

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

18/ 10721

<input checked="" 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		LOCAL INFORMATION 150-18-10721 REPORTING AGENCY NAME * Medina Township NCIC * 05214		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
COUNTY* 52 LOCALITY* 3 <small>1 - CITY 2 - VILLAGE 3 - TOWNSHIP</small>		LOCATION: CITY, VILLAGE, TOWNSHIP* Medina (Township of)		CRASH DATE / TIME* 12/13/2018 16:20		CRASH SEVERITY 5 <small>1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY</small>					
<b>LOCATION</b> ROUTE TYPE SR ROUTE NUMBER 42 PREFIX <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>		LOCATION ROAD NAME 3809		ROAD TYPE 3809		LATITUDE DECIMAL DEGREES 41.171110		LONGITUDE DECIMAL DEGREES -81.859957			
<b>REFERENCE</b> ROUTE TYPE ROUTE NUMBER PREFIX <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3809		ROAD TYPE		LONGITUDE DECIMAL DEGREES -81.859957		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
REFERENCE POINT 3 <small>1 - INTERSECTION 2 - MILE POST 3 - HOUSE #</small>		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		RD - ROAD SO - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	
DISTANCE FROM REFERENCE 3		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		RD - ROAD SO - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	
LOCATION OF FIRST HARMFUL EVENT 1 <small>1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP</small>		MANNER OF CRASH COLLISION/IMPACT 2 <small>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN</small>		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 2 <small>1 - DIVIDED FLUSH MEDIAN (&lt; 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN</small>					
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 <small>1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN</small>		CONDITIONS 1 <small>1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN</small>		SURFACE 2 <small>1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN</small>	
LIGHT CONDITION 1 <small>1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN</small>		WEATHER 2 <small>1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN</small>		CONTOUR 1 <small>1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN</small>		CONDITIONS 1 <small>1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN</small>		SURFACE 2 <small>1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN</small>			
NARRATIVE Unit one was slowing to make a right turn into 3809 Pearl Road when unit two struck it from behind. The driver of unit two stated he came out of the curve and looked at the parking lot and when he looked back, unit one was slowing. Unit two couldn't stop in time to avoid rear ended unit one.  Unit two found at fault.											
CRASH REPORTED DATE / TIME 12/13/2018 16:20		DISPATCH DATE / TIME 12/13/2018 16:22		ARRIVAL DATE / TIME 12/13/2018 16:52		SCENE CLEARED DATE / TIME 12/13/2018 17:12		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 50		OFFICER'S NAME* Sgt. Mangel, #1507		CHECKED BY OFFICER'S NAME* Chief Arbogast, #1503			
				OFFICER'S BADGE NUMBER* 1507		CHECKED BY OFFICER'S BADGE NUMBER* 1503		<input checked="" type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</small>			

<b>UNIT #</b> 1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) DORCIK, ELIZABETH, M	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) 330-225-9112
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 995 W. 130TH , HINCKLEY, OH, 44233		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE 330-225-9112

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> DCE9346	<b>VEHICLE IDENTIFICATION #</b> 1J4GW48S51C699601	<b>VEHICLE YEAR</b> 2001	<b>VEHICLE MAKE</b> JEEP
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> STATE FARM	<b>INSURANCE POLICY #</b> 7077194F1636E	<b>COLOR</b> BLK	<b>VEHICLE MODEL</b> OTHER/UNKNOWN
<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 NOT TOWED	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b>	<b>HAZARDOUS MATERIAL</b> CLASS #    PLACARD ID #	
<b>TYPE OF USE</b>		<b>VEHICLE WEIGHT GVWR/GCWR</b>	<input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b>	
<input type="checkbox"/> PASSENGER CAR    6 - VAN (9-15 SEATS)    12 - GOLF CART    18 - LIMO (LIVERY VEHICLE)    23 - PEDESTRIAN/SKATER <input type="checkbox"/> PASSENGER VAN (MINIVAN)    7 - MOTORCYCLE 2-WHEELED    13 - SNOWMOBILE    19 - BUS (16+ PASSENGERS)    24 - WHEELCHAIR (ANY TYPE) <input type="checkbox"/> SPORT UTILITY VEHICLE    8 - MOTORCYCLE 3-WHEELED    14 - SINGLE UNIT TRUCK    20 - OTHER VEHICLE    25 - OTHER NON-MOTORIST <input type="checkbox"/> PICK UP    9 - AUTOCYCLE    15 - SEMI-TRACTOR    21 - HEAVY EQUIPMENT    26 - BICYCLE <input type="checkbox"/> CARGO VAN    10 - MOPED OR MOTORIZED BICYCLE    16 - FARM EQUIPMENT    22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE    27 - TRAIN <input type="checkbox"/> ALL TERRAIN VEHICLE (ATV/UTV)    17 - MOTORHOME    99 - UNKNOWN OR HIT/SKIP				
<b># OF TRAILING UNITS</b>				
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>				
<input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO <input type="checkbox"/> 9 - OTHER / UNKNOWN <input type="checkbox"/> 0 - NO AUTOMATION <input type="checkbox"/> 3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 9 - UNKNOWN <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 2 - PARTIAL AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION				
<b>SPECIAL FUNCTION</b>				
<input type="checkbox"/> 1 - NONE    6 - BUS - CHARTER/TOUR    11 - FIRE    16 - FARM    21 - MAIL CARRIER <input type="checkbox"/> TAXI    7 - BUS - INTERCITY    12 - MILITARY    17 - MOWING    99 - OTHER / UNKNOWN <input type="checkbox"/> ELECTRONIC RIDE SHARING    8 - BUS - SHUTTLE    13 - POLICE    18 - SNOW REMOVAL <input type="checkbox"/> SCHOOL TRANSPORT    9 - BUS - OTHER    14 - PUBLIC UTILITY    19 - TOWING <input type="checkbox"/> BUS - TRANSIT/COMMUTER    10 - AMBULANCE    15 - CONSTRUCTION EQUIP.    20 - SAFETY SERVICE PATROL				
<b>CARGO BODY TYPE</b>				
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE    4 - LOGGING    7 - GRAIN/CHIPS/GRAVEL    11 - DUMP    99 - OTHER / UNKNOWN <input type="checkbox"/> BUS    5 - INTERMODAL CONTAINER CHASSIS    8 - POLE    12 - CONCRETE MIXER <input type="checkbox"/> VEHICLE TOWING ANOTHER MOTOR VEHICLE    6 - CARGOVAN /ENCLOSED BOX    9 - CARGO TANK    13 - AUTO TRANSPORTER <input type="checkbox"/> 10 - FLAT BED    14 - GARBAGE/REFUSE				
<b>VEHICLE DEFECTS</b>				
<input type="checkbox"/> 1 - TURN SIGNALS    4 - BRAKES    7 - WORN OR SLICK TIRES    9 - MOTOR TROUBLE    99 - OTHER / UNKNOWN <input type="checkbox"/> HEAD LAMPS    5 - STEERING    8 - TRAILER EQUIPMENT DEFECTIVE    10 - DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/> TAIL LAMPS    6 - TIRE BLOWOUT				

<b>NON-MOTORIST LOCATION</b>	<b>NON-MOTORIST LOCATION</b>	<b>NON-MOTORIST LOCATION</b>	<b>NON-MOTORIST LOCATION</b>	<b>NON-MOTORIST LOCATION</b>
<input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK	<input type="checkbox"/> 4 - MIDBLOCK - MARKED CROSSWALK	<input type="checkbox"/> 7 - SHOULDER/ROADSIDE	<input type="checkbox"/> 10 - DRIVEWAY ACCESS	<input type="checkbox"/> 99 - OTHER / UNKNOWN
<input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK	<input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION	<input type="checkbox"/> 8 - SIDEWALK	<input type="checkbox"/> 11 - SHARED USE PATHS OR TRAILS	
<input type="checkbox"/> 3 - INTERSECTION - OTHER	<input type="checkbox"/> 6 - BICYCLE LANE	<input type="checkbox"/> 9 - MEDIAN/CROSSING ISLAND	<input type="checkbox"/> 12 - FIRST RESPONDER AT INCIDENT SCENE	
<b>ACTION</b>	<b>PRE-CRASH ACTIONS</b>	<b>ACTION</b>	<b>ACTION</b>	<b>ACTION</b>
<input type="checkbox"/> 1 - NON-CONTACT	<input type="checkbox"/> 1 - STRAIGHT AHEAD	<input type="checkbox"/> 9 - LEAVING TRAFFIC LANE	<input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING	<input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE
<input type="checkbox"/> 2 - NON-COLLISION	<input type="checkbox"/> 2 - BACKING	<input type="checkbox"/> 10 - PARKED	<input type="checkbox"/> 16 - WORKING	<input type="checkbox"/> 99 - OTHER / UNKNOWN
<input type="checkbox"/> 3 - STRIKING	<input type="checkbox"/> 3 - CHANGING LANES	<input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC	<input type="checkbox"/> 17 - PUSHING VEHICLE	
<input type="checkbox"/> 4 - STRUCK	<input type="checkbox"/> 4 - OVERTAKING/PASSING	<input type="checkbox"/> 12 - DRIVERLESS	<input type="checkbox"/> 18 - APPROACHING OR LEAVING VEHICLE	
<input type="checkbox"/> 5 - BOTH STRIKING & STRUCK	<input type="checkbox"/> 5 - MAKING RIGHT TURN	<input type="checkbox"/> 13 - NEGOTIATING A CURVE	<input type="checkbox"/> 19 - STANDING	
<input type="checkbox"/> 8 & STRUCK	<input type="checkbox"/> 6 - MAKING LEFT TURN	<input type="checkbox"/> 14 - ENTERING OR CROSSING SPECIFIED LOCATION	<input type="checkbox"/> 20 - OTHER NON-MOTORIST	
<input type="checkbox"/> 9 - OTHER / UNKNOWN	<input type="checkbox"/> 7 - MAKING U-TURN			
	<input type="checkbox"/> 8 - ENTERING TRAFFIC LANE			
<b>CONTRIBUTING CIRCUMSTANCES</b>	<b>CONTRIBUTING CIRCUMSTANCES</b>	<b>CONTRIBUTING CIRCUMSTANCES</b>	<b>CONTRIBUTING CIRCUMSTANCES</b>	<b>CONTRIBUTING CIRCUMSTANCES</b>
<input type="checkbox"/> 1 - NONE	<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE /ACDA	<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION	<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT	<input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY
<input type="checkbox"/> 2 - FAILURE TO YIELD	<input type="checkbox"/> 9 - IMPROPER LANE CHANGE	<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY	<input type="checkbox"/> 19 - LOAD SHIFTING /FALLING/SPILLING	<input type="checkbox"/> 99 - OTHER IMPROPER ACTION
<input type="checkbox"/> 3 - RAN RED LIGHT	<input type="checkbox"/> 10 - IMPROPER PASSING	<input type="checkbox"/> 15 - SWERVING TO AVOID	<input type="checkbox"/> 20 - IMPROPER CROSSING	
<input type="checkbox"/> 4 - RAN STOP SIGN	<input type="checkbox"/> 11 - DROVE OFF ROAD	<input type="checkbox"/> 16 - WRONG WAY	<input type="checkbox"/> 21 - LYING IN ROADWAY	
<input type="checkbox"/> 5 - UNSAFE SPEED	<input type="checkbox"/> 12 - IMPROPER BACKING	<input type="checkbox"/> 17 - VISION OBSTRUCTION	<input type="checkbox"/> 22 - NOT DISCERNIBLE	
<input type="checkbox"/> 6 - IMPROPER TURN				
<input type="checkbox"/> 7 - LEFT OF CENTER				

<b>SEQUENCE OF EVENTS</b>	<b>NON-COLLISION</b>	<b>NON-COLLISION</b>	<b>NON-COLLISION</b>	<b>NON-COLLISION</b>
<input type="checkbox"/> 1 <b>20</b>	<input type="checkbox"/> 1 - OVERTURN/ROLLOVER	<input type="checkbox"/> 7 - SEPARATION OF UNITS	<input type="checkbox"/> 12 - DOWNHILL RUNAWAY	<input type="checkbox"/> 19 - ANIMAL - OTHER
<input type="checkbox"/> 2	<input type="checkbox"/> 2 - FIRE/EXPLOSION	<input type="checkbox"/> 8 - RAN OFF ROAD RIGHT	<input type="checkbox"/> 13 - OTHER NON-COLLISION	<input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT
<input type="checkbox"/> 3	<input type="checkbox"/> 3 - IMMERSION	<input type="checkbox"/> 9 - RAN OFF ROAD LEFT	<input type="checkbox"/> 14 - PEDESTRIAN	<input type="checkbox"/> 21 - PARKED MOTOR VEHICLE
<input type="checkbox"/> 4	<input type="checkbox"/> 4 - JACKKNIFE	<input type="checkbox"/> 10 - CROSS MEDIAN	<input type="checkbox"/> 15 - PEDALCYCLE	<input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT
<input type="checkbox"/> 5	<input type="checkbox"/> 5 - CARGO / EQUIPMENT LOSS OR SHIFT	<input type="checkbox"/> 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	<input type="checkbox"/> 16 - RAILWAY VEHICLE	<input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
<input type="checkbox"/> 6	<input type="checkbox"/> 6 - EQUIPMENT FAILURE		<input type="checkbox"/> 17 - ANIMAL - FARM	<input type="checkbox"/> 24 - OTHER MOVABLE OBJECT
<input type="checkbox"/> 7			<input type="checkbox"/> 18 - ANIMAL - DEER	
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>				
<input type="checkbox"/> 4	<input type="checkbox"/> 25 - IMPACT ATTENUATOR / CRASH CUSHION	<input type="checkbox"/> 31 - GUARDRAIL END	<input type="checkbox"/> 38 - OVERHEAD SIGN POST	<input type="checkbox"/> 45 - EMBANKMENT
<input type="checkbox"/> 5	<input type="checkbox"/> 26 - BRIDGE OVERHEAD STRUCTURE	<input type="checkbox"/> 32 - PORTABLE BARRIER	<input type="checkbox"/> 39 - LIGHT / LUMINARIES SUPPORT	<input type="checkbox"/> 46 - FENCE
<input type="checkbox"/> 6	<input type="checkbox"/> 27 - BRIDGE PIER OR ABUTMENT	<input type="checkbox"/> 33 - MEDIAN CABLE BARRIER	<input type="checkbox"/> 40 - UTILITY POLE	<input type="checkbox"/> 47 - MAILBOX
<input type="checkbox"/> 7	<input type="checkbox"/> 28 - BRIDGE PARAPET	<input type="checkbox"/> 34 - MEDIAN GUARDRAIL BARRIER	<input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT	<input type="checkbox"/> 48 - TREE
<input type="checkbox"/> 8	<input type="checkbox"/> 29 - BRIDGE RAIL	<input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER	<input type="checkbox"/> 42 - CULVERT	<input type="checkbox"/> 49 - FIRE HYDRANT
<input type="checkbox"/> 9	<input type="checkbox"/> 30 - GUARDRAIL FACE	<input type="checkbox"/> 36 - MEDIAN OTHER BARRIER	<input type="checkbox"/> 43 - CURB	<input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT
<input type="checkbox"/> 10		<input type="checkbox"/> 37 - TRAFFIC SIGN POST	<input type="checkbox"/> 44 - DITCH	<input type="checkbox"/> 51 - WALL
<input type="checkbox"/> 11	<b>FIRST HARMFUL EVENT</b>	<input type="checkbox"/> 1	<b>MOST HARMFUL EVENT</b>	

LOCAL REPORT NUMBER

18/ 10721

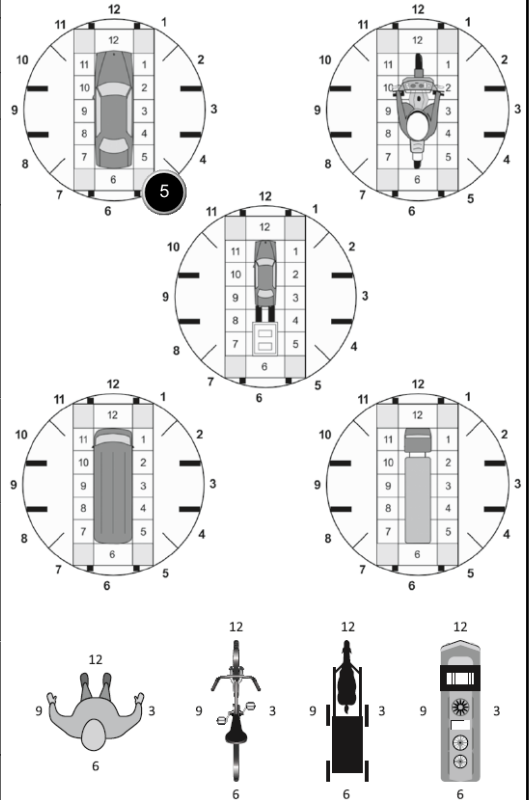
**DAMAGE**

**DAMAGE SCALE**

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

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY



**NO DAMAGE** [ 0 ]     **UNDERCARRIAGE** [ 14 ]  
 **TOP** [ 13 ]     **ALL AREAS** [ 15 ]  
 **UNIT NOT AT SCENE** [ 16 ]

**INITIAL POINT OF CONTACT**

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

**TRAFFIC**

<b>TRAFFICWAY FLOW</b>	<b>TRAFFIC CONTROL</b>
<input type="checkbox"/> 1 - ONE-WAY	<input type="checkbox"/> 1 - ROUNDABOUT <input type="checkbox"/> 4 - STOP SIGN
<input checked="" type="checkbox"/> 2 - TWO-WAY	<input type="checkbox"/> 2 - SIGNAL <input type="checkbox"/> 5 - YIELD SIGN
	<input type="checkbox"/> 3 - FLASHER <input type="checkbox"/> 6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
<input type="checkbox"/> 2	<input type="checkbox"/> 1 - NOT INVOLVED
	<input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING
	<input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM <input type="checkbox"/> 2	TO <input type="checkbox"/> 1
<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
<input type="checkbox"/> 10	<input type="checkbox"/> 1 - STATED / ESTIMATED SPEED
<b>POSTED SPEED</b>	<input type="checkbox"/> 2 - CALCULATED / EDR
<input type="checkbox"/> 45	<input type="checkbox"/> 3 - UNDETERMINED

<b>UNIT #</b> 2	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) PAUL, SCOTT, A	<b>OWNER PHONE:</b> INCLUDE AREA CODE (☐ SAME AS DRIVER) 216-548-1336
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 3287 VAN BUREN DRIVE, BRUNSWICK, OH, 44212		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE 216-548-1336

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> 988XXS	<b>VEHICLE IDENTIFICATION #</b> 3C6RR7LT5HG641221	<b>VEHICLE YEAR</b> 2017	<b>VEHICLE MAKE</b> DODGE
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> GEICO	<b>INSURANCE POLICY #</b> 4384-77-65-81	<b>COLOR</b> RED	<b>VEHICLE MODEL</b> OTHER/UNKNOWN
<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 LLOYDS	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 0	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
<b>TYPE OF USE</b>		<b>VEHICLE WEIGHT GVWR/GCWR</b>		
<input type="checkbox"/> <b>1 - PASSENGER CAR</b> <input type="checkbox"/> <b>6 - VAN (9-15 SEATS)</b> <input type="checkbox"/> <b>2 - PASSENGER VAN (MINIVAN)</b> <input type="checkbox"/> <b>7 - MOTORCYCLE 2-WHEELED</b> <input type="checkbox"/> <b>3 - SPORT UTILITY VEHICLE</b> <input type="checkbox"/> <b>8 - MOTORCYCLE 3-WHEELED</b> <input type="checkbox"/> <b>4 - PICK UP</b> <input type="checkbox"/> <b>9 - AUTOCYCLE</b> <input type="checkbox"/> <b>5 - CARGO VAN</b> <input type="checkbox"/> <b>10 - MOPEL OR MOTORIZED BICYCLE</b> <input type="checkbox"/> <b>11 - ALL TERRAIN VEHICLE (ATV/UTV)</b>		<input type="checkbox"/> <b>12 - GOLF CART</b> <input type="checkbox"/> <b>13 - SNOWMOBILE</b> <input type="checkbox"/> <b>14 - SINGLE UNIT TRUCK</b> <input type="checkbox"/> <b>15 - SEMI-TRACTOR</b> <input type="checkbox"/> <b>16 - FARM EQUIPMENT</b> <input type="checkbox"/> <b>17 - MOTORHOME</b> <input type="checkbox"/> <b>18 - LIMO (LIVERY VEHICLE)</b> <input type="checkbox"/> <b>19 - BUS (16+ PASSENGERS)</b> <input type="checkbox"/> <b>20 - OTHER VEHICLE</b> <input type="checkbox"/> <b>21 - HEAVY EQUIPMENT</b> <input type="checkbox"/> <b>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</b> <input type="checkbox"/> <b>23 - PEDESTRIAN/SKATER</b> <input type="checkbox"/> <b>24 - WHEELCHAIR (ANY TYPE)</b> <input type="checkbox"/> <b>25 - OTHER NON-MOTORIST</b> <input type="checkbox"/> <b>26 - BICYCLE</b> <input type="checkbox"/> <b>27 - TRAIN</b> <input type="checkbox"/> <b>99 - UNKNOWN OR HIT/SKIP</b>		

<b>UNIT TYPE</b> 4	<b>WAS TRAILER OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 9	<b>1 - NONE</b> <b>2 - TAXI</b> <b>3 - ELECTRONIC RIDE SHARING</b> <b>4 - SCHOOL TRANSPORT</b> <b>5 - BUS - TRANSIT/COMMUTER</b>	<b>6 - BUS - CHARTER/TOUR</b> <b>7 - BUS - INTERCITY</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 EQUIP.</b>	<b>16 - FARM</b> <b>17 - MOWING</b> <b>18 - SNOW REMOVAL</b> <b>19 - TOWING</b> <b>20 - SAFETY SERVICE PATROL</b>	<b>21 - MAIL CARRIER</b> <b>99 - OTHER / UNKNOWN</b>
<b>SPECIAL FUNCTION</b> 1	<b>1 - NONE</b> <b>2 - TAXI</b> <b>3 - ELECTRONIC RIDE SHARING</b> <b>4 - SCHOOL TRANSPORT</b> <b>5 - BUS - TRANSIT/COMMUTER</b>	<b>6 - BUS - CHARTER/TOUR</b> <b>7 - BUS - INTERCITY</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 EQUIP.</b>	<b>16 - FARM</b> <b>17 - MOWING</b> <b>18 - SNOW REMOVAL</b> <b>19 - TOWING</b> <b>20 - SAFETY SERVICE PATROL</b>	<b>21 - MAIL CARRIER</b> <b>99 - OTHER / UNKNOWN</b>	
<b>CARGO BODY TYPE</b> 1	<b>1 - TURN SIGNALS</b> <b>2 - HEAD LAMPS</b> <b>3 - TAIL LAMPS</b>	<b>4 - LOGGING</b> <b>5 - INTERMODAL CONTAINER CHASSIS</b> <b>6 - CARGOVAN /ENCLOSED BOX</b>	<b>7 - GRAIN/CHIPS/GRAVEL</b> <b>8 - POLE</b> <b>9 - CARGO TANK</b> <b>10 - FLAT BED</b>	<b>11 - DUMP</b> <b>12 - CONCRETE MIXER</b> <b>13 - AUTO TRANSPORTER</b> <b>14 - GARBAGE/REFUSE</b>	<b>99 - OTHER / UNKNOWN</b>	
<b>VEHICLE DEFECTS</b>	<b>1 - INTERSECTION - MARKED CROSSWALK</b> <b>2 - INTERSECTION - UNMARKED CROSSWALK</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>12 - FIRST RESPONDER AT INCIDENT SCENE</b>	<b>99 - OTHER / UNKNOWN</b>	

<b>NON-MOTORIST LOCATION</b>	<b>1 - NON-CONTACT</b> <b>2 - NON-COLLISION</b> <b>3 - STRIKING</b> <b>4 - STRUCK</b> <b>5 - BOTH STRIKING &amp; STRUCK</b> <b>9 - OTHER / UNKNOWN</b>	<b>1 - STRAIGHT AHEAD</b> <b>2 - BACKING</b> <b>3 - CHANGING LANES</b> <b>4 - OVERTAKING/PASSING</b> <b>5 - MAKING RIGHT TURN</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>18 - APPROACHING OR LEAVING VEHICLE</b> <b>19 - STANDING</b> <b>20 - OTHER NON-MOTORIST</b>	<b>21 - STANDING OUTSIDE DISABLED VEHICLE</b> <b>99 - OTHER / UNKNOWN</b>
<b>ACTION</b> 3	<b>1 - NON-CONTACT</b> <b>2 - NON-COLLISION</b> <b>3 - STRIKING</b> <b>4 - STRUCK</b> <b>5 - BOTH STRIKING &amp; STRUCK</b> <b>9 - OTHER / UNKNOWN</b>	<b>1 - STRAIGHT AHEAD</b> <b>2 - BACKING</b> <b>3 - CHANGING LANES</b> <b>4 - OVERTAKING/PASSING</b> <b>5 - MAKING RIGHT TURN</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>18 - APPROACHING OR LEAVING VEHICLE</b> <b>19 - STANDING</b> <b>20 - OTHER NON-MOTORIST</b>	<b>21 - STANDING OUTSIDE DISABLED VEHICLE</b> <b>99 - OTHER / UNKNOWN</b>
<b>CONTRIBUTING CIRCUMSTANCES</b> 8	<b>1 - NONE</b> <b>2 - FAILURE TO YIELD</b> <b>3 - RAN RED LIGHT</b> <b>4 - RAN STOP SIGN</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 - LYING IN ROADWAY</b> <b>22 - NOT DISCERNIBLE</b>	<b>23 - OPENING DOOR INTO ROADWAY</b> <b>99 - OTHER IMPROPER ACTION</b>

<b>SEQUENCE OF EVENTS</b>	<b>1 - OVERTURN/ROLLOVER</b> <b>2 - FIRE/EXPLOSION</b> <b>3 - IMMERSION</b> <b>4 - JACKKNIFE</b> <b>5 - CARGO / EQUIPMENT LOSS OR SHIFT</b> <b>6 - EQUIPMENT FAILURE</b>	<b>7 - SEPARATION OF UNITS</b> <b>8 - RAN OFF ROAD RIGHT</b> <b>9 - RAN OFF ROAD LEFT</b> <b>10 - CROSS MEDIAN</b> <b>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</b>	<b>12 - DOWNHILL RUNAWAY</b> <b>13 - OTHER NON-COLLISION</b> <b>14 - PEDESTRIAN</b> <b>15 - PEDALCYCLE</b> <b>16 - RAILWAY VEHICLE</b> <b>17 - ANIMAL - FARM</b> <b>18 - ANIMAL - DEER</b>	<b>19 - ANIMAL - OTHER</b> <b>20 - MOTOR VEHICLE IN TRANSPORT</b> <b>21 - PARKED MOTOR VEHICLE</b> <b>22 - WORK ZONE MAINTENANCE EQUIPMENT</b>	<b>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</b> <b>24 - OTHER MOVABLE OBJECT</b>
<b>20</b>	<b>25 - IMPACT ATTENUATOR / CRASH CUSHION</b> <b>26 - BRIDGE OVERHEAD STRUCTURE</b> <b>27 - BRIDGE PIER OR ABUTMENT</b> <b>28 - BRIDGE PARAPET</b> <b>29 - BRIDGE RAIL</b> <b>30 - GUARDRAIL FACE</b>	<b>31 - GUARDRAIL END</b> <b>32 - PORTABLE BARRIER</b> <b>33 - MEDIAN CABLE BARRIER</b> <b>34 - MEDIAN GUARDRAIL BARRIER</b> <b>35 - MEDIAN CONCRETE BARRIER</b> <b>36 - MEDIAN OTHER BARRIER</b> <b>37 - TRAFFIC SIGN POST</b>	<b>38 - OVERHEAD SIGN POST</b> <b>39 - LIGHT / LUMINARIES SUPPORT</b> <b>40 - UTILITY POLE</b> <b>41 - OTHER POST, POLE OR SUPPORT</b> <b>42 - CULVERT</b> <b>43 - CURB</b> <b>44 - DITCH</b>	<b>45 - EMBANKMENT</b> <b>46 - FENCE</b> <b>47 - MAILBOX</b> <b>48 - TREE</b> <b>49 - FIRE HYDRANT</b> <b>50 - WORK ZONE MAINTENANCE EQUIPMENT</b> <b>51 - WALL</b>	<b>52 - BUILDING</b> <b>53 - TUNNEL</b> <b>54 - OTHER FIXED OBJECT</b> <b>99 - OTHER / UNKNOWN</b>
<b>1</b>	<b>FIRST HARMFUL EVENT</b>	<b>1</b>	<b>MOST HARMFUL EVENT</b>		

**LOCAL REPORT NUMBER**

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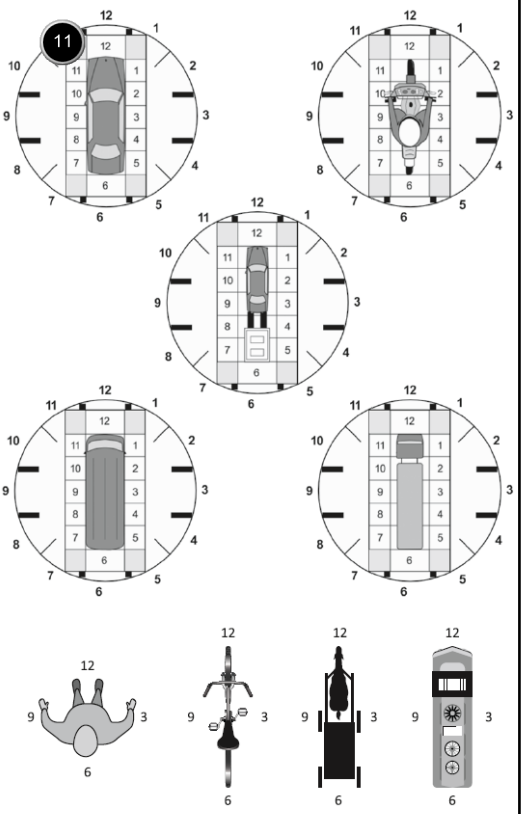
**DAMAGE**

**DAMAGE SCALE**

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

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY



**NO DAMAGE** [ 0 ]     **UNDERCARRIAGE** [ 14 ]  
 **TOP** [ 13 ]     **ALL AREAS** [ 15 ]  
 **UNIT NOT AT SCENE** [ 16 ]

**INITIAL POINT OF CONTACT**

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

**TRAFFIC**

<b>TRAFFICWAY FLOW</b> 2	<b>TRAFFIC CONTROL</b> 6
<b># OF THROUGH LANES ON ROAD</b> 2	<b>RAIL GRADE CROSSING</b> 1

**UNIT / NON-MOTORIST DIRECTION**

FROM  2 TO  1

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

**UNIT SPEED**

25

**DETECTED SPEED**

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

**POSTED SPEED**

45

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
18/ 10721

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> DORCIK, ELIZABETH, M				<b>DATE OF BIRTH</b> 10/11/1949		<b>AGE</b> 69	<b>GENDER</b> F			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 995 W. 130TH , HINCKLEY, OH, 44233					<b>CONTACT PHONE - INCLUDE AREA CODE</b> 330-225-9112						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<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 <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 5	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> RL221210		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION</b> SELECT UP TO 3	<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>		<b>DRUG TEST(S)</b>		
						<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b> .	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULTS</b> SELECT UP TO 4

<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> PAUL, SCOTT, A				<b>DATE OF BIRTH</b> 06/01/1959		<b>AGE</b> 59	<b>GENDER</b> M			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 3287 VAN BUREN DRIVE, BRUNSWICK, OH, 44212					<b>CONTACT PHONE - INCLUDE AREA CODE</b> 216-548-1336						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<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 <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 5	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> RT785113		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION</b> SELECT UP TO 3	<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>		<b>DRUG TEST(S)</b>		
						<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b> .	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULTS</b> SELECT UP TO 4

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

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

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
18/ 10721

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

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

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

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

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 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 (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	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 SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A 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
INJURED TAKEN BY			EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE
			TRAPPED
			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

<b>WITNESS</b>	<b>NAME:</b> LAST, FIRST, MIDDLE	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP				<b>CONTACT PHONE</b> - INCLUDE AREA CODE

<b>WITNESS</b>	<b>NAME:</b> LAST, FIRST, MIDDLE	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP				<b>CONTACT PHONE</b> - INCLUDE AREA CODE

<b>WITNESS</b>	<b>NAME:</b> LAST, FIRST, MIDDLE	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP				<b>CONTACT PHONE</b> - INCLUDE AREA CODE

**OHIO TRAFFIC ACCIDENT - OH2 NARRATIVE**

LOCAL REPORT NUMBER <b>18/ 10721</b>	REPORTING AGENCY <b>Medina Township</b>	DATE OF CRASH <b>12/13/2018</b>
IN COUNTY OF <b>Medina County</b>	ACCIDENT LOCATION <b>42</b>	

OFFICERS SIGNATURE	BADGE NO. <b>1507</b>
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OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER <b>18/ 10721</b>	REPORTING AGENCY <b>Medina Township</b>	Date Of Crash <b>12/13/2018</b>
IN COUNTY OF <b>Medina County</b>	ACCIDENT LOCATION <b>42</b>	

Large empty rectangular area for the OH2 diagram.

OFFICERS SIGNATURE	BADGE NO. <b>1507</b>
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