



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



Basic Accident Report

Printed on August 11, 2025

**Agency** Mt Vernon Police Department  
**Accident Date** 08/07/25 14:27  
**Accident #** M-25-2635  
**Case #** M-P2502635

**Unit 1**

**Name**

**Name** GOINS, AUSTIN H  
**Address** 310 WOOSTER RD  
 MT VERNON, OH 43050  
**DOB** 10/15/92  
**Sex** Male  
**OLN** TD667731  
**OLN State** OH  
**OLN Class** Class D  
**OLN Exp. Year** 2013

**Vehicle**

**Plate** OH HNA8766 Passenger Car expires 2025  
**VIN** 3C4NJDBB8KT599812  
**Vehicle Model** 2019 Jeep  
**Vehicle Style** DARK BLUE Stationwagon  
**Vehicle Features**  
**Owner 1** GOINS, AUSTIN H  
**Owner 2**

**Unit 2**

**Name**

**Name** WEST, KRISTINE JONNELL  
**Address** 6 PARROTT ST  
 MOUNT VERNON, OH 43050  
**DOB** 1/11/77  
**Sex** Female  
**OLN** RU600885  
**OLN State** OH  
**OLN Class** Class D  
**OLN Exp. Year** 2030

**Other Information**

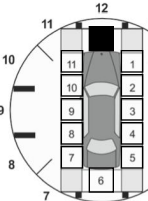
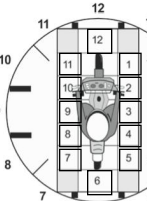

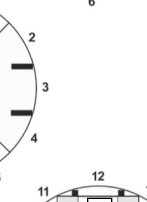
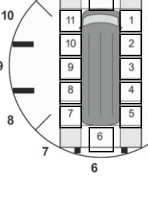
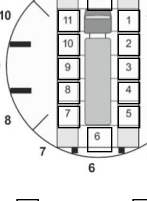
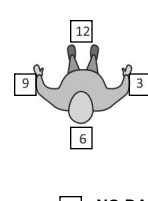
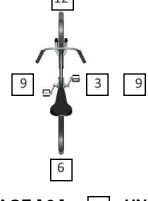
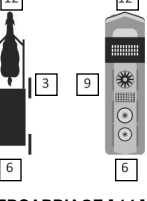
Unit 1 was pulling out of McDonald's exit and struck a bicycle traveling on the sidewalk.

Unit 1: Insurance - Griffin Insurance Policy #AAO0012200

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		<b>LOCAL INFORMATION</b> <b>REPORTING AGENCY NAME*</b> Mt Vernon Police Department		<b>LOCAL REPORT NUMBER*</b> M-P2502641		<b>HIT/SKIP</b> <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED		<b>NUMBER OF UNITS</b> 2		<b>UNIT IN ERROR</b> <input type="checkbox"/> 98 - ANIMAL <input type="checkbox"/> 99 - UNKNOWN			
<b>COUNTY*</b> 42		<b>LOCALITY*</b> <input checked="" type="checkbox"/> 1 - CITY <input type="checkbox"/> 2 - VILLAGE <input type="checkbox"/> 3 - TOWNSHIP		<b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b> Mount Vernon		<b>CRASH DATE/TIME*</b> 08/08/2025 07:03		<b>CRASH SEVERITY</b> <input checked="" type="checkbox"/> 1 - FATAL <input type="checkbox"/> 2 - SERIOUS INJURY SUSPECTED <input type="checkbox"/> 3 - MINOR INJURY SUSPECTED <input type="checkbox"/> 4 - INJURY POSSIBLE <input type="checkbox"/> 5 - PROPERTY DAMAGE ONLY							
<b>ROUTE TYPE</b> <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		<b>ROUTE NUMBER</b> <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		<b>LOCATION ROAD NAME</b> COSHOCTON		<b>ROAD TYPE</b> AV		<b>LATITUDE</b> 40.398437		<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> EDGEWOOD		<b>ROAD TYPE</b> BL		<b>LONGITUDE</b> -82.462646	
<b>REFERENCE POINT</b> <input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE #		<b>DIRECTION FROM REFERENCE</b> <input checked="" type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		<b>ROAD TYPE</b> AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		<b>ROAD TYPE</b> HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE						<b>INTERSECTION RELATED</b> <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	
<b>DISTANCE FROM REFERENCE</b> 206		<b>DISTANCE UNIT OF MEASURE</b> <input checked="" type="checkbox"/> 1 - MILES <input type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS		<b>LOCATION OF FIRST HARMFUL EVENT</b> <input checked="" type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY <input type="checkbox"/> 7 - ON RAMP <input type="checkbox"/> 8 - OFF RAMP		<b>MANNER OF CRASH COLLISION/IMPACT</b> <input checked="" type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2 - REAR-END <input type="checkbox"/> 3 - HEAD-ON		<b>DIRECTION OF TRAVEL</b> <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		<b>MEDIAN TYPE</b> <input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET) <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) <input type="checkbox"/> 9 - OTHER/UNKNOWN					
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		<b>WORK ZONE TYPE</b> <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA		<b>CONTOUR</b> <input checked="" type="checkbox"/> 1		<b>CONDITIONS</b> <input checked="" type="checkbox"/> 1		<b>SURFACE</b> <input checked="" type="checkbox"/> 2					
<b>LIGHT CONDITION</b> <input checked="" type="checkbox"/> 1 - DAYLIGHT <input type="checkbox"/> 2 - DAWN/DUSK <input type="checkbox"/> 3 - DARK - LIGHTED ROADWAY <input type="checkbox"/> 4 - DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 5 - DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 9 - OTHER/UNKNOWN		<b>WEATHER</b> <input checked="" type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 3 - FOG, SMOG, SMOKE <input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 5 - SLEET, HAIL		<input type="checkbox"/> 6 - SNOW <input type="checkbox"/> 7 - SEVERE CROSSWINDS <input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 9 - FREEZING RAIN OR FREEZING DRIZZLE <input type="checkbox"/> 99 - OTHER/UNKNOWN		<input type="checkbox"/> 1 - STRAIGHT LEVEL <input type="checkbox"/> 2 - STRAIGHT GRADE <input type="checkbox"/> 3 - CURVE LEVEL <input type="checkbox"/> 4 - CURVE GRADE <input type="checkbox"/> 9 - OTHER/ UNKNOWN		<input type="checkbox"/> 1 - DRY <input type="checkbox"/> 2 - WET <input type="checkbox"/> 3 - SNOW <input type="checkbox"/> 4 - ICE <input type="checkbox"/> 5 - SAND, MUD, DIRT, OIL, GRAVEL <input type="checkbox"/> 6 - WATER (STANDING, MOVING) <input type="checkbox"/> 7 - SLUSH <input type="checkbox"/> 9 - OTHER/UNKNOWN		<input type="checkbox"/> 1 - CONCRETE <input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT <input type="checkbox"/> 3 - BRICK/BLOCK <input type="checkbox"/> 4 - SLAG, GRAVEL, STONE <input type="checkbox"/> 5 - DIRT <input type="checkbox"/> 9 - OTHER/ UNKNOWN					
<b>NARRATIVE</b> Unit 1 and Unit 2 were traveling eastbound on Coshocton Avenue. Unit 1 was stopped for traffic and Unit 2 struck Unit 1 in the rear.						<b>DIAGRAM</b> 									
<b>CRASH REPORTED DATE/TIME</b> 08/08/2025 07:04		<b>DISPATCH DATE/TIME</b> 08/08/2025 07:04		<b>ARRIVAL DATE/TIME</b> 08/08/2025 07:08		<b>SCENE CLEARED DATE/TIME</b> 08/08/2025 07:58		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST							
<b>TOTAL TIME ROADWAY CLOSED</b> 0		<b>OTHER INVESTIGATION TIME</b> 20		<b>TOTAL MINUTES</b> 74		<b>OFFICER'S NAME*</b> McDonald, Matthew		<b>CHECKED BY OFFICER'S NAME*</b>							
				<b>OFFICER'S BADGE NUMBER*</b> 292-30		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b>									
<input type="checkbox"/> <b>SUPPLEMENT</b> (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)															

M-P2502641

<b>OWNER</b>	<b>UNIT #</b>	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) FRYE, IAN ALLEN VAUGH	<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 ) 408 S CEDAR 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>	<b>LICENSE PLATE #</b>	<b>VEHICLE IDENTIFICATION #</b>
	OH	JCS9185	KNAGE123X85213448
		<b>VEHICLE YEAR</b>	<b>VEHICLE MAKE</b>
		2008	Kia
	<input type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b>	<b>INSURANCE POLICY #</b>
		STATE FARM INS - TIM WORKMAN	2555684SFP35
	<b>TYPE OF USE</b>		<b>US DOT #</b>
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		
	<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b>
			1
	<b>VEHICLE WEIGHT GVWR/GCWR</b>		<b>TOWED BY:</b> COMPANY NAME
	<input type="checkbox"/> 1 - <= 10K LBS. <input type="checkbox"/> 2 - 10,001 - 26K LBS. <input type="checkbox"/> 3 - >= 26K LBS.		<b>MORRIS TOWING</b>
	<b>HAZARDOUS MATERIAL</b>		
	<input type="checkbox"/> MATERIAL RELEASED <b>CLASS #</b> <b>PLACARD ID #</b>		
	<input type="checkbox"/> PLACARD		
	<b>UNIT TYPE</b>	<b>1 - PASSENGER CAR</b>	<b>23 - PEDESTRIAN/ SKATER</b>
	1	<b>2 - PASSENGER VAN (MINIVAN)</b>	<b>24 - WHEELCHAIR (ANY TYPE)</b>
		<b>3 - SPORT UTILITY VEHICLE</b>	<b>25 - OTHER NON-MOTORIST</b>
		<b>4 - PICK UP</b>	<b>26 - BICYCLE</b>
		<b>5 - CARGO VAN</b>	<b>27 - TRAIN</b>
		<b>6 - BUS - CHARTER/TOUR</b>	<b>28 - UNKNOWN OR HIT/SKIP</b>
		<b>7 - MOTORCYCLE 2-WHEELED</b>	
		<b>8 - MOTORCYCLE 3-WHEELED</b>	
		<b>9 - AUTOCYCLE</b>	
		<b>10 - MOPED OR MOTORIZED BICYCLE</b>	
		<b>11 - ALL TERRAIN VEHICLE (ATV/UTV)</b>	
	<b># OF TRAILING UNITS</b>	<b>0 - NO AUTOMATION</b>	<b>3 - CONDITIONAL AUTOMATION</b>
	0	<b>1 - DRIVER ASSISTANCE</b>	<b>9 - UNKNOWN</b>
		<b>2 - PARTIAL AUTOMATION</b>	<b>4 - HIGH AUTOMATION</b>
		<b>3 - FULL AUTOMATION</b>	
	<b>SPECIAL FUNCTION</b>	<b>1 - NONE</b>	<b>16 - FARM</b>
	1	<b>2 - TAXI</b>	<b>17 - MOWING</b>
		<b>3 - ELECTRONIC RIDE SHARING</b>	<b>18 - SNOW REMOVAL</b>
		<b>4 - SCHOOL TRANSPORT</b>	<b>19 - TOWING</b>
		<b>5 - BUS - TRANSIT /COMMUTER</b>	<b>20 - SAFETY SERVICE PATROL</b>
		<b>6 - BUS - CHARTER/TOUR</b>	<b>21 - MAIL CARRIER</b>
		<b>7 - BUS - INTERCITY</b>	<b>99 - OTHER/UNKNOWN</b>
		<b>8 - BUS - SHUTTLE</b>	
		<b>9 - BUS - OTHER</b>	
		<b>10 - AMBULANCE</b>	
		<b>11 - FIRE</b>	
		<b>12 - MILITARY</b>	
		<b>13 - POLICE</b>	
		<b>14 - PUBLIC UTILITY</b>	
		<b>15 - CONSTRUCTION EQUIPMENT</b>	
		<b>1 - NO CARGO BODY TYPE / NOT APPLICABLE</b>	<b>8 - POLE</b>
		<b>2 - BUS</b>	<b>9 - CARGO TANK</b>
		<b>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE</b>	<b>10 - FLAT BED</b>
		<b>4 - LOGGING</b>	<b>11 - DUMP</b>
		<b>5 - INTERMODAL CONTAINER CHASSIS</b>	<b>12 - CONCRETE MIXER</b>
		<b>6 - CARGO VAN/ ENCLOSED BOX</b>	<b>13 - AUTO TRANSPORTER</b>
		<b>7 - GRAIN/CHIPS/GRAVEL</b>	<b>14 - GARBAGE/REFUSE</b>
			<b>99 - OTHER/UNKNOWN</b>
	<b>VEHICLE DEFECTS</b>	<b>1 - TURN SIGNALS</b>	<b>99 - OTHER/UNKNOWN</b>
		<b>2 - HEAD LAMPS</b>	
		<b>3 - TAIL LAMPS</b>	
		<b>4 - BRAKES</b>	
		<b>5 - STEERING</b>	
		<b>6 - TIRE BLOWOUT</b>	
		<b>7 - WORN OR SLICK TIRES</b>	
		<b>8 - TRAILER EQUIPMENT DEFECTIVE</b>	
		<b>9 - MOTOR TROUBLE</b>	
		<b>10 - DISABLED FROM PRIOR ACCIDENT</b>	
	<b>NON-MOTORIST LOCATION AT IMPACT</b>	<b>1 - INTERSECTION - MARKED CROSSWALK</b>	<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b>
		<b>2 - INTERSECTION - UNMARKED CROSSWALK</b>	<b>99 - OTHER/UNKNOWN</b>
		<b>3 - INTERSECTION - OTHER</b>	
		<b>4 - MIDBLOCK - MARKED CROSSWALK</b>	
		<b>5 - TRAVEL LANE - OTHER LOCATION</b>	
		<b>6 - BICYCLE LANE</b>	
		<b>7 - SHOULDER/ ROADSIDE</b>	
		<b>8 - SIDEWALK</b>	
		<b>9 - MEDIAN/CROSSING ISLAND</b>	
		<b>10 - DRIVEWAY ACCESS</b>	
		<b>11 - SHARED USE PATHS OR TRAILS</b>	
	<b>ACTION</b>	<b>1 - NON-CONTACT</b>	<b>18 - APPROACHING OR LEAVING VEHICLE</b>
		<b>2 - NON-COLLISION</b>	<b>19 - STANDING</b>
		<b>3 - STRIKING</b>	<b>20 - OTHER NON-MOTORIST</b>
		<b>4 - STRUCK</b>	<b>21 - STANDING OUTSIDE DISABLED VEHICLE</b>
		<b>5 - BOTH STRIKING &amp; STRUCK</b>	<b>99 - OTHER/UNKNOWN</b>
		<b>6 - MAKING LEFT TURN</b>	
		<b>7 - MAKING U-TURN</b>	
		<b>8 - ENTERING TRAFFIC LANE</b>	
		<b>9 - LEAVING TRAFFIC LANE</b>	
		<b>10 - PARKED</b>	
		<b>11 - SLOWING OR STOPPED IN TRAFFIC</b>	
		<b>12 - DRIVERLESS</b>	
		<b>13 - NEGOTIATING A CURVE</b>	
		<b>14 - ENTERING OR CROSSING SPECIFIED LOCATION</b>	
		<b>15 - WALKING, RUNNING, JOGGING, PLAYING</b>	
		<b>16 - WORKING</b>	
		<b>17 - PUSHING VEHICLE</b>	
	<b>CONTRIBUTING CIRCUMSTANCES</b>	<b>1 - NONE</b>	<b>21 - LYING IN ROADWAY</b>
		<b>2 - FAILURE TO YIELD</b>	<b>22 - NOT DISCERNIBLE</b>
		<b>3 - RAN RED LIGHT</b>	<b>23 - OPENING DOOR INTO ROADWAY</b>
		<b>4 - RAN STOP SIGN</b>	<b>99 - OTHER IMPROPER ACTION</b>
		<b>5 - UNSAFE SPEED</b>	
		<b>6 - IMPROPER TURN</b>	
		<b>7 - LEFT OF CENTER</b>	
		<b>8 - FOLLOWING TOO CLOSE/ACDA</b>	
		<b>9 - IMPROPER LANE CHANGE</b>	
		<b>10 - IMPROPER PASSING</b>	
		<b>11 - DROVE OFF ROAD</b>	
		<b>12 - IMPROPER BACKING</b>	
		<b>13 - IMPROPER START FROM A PARKED POSITION</b>	
		<b>14 - STOPPED OR PARKED ILLEGALLY</b>	
		<b>15 - SWERVING TO AVOID</b>	
		<b>16 - WRONG WAY</b>	
		<b>17 - VISION OBSTRUCTION</b>	
		<b>18 - OPERATING DEFECTIVE EQUIPMENT</b>	
		<b>19 - LOAD SHIFTING/ FALLING/SPILLING</b>	
		<b>20 - IMPROPER CROSSING</b>	
		<b>21 - RAILWAY VEHICLE</b>	
		<b>22 - ANIMAL - FARM EQUIPMENT</b>	
		<b>23 - ANIMAL - DEER</b>	
		<b>24 - ANIMAL - OTHER</b>	
		<b>25 - MOTOR VEHICLE IN TRANSPORT</b>	
		<b>26 - PARKED MOTOR VEHICLE</b>	
		<b>27 - WORK ZONE MAINTENANCE EQUIPMENT</b>	
		<b>28 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</b>	
		<b>29 - OTHER MOVABLE OBJECT</b>	
		<b>30 - WORK ZONE MAINTENANCE EQUIPMENT</b>	
		<b>31 - WALL</b>	
		<b>32 - BUILDING</b>	
		<b>33 - TUNNEL</b>	
		<b>34 - OTHER FIXED OBJECT</b>	
		<b>99 - OTHER/UNKNOWN</b>	
	<b>SEQUENCE OF EVENTS</b>	<b>EVENTS</b>	
	1	20	
	2		
	3		
	4		
	5		
	6		
	1		
		<b>FIRST HARMFUL EVENT</b>	<b>MOST HARMFUL EVENT</b>
		1	1

<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
4	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
	
	
	
  	
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ] <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
<b>INITIAL POINT OF CONTACT</b>	
12	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>
2	6
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>
2	1
	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM 4 TO 3	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>
25	1
<b>POSTED SPEED</b>	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
35	

M-P2502641

<b>UNIT #</b> 2	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) BLINE, MELINDA L		<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 ) 611 E OHIO AVE, 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> OH	<b>LICENSE PLATE #</b> JNS6556	<b>VEHICLE IDENTIFICATION #</b> 5Y2SP67879Z465712	<b>VEHICLE YEAR</b> 2009	<b>VEHICLE MAKE</b> Pontiac
<input type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> PROGRESSIVE DIRECT INSURANCE	<b>INSURANCE POLICY #</b> 968110259	<b>COLOR</b> Red	<b>VEHICLE MODEL</b> Vibe
<input type="checkbox"/> <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	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 1	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD # <input type="checkbox"/>	
<b>UNIT TYPE</b> 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 0 - # OF TRAILING UNITS	7 - MOTORCYCLE 8 - MOTORCYCLE 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN/ SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 1 - YES 2 - NO 9 - OTHER/UNKNOWN	<b>AUTONOMOUS MODE LEVEL</b> 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
<b>SPECIAL FUNCTION</b> 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION 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 11 - SHARED USE PATHS 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	20	<b>EVENTS</b>		
2		6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE
3		7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM EQUIPMENT
4		8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER
5		9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER
6		10 - CROSS MEDIAN	15 - PEDALCYCLE	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>				
4		25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST
5		26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST
6		27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	43 - CURB
		28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	44 - DITCH
		29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	45 - EMBANKMENT
		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	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
	1	<b>FIRST HARMFUL EVENT</b>	1	<b>MOST HARMFUL EVENT</b>

<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
4	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ] <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
<b>INITIAL POINT OF CONTACT</b>	
6	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>
2	1 - ONE-WAY 2 - TWO-WAY
6	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>
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM 4	TO 3
<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
0	1
<b>POSTED SPEED</b>	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
35	

**LOCAL REPORT NUMBER\***  
M-P2502641

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> FRYE, IAN ALLEN VAUGHN			<b>DATE OF BIRTH</b> 05/08/2001		<b>AGE</b> 24	<b>GENDER</b> M				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 408 S CEDAR ST, DANVILLE, OH 43014				<b>CONTACT PHONE - INCLUDE AREA CODE</b>							
<b>INJURIES</b> 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> 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 2	<b>EJECTION</b> 4	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> UX693744		<b>OFFENSE CHARGED</b> MTV 333.03A		<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b> ACDA- Assured Clear Distance Ah			<b>CITATION NUMBER</b> MVP42012500002970		
<b>OL CLASS</b> 4	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b> 8	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1, TYPE: 1, VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1, TYPE: 1, RESULT: [ ] [ ] [ ] [ ]	

<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> EVANS, JOSHUA D			<b>DATE OF BIRTH</b> 02/15/1979		<b>AGE</b> 46	<b>GENDER</b> M				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 611 E OHIO AVE, MOUNT VERNON, OH 43050				<b>CONTACT PHONE - INCLUDE AREA CODE</b>							
<b>INJURIES</b> 3	<b>INJURED TAKEN BY</b> 2	<b>EMS AGENCY (NAME)</b> MOUNT VERNON FIRE DE	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> KNOX COMMUNITY HOSPITAL, MOUNT VERNON		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 4	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> RT516851		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1, TYPE: 1, VALUE: .		<b>DRUG TEST(S)</b> 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> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	<b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		<b>OL ENDORSEMENT</b> H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	
<b>SAFETY EQUIPMENT</b> 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		<b>GENDER</b> F - FEMALE M - MALE U - OTHER / UNKNOWN		<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	
<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN					<b>DRUG TEST RESULT(S)</b> 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS	



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



Basic Accident Report

Printed on August 11, 2025

**Agency** Mt Vernon Police Department  
**Accident Date** 08/08/25 11:43  
**Accident #** 25-2642  
**Case #** M-P2502642

**Unit 1**

**Name**

**Name** BURNS, SCOTT ERIC  
**Address** 81 DELLSING DR APT B  
 VANDALIA, OH 45377  
**DOB** 5/9/64  
**Sex** Male  
**OLN** RN091321  
**OLN State** OH  
**OLN Class** Class D  
**OLN Exp. Year** 2032

**Vehicle**

**Plate** OH GSS8926 Passenger Car expires 2024  
**VIN** MAJ6S3GL9LC372306  
**Vehicle Model** 2020 Ford Ecosport  
**Vehicle Style** Red Stationwagon  
**Vehicle Features** 2020 Ford EcoSport SE (4 Cylinders L 2.0L FI DOHC 122 CID)  
**Owner 1** BURNS, JANET M  
**Owner 2**

**Unit 2**

**Name**

**Name** NEELY, RICHARD LEE  
**Address** 1291 CASSINGHAM HOLLOW DR  
 COSHOCTON, OH 43812  
**DOB** 6/16/43  
**Sex** Male  
**OLN** RR878714  
**OLN State** OH  
**OLN Class** Class D  
**OLN Exp. Year** 2027

**Vehicle**

**Plate** OH JCL2260 Passenger Car expires 2026  
**VIN** 5FPYK3F58PB026754  
**Vehicle Model** 2023 Honda Ridgeline  
**Vehicle Style** DARK BLUE SUV  
**Vehicle Features** 2023 Honda Ridgeline RTL AWD (6 Cylinders 3.5L FI SOHC 212 CID)  
**Owner 1** NEELY, RICHARD LEE  
**Owner 2**

**Other Information**

Unit 1: dark red 2020 Ford EcoSport SE with Ohio license plate GSS8926  
 Proof of Insurance: Progressive  
 Policy: 990283791

Unit 2: dark blue 2023 Honda Ridgeline with Ohio license plate JCL2260  
Proof of Insurance: The Standard Fire Insurance Company  
Policy: 615522938 203 1



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



Case Narrative for M-P2502642 (08/10/25 11:25)

Printed on August 11, 2025

## Supplement Report By James Coffey, 08/10/25 11:25

Case #M-P2502642

Typed By James Coffey

On August 8, 2025 at 11:43 A.M., I was dispatched to 308 Coshocton Avenue for a private property crash.

Upon arrival, I made contact with the property owners who were having a yard sale and they stated the crash occurred at the rear (behind the home) in the parking area. On the west side of the home, there was an alley that went north and south.

I made contact with Richard L. Neely was driving a dark blue 2023 Honda Ridgeline with Ohio license plate JCL2260. Richard's vehicle was struck on the driver's rear side. I observed minor damage. I then made contact with Scott E. Burns who was driving a dark red 2020 Ford EcoSport SE with Ohio license plate GSS8926. Scott's vehicle was struck on the passenger front side. I observed minor damage.

I exchanged insurance information with the drivers.

**Unit 1:** dark red 2020 Ford EcoSport SE with Ohio license plate GSS8926

Proof of Insurance: Progressive

Policy: 990283791

**Unit 2:** dark blue 2023 Honda Ridgeline with Ohio license plate JCL2260

Proof of Insurance: The Standard Fire Insurance Company

Policy: 615522938 203 1



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



Basic Accident Report

Printed on August 11, 2025

**Agency** Mt Vernon Police Department  
**Accident Date** 08/09/25 10:30  
**Accident #** MP2502656  
**Case #** M-P2502656

**Unit 1**

**Name**

**Name** MCDANIEL, BRADFORD ALLEN  
**Address** 3284 LAKE FORK RD  
 UTICA, OH 43080  
**DOB** 11/25/67  
**Sex** Male  
**OLN** RL620867  
**OLN State** OH  
**OLN Class** Class B  
**OLN Exp. Year** 2031

**Vehicle**

**Plate** OH JZT6070 Passenger Car expires 2025  
**VIN** 1C4HJXEN8NW199641  
**Vehicle Model** 2022 Jeep Wrangler  
**Vehicle Style** Gray Stationwagon  
**Vehicle Features**  
**Owner 1** MCDANIEL, BRADFORD ALLEN  
**Owner 2**

**Unit 2**

**Name**

**Name** BECKSTEDT, TARA LYN  
**Address** 1303 IRONWOOD DR  
 GROVE CITY, OH 43123  
**DOB** 8/22/80  
**Sex** Female  
**OLN** RP304314  
**OLN State** OH  
**OLN Class** Class D  
**OLN Exp. Year** 2029

**Vehicle**

**Plate** OH GVW7082 Passenger Car expires 2026  
**VIN** 5GAERARS0SJ162442  
**Vehicle Model** 2025 Buick Enclave  
**Vehicle Style** White Stationwagon  
**Vehicle Features**  
**Owner 1** LTD, ACAR LEASING  
**Owner 2** BECKSTEDT, TARA LYN

**Other Information**

UNIT #1: INSURANCE COMPANY/POLICY WAYNE MUTUAL EAP0358510  
 PHONE NUMBER: 740-404-6054

UNIT #2: INSURANCE COMPANY/POLICY NATIONWIDE 9234J032545  
PHONE NUMBER: 419-305-5938

UNIT #2 WAS TRAVELING SOUTH BOUND IN THE ENERGY FIELD HOUSE PARKING LOT LOCATED AT 101 YELLOW JACKET DRIVE. UNIT #1 BACKED FROM A GRASSY AREA IN THE PARKING LOT AND STRUCK UNIT #2 IN THE FRONT RIGHT CORNER. I OBSERVED DAMAGE TO THE FRONT RIGHT CORNER ON UNIT #2 AND DAMAGE TO THE RIGHT REAR CORNER OF UNIT #1.