | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE              |
| 4 - POSSIBLE INJURY          | 4 - SHOULDER & LAP BELT USED                  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT / SIDE |
| 5 - NO APPARENT INJURY       | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE             |
|                              | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN         |
|                              | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                |
|                              | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   |                                |
|                              | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT  |                                |
|                              | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB  |                                |
|                              | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                                |
|                              | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |                                |
|                              |   | 13 - TRAILING UNIT   |                                |
|                              |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                                |
|                              |   | 15 - NON-MOTORIST  |                                |
|                              |   | 99 - OTHER / UNKNOWN   |                                |

|                |  |                      |                                   |     |        |
|----------------|--|----------------------|-----------------------------------|-----|--------|
| <b>WITNESS</b> | <b>NAME:</b> LAST, FIRST, MIDDLE       | MATHER, BRENDON SKYE | DATE OF BIRTH                     | AGE | GENDER |
|                | ADDRESS: STREET, CITY, STATE, ZIP      |                      | CONTACT PHONE - INCLUDE AREA CODE |     |        |
|                | 1672 GINKGO CT APT 366, KENT, OH 44240 |                      |                                   |     |        |



Mount Vernon Police Department  
 Office of the Chief of Police  
 5 North Gay Street  
 Mount Vernon, Ohio 43050



Basic Accident Report

Printed on December 4, 2023

**Agency** Mt Vernon Police Department  
**Accident Date** 12/01/23 14:53  
**Accident #** M-23-4133  
**Case #** M-P2304133

**Unit 1**

**Name**

**Name** MURPHY, JOHN PATRICK, JR  
**Address** 15707 UPPER FREDERICKTOWN RD  
 FREDERICKTOWN, OH 43019  
**DOB** 12/5/88  
**Sex** Male  
**OLN** SW537780  
**OLN State** OH  
**OLN Class** Class D  
**OLN Exp. Year** 2021

**Vehicle**

**Plate** OH HVJ8555 Passenger Car expires 2024  
**VIN** 1GNSKJKC7GR265656  
**Vehicle Model** 2016 Chevrolet Suburban  
**Vehicle Style** Black Stationwagon  
**Vehicle Features**  
**Owner 1** MURPHY, KEYARA DAWN  
**Owner 2**

**Unit 2**

**Vehicle**

**Plate** OH JDV5753 Passenger Car expires 2024  
**VIN** JTHBA30G965176382  
**Vehicle Model** 2006 Lexus ES330  
**Vehicle Style** Tan Sedan 4 Door  
**Vehicle Features**  
**Owner 1** THEIBERT, KYLE MERRILL  
**Owner 2**

**Other Information**

UNIT 2 WAS PARKED AT THE GAS PUMP FACING WEST. UNIT 1 WAS BACKING OUT OF A MARKED SPACE AND STRUCK THE REAR PASSENGER SIDE CORNER OF UNIT 2.

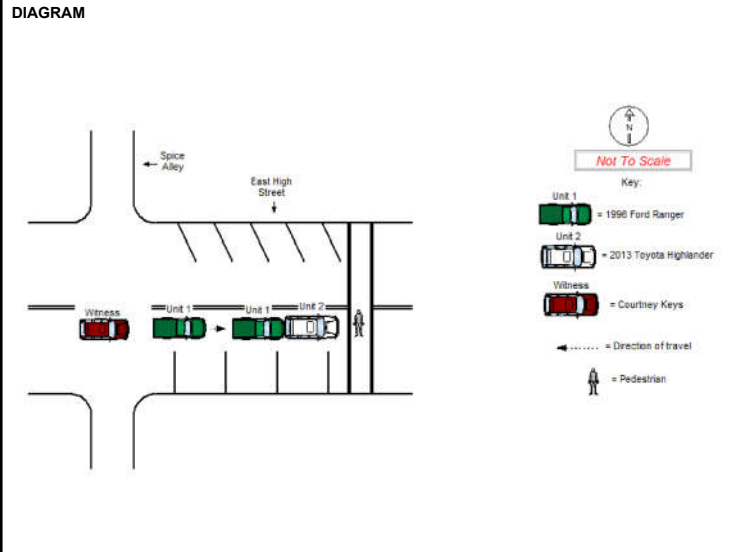
UNIT 1 HAD ONE PASSENGER: MALCOM J, MURPHY DOB 6-9-22

UNIT 2 HAD THREE PASSENGERS: KAYLIE THEIBERT 5-4-2009, KENDALL THEIBERT 1-17-2012, VINCENT KISER 9-8-2007

UNIT 1 INSURANCE PROGRESSIVE 970 825 165  
 UNIT 2 INSURANCE STATEFARM D-43 7328 B24 35

|   |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |
|---|--|--|--|--|--|--|--|--|--|---|--|---|--|---|--|---|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY  |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER  |  | <input checked="" type="checkbox"/> OH-3   |  | <b>LOCAL INFORMATION</b><br>REPORTING AGENCY NAME*<br>Mt Vernon Police Department  |  | NCIC*<br>04201   |  | M-P2304134  |  | HIT/SKIP<br><input type="checkbox"/> 1 - SOLVED<br><input type="checkbox"/> 2 - UNSOLVED  |  | NUMBER OF UNITS<br>2  |  | UNIT IN ERROR<br><input checked="" type="checkbox"/> 1 98 - ANIMAL<br><input type="checkbox"/> 99 - UNKNOWN |  |
| COUNTY*<br>42   |  | LOCALITY*<br><input checked="" type="checkbox"/> 1 - CITY<br><input type="checkbox"/> 2 - VILLAGE<br><input type="checkbox"/> 3 - TOWNSHIP   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Mount Vernon   |  | CRASH DATE/TIME*<br>12/01/2023 15:00   |  | CRASH SEVERITY<br><input checked="" type="checkbox"/> 5<br><input type="checkbox"/> 1 - FATAL<br><input type="checkbox"/> 2 - SERIOUS INJURY SUSPECTED<br><input type="checkbox"/> 3 - MINOR INJURY SUSPECTED<br><input type="checkbox"/> 4 - INJURY POSSIBLE<br><input type="checkbox"/> 5 - PROPERTY DAMAGE ONLY   |  |   |  |   |  |   |  |   |  |
| <b>LOCATION</b><br>ROUTE TYPE<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input checked="" type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  |  | ROUTE NUMBER<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   |  | PREFIX<br><input checked="" type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  |  | LOCATION ROAD NAME<br>HIGH   |  | ROAD TYPE<br>ST  |  | LATITUDE<br>40.393498   |  | LONGITUDE<br>-82.483486   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>SPICE  |  | ROAD TYPE<br>AL   |  |
| REFERENCE POINT<br><input checked="" type="checkbox"/> 1 - INTERSECTION<br><input type="checkbox"/> 2 - MILE POST<br><input type="checkbox"/> 3 - HOUSE #   |  | DIRECTION FROM REFERENCE<br><input checked="" type="checkbox"/> 3<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 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  |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS  |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE  |  | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY   |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br><input type="checkbox"/> |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |  |   |  |
| DISTANCE FROM REFERENCE<br>30   |  | DISTANCE UNIT OF MEASURE<br><input checked="" type="checkbox"/> 2<br><input type="checkbox"/> 1 - MILES<br><input type="checkbox"/> 2 - FEET<br><input type="checkbox"/> 3 - YARDS   |  | LOCATION OF FIRST HARMFUL EVENT<br><input checked="" type="checkbox"/> 1 - ON ROADWAY<br><input type="checkbox"/> 2 - ON SHOULDER<br><input type="checkbox"/> 3 - IN MEDIAN<br><input type="checkbox"/> 4 - ON ROADSIDE<br><input type="checkbox"/> 5 - ON GORE<br><input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY<br><input type="checkbox"/> 7 - ON RAMP<br><input type="checkbox"/> 8 - OFF RAMP |  | MANNER OF CRASH COLLISION/IMPACT<br><input checked="" type="checkbox"/> 2<br><input type="checkbox"/> 1 - NOT COLLISION<br><input type="checkbox"/> 4 - REAR-TO-REAR BETWEEN<br><input type="checkbox"/> 5 - BACKING<br><input type="checkbox"/> 6 - ANGLE<br><input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION<br><input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION<br><input type="checkbox"/> 9 - OTHER/UNKNOWN |  | DIRECTION OF TRAVEL<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  |  | MEDIAN TYPE<br><input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br><input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br><input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN<br><input type="checkbox"/> 4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br><input type="checkbox"/> 9 - OTHER/UNKNOWN                       |  |   |  |   |  |   |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |  | WORK ZONE TYPE<br><input type="checkbox"/> 1 - LANE CLOSURE<br><input type="checkbox"/> 2 - LANE SHFT/CROSSOVER<br><input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN<br><input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK<br><input type="checkbox"/> 5 - OTHER |  | LOCATION OF CRASH IN WORK ZONE<br><input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA<br><input type="checkbox"/> 3 - TRANSITION AREA<br><input type="checkbox"/> 4 - ACTIVITY AREA<br><input type="checkbox"/> 5 - TERMINATION AREA   |  | CONTOUR<br><input checked="" type="checkbox"/> 2<br><input type="checkbox"/> 1 - STRAIGHT LEVEL<br><input type="checkbox"/> 2 - STRAIGHT GRADE<br><input type="checkbox"/> 3 - CURVE LEVEL<br><input type="checkbox"/> 4 - CURVE GRADE<br><input type="checkbox"/> 9 - OTHER/ UNKNOWN  |  | CONDITIONS<br><input checked="" type="checkbox"/> 2<br><input type="checkbox"/> 1 - DRY<br><input type="checkbox"/> 2 - WET<br><input type="checkbox"/> 3 - SNOW<br><input type="checkbox"/> 4 - ICE<br><input type="checkbox"/> 5 - SAND, MUD, DIRT, OIL, GRAVEL<br><input type="checkbox"/> 6 - WATER (STANDING, MOVING)<br><input type="checkbox"/> 7 - SLUSH<br><input type="checkbox"/> 9 - OTHER/UNKNOWN |  | SURFACE<br><input checked="" type="checkbox"/> 2<br><input type="checkbox"/> 1 - CONCRETE<br><input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT<br><input type="checkbox"/> 3 - BRICK/BLOCK<br><input type="checkbox"/> 4 - SLAG, GRAVEL, STONE<br><input type="checkbox"/> 5 - DIRT<br><input type="checkbox"/> 9 - OTHER/ UNKNOWN |  |   |  |   |  |   |  |
| LIGHT CONDITION<br><input checked="" type="checkbox"/> 1<br><input type="checkbox"/> 1 - DAYLIGHT<br><input type="checkbox"/> 2 - DAWN/DUSK<br><input type="checkbox"/> 3 - DARK - LIGHTED ROADWAY<br><input type="checkbox"/> 4 - DARK - ROADWAY NOT LIGHTED<br><input type="checkbox"/> 5 - DARK - UNKNOWN ROADWAY LIGHTING<br><input type="checkbox"/> 9 - OTHER/UNKNOWN |  | WEATHER<br><input checked="" type="checkbox"/> 2<br><input type="checkbox"/> 1 - CLEAR<br><input type="checkbox"/> 2 - CLOUDY<br><input type="checkbox"/> 3 - FOG, SMOG, SMOKE<br><input type="checkbox"/> 4 - RAIN<br><input type="checkbox"/> 5 - SLEET, HAIL              |  | <input type="checkbox"/> 6 - SNOW<br><input type="checkbox"/> 7 - SEVERE CROSSWINDS<br><input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW<br><input type="checkbox"/> 9 - FREEZING RAIN OR FREEZING DRIZZLE<br><input type="checkbox"/> 99 - OTHER/UNKNOWN  |  | CRASH REPORTED DATE/TIME<br>12/01/2023 15:01   |  | DISPATCH DATE/TIME<br>12/01/2023 15:01   |  | ARRIVAL DATE/TIME<br>12/01/2023 15:01   |  | SCENE CLEARED DATE/TIME<br>12/01/2023 15:36   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP) |  |   |  |
| TOTAL TIME ROADWAY CLOSED<br>0  |  | OTHER INVESTIGATION TIME<br>25   |  | TOTAL MINUTES<br>60  |  | OFFICER'S NAME*<br>Trowbridge, Justin  |  | CHECKED BY OFFICER'S NAME*   |  | OFFICER'S BADGE NUMBER*<br>292-23   |  | CHECKED BY OFFICER'S BADGE NUMBER*  |  |   |  |   |  |

**NARRATIVE**  
 Unit 1 and Unit 2 were eastbound on East High Street. Unit 2 stopped for a pedestrian within the crosswalk. Unit 1 failed to stop and struck Unit 2 in the rear-end.



M-P2304134

|  |   |  |
|--|---|--|
| <b>UNIT #</b><br>1   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>HINKENS, DANIEL T   | <b>OWNER PHONE:</b> INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER  |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>301 E MAIN ST, DANVILLE, OH 43014              |   |  |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE   |
| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>EID6174   | <b>VEHICLE IDENTIFICATION #</b><br>1FTCR10A5TUD73923   |
| <b>VEHICLE YEAR</b><br>1996  | <b>VEHICLE MAKE</b><br>Ford   |  |
| <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>OHIO MUTUAL INSURANCE COMPANY   | <b>INSURANCE POLICY #</b><br>AAO005083900  |
| <b>COLOR</b><br>Green  | <b>VEHICLE MODEL</b><br>Ranger  |  |
| <b>TYPE OF USE</b><br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | <b>US DOT #</b>  |
| <b>INTERLOCK DEVICE EQUIPPED</b>   | <b>HIT/SKIP UNIT</b>  | <b># OCCUPANTS</b><br>1  |
| <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.   |   | <b>TOWED BY:</b> COMPANY NAME<br>BUCKEYE AUTO  |
| <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                 |   |  |
| <b>UNIT TYPE</b><br>4  | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN   | 7 - MOTORCYCLE<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)   |
| <b># OF TRAILING UNITS</b><br>0  | 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                |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?</b><br>2   | 1 - YES 2 - NO 9 - OTHER/UNKNOWN  | <b>AUTONOMOUS MODE LEVEL</b><br>0  |
| <b>SPECIAL FUNCTION</b><br>1   | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT   | 5 - BUS - CHARTER/TOUR<br>6 - BUS - INTERCITY<br>7 - BUS - SHUTTLE<br>8 - BUS - OTHER<br>9 - BUS - TRANSIT /COMMUTER   |
| <b>CARGO BODY TYPE</b><br>1  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS  | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING  |
| <b>VEHICLE DEFECTS</b>   | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT   |
| <b>NON-MOTORIST LOCATION AT IMPACT</b>   | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK  | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION  |
| <b>ACTION</b><br>3   | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN   | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/<br>PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN            |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>8   | 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   | 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                |
| <b>SEQUENCE OF EVENTS</b>  |   |  |
| <b>EVENT(S)</b>  | 1 - OVERTURN/ ROLL-OVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT  | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN   |
| <b>EVENTS</b>  | 11 - CROSS CENTERLINE<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE  | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE                |
| <b>COLLISION WITH FIXED OBJECT - STRUCK</b>  |   |  |
| 4  | 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 - MEDIUM CABLE BARRIER<br>34 - MEDIUM GUARDRAIL BARRIER<br>35 - MEDIUM CONCRETE BARRIER<br>36 - MEDIUM OTHER BARRIER |
| 5  | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT               | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT   |
| 6  | 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN  |  |
| <b>FIRST HARMFUL EVENT</b><br>1  | <b>MOST HARMFUL EVENT</b><br>1  |  |

|  |  |
|--|--|
| <b>DAMAGE</b>  |  |
| <b>DAMAGE SCALE</b>  |  |
| 4  | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN                                 |
| <b>DAMAGED AREA(S)</b><br>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 ] |  |
| <b>INITIAL POINT OF CONTACT</b>  |  |
| 12   | 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 |
| <b>TRAFFIC</b>   |  |
| <b>TRAFFICWAY FLOW</b>   | <b>TRAFFIC CONTROL</b>   |
| 2  | 1 - ONE-WAY<br>2 - TWO-WAY<br>6  |
| <b># OF THROUGH LANES ON ROAD</b>  | <b>RAIL GRADE CROSSING</b>   |
| 2  | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING  |
| <b>UNIT / NON-MOTORIST DIRECTION</b>   |  |
| FROM 4   | TO 3   |
| <b>UNIT SPEED</b>  | <b>DETECTED SPEED</b>  |
|  | 3  |
| <b>POSTED SPEED</b>  |  |
| 25   |  |

M-P2304134

|   |   |  |  |                                    |
|---|---|--|--|------------------------------------|
| <b>UNIT #</b><br>2  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>PLICHTA, LILLIE M |  | <b>OWNER PHONE:</b> INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER  |                                    |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>508 N BRADDOCK ST, MOUNT VERNON, OH 43050     |   |  |  |                                    |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP  |   |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE   |                                    |
| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b><br>HBN1426   | <b>VEHICLE IDENTIFICATION #</b><br>5TDDK3EH2DS214177   | <b>VEHICLE YEAR</b><br>2013  | <b>VEHICLE MAKE</b><br>Toyota      |
| <input type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>STATE FARM INSURANCE  | <b>INSURANCE POLICY #</b><br>2384628SFP35  | <b>COLOR</b><br>White  | <b>VEHICLE MODEL</b><br>Highlander |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b> |   | <b>US DOT #</b>  | <b>TOWED BY:</b> COMPANY NAME  |                                    |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>   | <input type="checkbox"/> <b>HIT/SKIP UNIT</b>   | <b># OCCUPANTS</b><br>1  | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> <b>MATERIAL CLASS #</b> <input type="checkbox"/> <b>PLACARD ID #</b> |                                    |
| <b>TYPE OF USE</b>  |   | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS. |  |                                    |
| <b>UNIT TYPE</b><br>3   |   | <b># OF TRAILING UNITS</b><br>0  |  |                                    |
| <b>SPECIAL FUNCTION</b><br>1  |   | <b>AUTONOMOUS MODE LEVEL</b><br>0  |  |                                    |
| <b>CARGO BODY TYPE</b><br>1   |   | <b>VEHICLE DEFECTS</b><br>1  |  |                                    |
| <b>VEHICLE DEFECTS</b><br>1   |   | <b>NON-MOTORIST LOCATION AT IMPACT</b><br>1  |  |                                    |
| <b>ACTION</b><br>4  |   | <b>CONTRIBUTING CIRCUMSTANCES</b><br>1   |  |                                    |
| <b>SEQUENCE OF EVENTS</b>   |   |  |  |                                    |
| <b>EVENTS</b>   |   |  |  |                                    |
| <b>COLLISION WITH FIXED OBJECT - STRUCK</b>   |   |  |  |                                    |
| <b>FIRST HARMFUL EVENT</b><br>1   |   | <b>MOST HARMFUL EVENT</b><br>1   |  |                                    |

|  |  |
|--|--|
| <b>DAMAGE</b>  |  |
| <b>DAMAGE SCALE</b>  |  |
| 2  | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN                                 |
| <b>DAMAGED AREA(S)</b><br>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 ] |  |
| <b>INITIAL POINT OF CONTACT</b>  |  |
| 6  | 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 |
| <b>TRAFFIC</b>   |  |
| <b>TRAFFICWAY FLOW</b>   | <b>TRAFFIC CONTROL</b>   |
| 2  | 6  |
| <b># OF THROUGH LANES ON ROAD</b>  | <b>RAIL GRADE CROSSING</b>   |
| 2  | 1  |
| <b>UNIT / NON-MOTORIST DIRECTION</b>   |  |
| FROM 4   | TO 3   |
| <b>UNIT SPEED</b>  | <b>DETECTED SPEED</b>  |
| 0  | 1  |
| <b>POSTED SPEED</b>  |  |
| 25   |  |

**LOCAL REPORT NUMBER\***  
M-P2304134

|  |                                   |                                   |  |  |  |                         |                        |                 |                     |               |             |                              |
|--|-----------------------------------|-----------------------------------|--|--|--|-------------------------|------------------------|-----------------|---------------------|---------------|-------------|------------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |  |  |  | <b>DATE OF BIRTH</b>    |                        | <b>AGE</b>      | <b>GENDER</b>       |               |             |                              |
| 1  | HINKENS, ALISSA KAY               |                                   |  |  |  | 06/09/1987              |                        | 36              | F                   |               |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                        |                 |                     |               |             |                              |
| 301 E MAIN ST, DANVILLE, OH 43014        |                                   |                                   |  |  |  |                         |                        |                 |                     |               |             |                              |
| <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 MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b> | <b>TRAPPED</b>      |               |             |                              |
| 5  |                                   |                                   |  | 4  | <input type="checkbox"/>                         | 1                       | 1                      | 4               | 1                   |               |             |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b>  | <b>OFFENSE DESCRIPTION</b>                       |                         | <b>CITATION NUMBER</b> |                 |                     |               |             |                              |
| OH                                       | SR382538                          |                                   | MTV 333.03A  |  | ACDA- Assured Clear Distance Ah                  |                         | MVP4201230003682       |                 |                     |               |             |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>    |                 | <b>DRUG TEST(S)</b> |               |             |                              |
|  |                                   |                                   | 7  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | 1                       | <b>STATUS</b>          | <b>TYPE</b>     | <b>VALUE</b>        | <b>STATUS</b> | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |  |  |  |                         | 1                      | 1               | .                   | 1             | 1           |                              |

|  |                                   |                                   |  |  |  |                         |                        |                 |                     |               |             |                              |
|--|-----------------------------------|-----------------------------------|--|--|--|-------------------------|------------------------|-----------------|---------------------|---------------|-------------|------------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |  |  |  | <b>DATE OF BIRTH</b>    |                        | <b>AGE</b>      | <b>GENDER</b>       |               |             |                              |
| 2  | HADZI-MANIC, BORISAV              |                                   |  |  |  | 03/07/1962              |                        | 61              | M                   |               |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                        |                 |                     |               |             |                              |
| 508 BRADDOCK ST, MOUNT VERNON, OH 43050  |                                   |                                   |  |  |  |                         |                        |                 |                     |               |             |                              |
| <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 MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b> | <b>TRAPPED</b>      |               |             |                              |
| 5  |                                   |                                   |  | 4  | <input type="checkbox"/>                         | 1                       | 1                      | 4               | 1                   |               |             |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b>  | <b>OFFENSE DESCRIPTION</b>                       |                         | <b>CITATION NUMBER</b> |                 |                     |               |             |                              |
| OH                                       | UP253860                          |                                   |  |  |  |                         |                        |                 |                     |               |             |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>    |                 | <b>DRUG TEST(S)</b> |               |             |                              |
|  |                                   |                                   | 1  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | 1                       | <b>STATUS</b>          | <b>TYPE</b>     | <b>VALUE</b>        | <b>STATUS</b> | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |  |  |  |                         | 1                      | 1               | .                   | 1             | 1           |                              |

|  |                                   |                                   |  |  |  |                         |                        |                 |                     |               |             |                              |
|--|-----------------------------------|-----------------------------------|--|--|--|-------------------------|------------------------|-----------------|---------------------|---------------|-------------|------------------------------|
| <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 MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b> | <b>TRAPPED</b>      |               |             |                              |
|  |                                   |                                   |  |  | <input type="checkbox"/>                         |                         |                        |                 |                     |               |             |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b>  | <b>OFFENSE DESCRIPTION</b>                       |                         | <b>CITATION NUMBER</b> |                 |                     |               |             |                              |
|  |                                   |                                   |  |  |  |                         |                        |                 |                     |               |             |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>    |                 | <b>DRUG TEST(S)</b> |               |             |                              |
|  |                                   |                                   |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  |                         | <b>STATUS</b>          | <b>TYPE</b>     | <b>VALUE</b>        | <b>STATUS</b> | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |  |  |  |                         |                        |                 | .                   |               |             |                              |

| INJURIES   | SEATING POSITION   | AIR BAG   | OL CLASS  | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |
|--|--|---|---|---|--|--|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |
| <b>INJURED TAKEN BY</b>  |  | <b>EJECTION</b>   | <b>OL ENDORSEMENT</b>   |   | <b>ALCOHOL TEST TYPE</b>   |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |  |
| <b>SAFETY EQUIPMENT</b>  |  | <b>TRAPPED</b>  | <b>GENDER</b>   |   | <b>DRUG TEST TYPE</b>  |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |  |
|  |  |   |   | <b>CONDITION</b>  | <b>DRUG TEST RESULT(S)</b>   |  |
|  |  |   |   | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN   | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS   |  |