

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

19-1111

<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 150-19-1111 REPORTING AGENCY NAME * Medina Township NCIC * 05214		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR 99 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* 02/10/2019 13:25		CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY											
LOCATION ROUTE TYPE SR ROUTE NUMBER 18 PREFIX 3 <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>		LOCATION ROAD NAME 3626				ROAD TYPE ROAD TYPE		LATITUDE DECIMAL DEGREES 41.136834		LONGITUDE DECIMAL DEGREES -81.819649									
REFERENCE ROUTE TYPE ROUTE NUMBER PREFIX <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3626				ROAD TYPE		LONGITUDE DECIMAL DEGREES											
REFERENCE POINT 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		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 HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 2											
DISTANCE FROM REFERENCE 3		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		LOCATION OF FIRST HARMFUL EVENT 1 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		MANNER OF CRASH COLLISION/IMPACT 8 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		DIRECTION OF TRAVEL 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 2 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN							
<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 2 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN		SURFACE 1 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN									
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 2 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		NARRATIVE Unit #1 was west bound on SR18/Medina Rd. Unit #2 was east bound in the turning lane on SR18/Medina Rd. Both Units had extended side mirrors causing them to hit eachother while passing. Unable to determine fault.															
								CRASH REPORTED DATE / TIME 02/10/2019 13:25				DISPATCH DATE / TIME 02/10/2019 13:28		ARRIVAL DATE / TIME 02/10/2019 13:40		SCENE CLEARED DATE / TIME 02/10/2019 13:59		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 31		OFFICER'S NAME* Officer Beardsworth, #1514		CHECKED BY OFFICER'S NAME* Sgt. T. Zieja, 1508		<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)									
				OFFICER'S BADGE NUMBER* 1514		CHECKED BY OFFICER'S BADGE NUMBER* 1508													

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) SANCHEZ JR, VICTOR	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 330-696-7105
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 129 W HOMESTEAD ST, MEDINA, OH, 44256		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # HEV4697	VEHICLE IDENTIFICATION # 1FTSX21509EA73444	VEHICLE YEAR 2009	VEHICLE MAKE FORD																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY OHIO MUTUAL INS	INSURANCE POLICY # PPA003009019	COLOR RED	VEHICLE MODEL F-250																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																															
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD PLACARD ID #																															
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SEQUENCE OF EVENTS	<table border="0"> <tr> <td>1 - OVERTURN/ROLLOVER</td> <td>7 - SEPARATION OF UNITS</td> <td colspan="2">NON-COLLISION</td> </tr> <tr> <td>2 - FIRE/EXPLOSION</td> <td>8 - RAN OFF ROAD RIGHT</td> <td>12 - DOWNHILL RUNAWAY</td> <td>19 - ANIMAL - OTHER</td> </tr> <tr> <td>3 - IMMERSION</td> <td>9 - RAN OFF ROAD LEFT</td> <td>13 - OTHER NON-COLLISION</td> <td>20 - MOTOR VEHICLE IN TRANSPORT</td> </tr> <tr> <td>4 - JACKKNIFE</td> <td>10 - CROSS MEDIAN</td> <td>14 - PEDESTRIAN</td> <td>21 - PARKED MOTOR VEHICLE</td> </tr> <tr> <td>5 - CARGO / EQUIPMENT LOSS OR SHIFT</td> <td>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</td> <td>15 - PEDALCYCLE</td> <td>22 - WORK ZONE MAINTENANCE EQUIPMENT</td> </tr> <tr> <td>6 - EQUIPMENT FAILURE</td> <td></td> <td>16 - RAILWAY VEHICLE</td> <td></td> </tr> <tr> <td></td> <td></td> <td>17 - ANIMAL - FARM</td> <td></td> </tr> <tr> <td></td> <td></td> <td>18 - ANIMAL - DEER</td> <td></td> </tr> </table>				1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNITS	NON-COLLISION		2 - FIRE/EXPLOSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	3 - IMMERSION	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	4 - JACKKNIFE	10 - CROSS MEDIAN	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	5 - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	15 - PEDALCYCLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	6 - EQUIPMENT FAILURE		16 - RAILWAY VEHICLE				17 - ANIMAL - FARM				18 - ANIMAL - DEER	
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COLLISION WITH FIXED OBJECT - STRUCK																																				
25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	38 - OVERHEAD SIGN POST	45 - EMBANKMENT																																	
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28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE																																	
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	37 - TRAFFIC SIGN POST	44 - DITCH	51 - WALL																																	
52 - BUILDING	53 - TUNNEL	54 - OTHER FIXED OBJECT	99 - OTHER / UNKNOWN																																	

FIRST HARMFUL EVENT 1	MOST HARMFUL EVENT 1
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LOCAL REPORT NUMBER

19-1111

DAMAGE

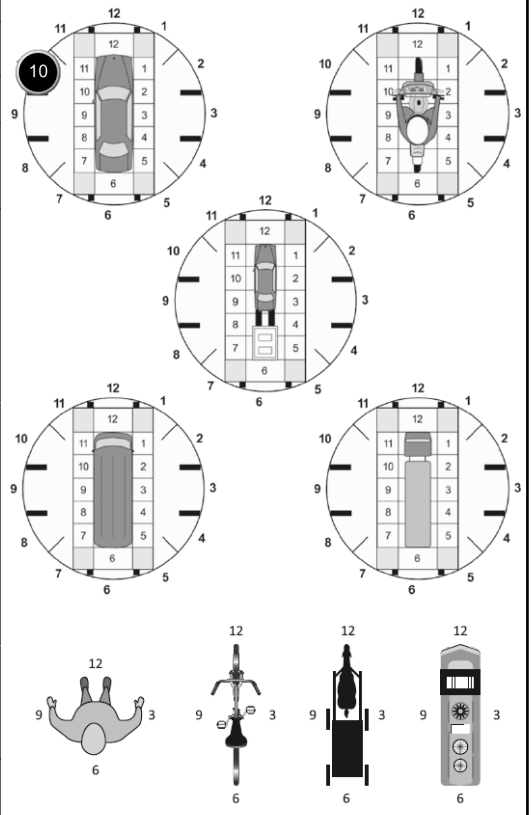
DAMAGE SCALE

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

3

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
13 - TOP	99 - UNKNOWN

10

TRAFFIC

TRAFFICWAY FLOW 2	TRAFFIC CONTROL 2
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# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1
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UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED 40	DETECTED SPEED 1
POSTED SPEED 40	2 - CALCULATED / EDR
	3 - UNDETERMINED

OWNER	UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) GRANTIER, DAVID, T	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 330-242-4116
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 3320 COVENTRY LAKES, MEDINA, OH, 44256		
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # GWA2856	VEHICLE IDENTIFICATION # 1FTNX20SXEAS0633	VEHICLE YEAR 1999	VEHICLE MAKE FORD
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY GEICO	INSURANCE POLICY # 4269520724	COLOR WHI	VEHICLE MODEL F-250
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	HAZARDOUS MATERIAL	
TYPE OF USE		VEHICLE WEIGHT GVWR/GCWR	CLASS # PLACARD ID #	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		1 - ≤ 10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	

UNIT TYPE 4	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 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
# OF TRAILING UNITS 0	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
2	1 - YES	2 - NO	9 - OTHER / UNKNOWN	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION
1	SPECIAL FUNCTION		0 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	9 - UNKNOWN
1	CARGO BODY TYPE		1 - NONE	2 - TAXI	3 - ELECTRONIC RIDE SHARING
1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS
1	VEHICLE DEFECTS		6 - BUS - CHARTER/TOUR	7 - BUS - INTERCITY	8 - BUS - SHUTTLE
1	1 - TURN SIGNALS	2 - HEAD LAMPS	3 - TAIL LAMPS	4 - BRAKES	5 - STEERING
1	EVENTS (S)		6 - CARGOVAN / ENCLOSED BOX	7 - GRAIN/CHIPS/GRAVEL	8 - POLE
1	1 - INTERSECTION - MARKED CROSSWALK	2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER	4 - MIDBLOCK - MARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION
1	SEQUENCE OF EVENTS		6 - CARGOVAN / ENCLOSED BOX	7 - WORN OR SLICK TIRES	8 - TRAILER EQUIPMENT DEFECTIVE
1	1 - NON-CONTACT	2 - NON-COLLISION	3 - STRIKING	4 - STRUCK	5 - BOTH STRIKING & STRUCK
1	CONTRIBUTING CIRCUMSTANCES		6 - MAKING LEFT TURN	7 - MAKING U-TURN	8 - ENTERING TRAFFIC LANE
1	1 - NONE	2 - FAILURE TO YIELD	3 - RAN RED LIGHT	4 - RAN STOP SIGN	5 - UNSAFE SPEED
1	SEQUENCE OF EVENTS		6 - IMPROPER TURN	7 - LEFT OF CENTER	8 - FOLLOWING TOO CLOSE / ACDA
1	1 - OVERTURN/ROLLOVER	2 - FIRE/EXPLOSION	3 - IMMERSION	4 - JACKKNIFE	5 - CARGO / EQUIPMENT LOSS OR SHIFT
1	SEQUENCE OF EVENTS		6 - EQUIPMENT FAILURE	7 - SEPARATION OF UNITS	8 - RAN OFF ROAD RIGHT
1	SEQUENCE OF EVENTS		9 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
1	SEQUENCE OF EVENTS		12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION	14 - STOPPED OR PARKED ILLEGALLY
1	SEQUENCE OF EVENTS		15 - SWERVING TO AVOID	16 - WRONG WAY	17 - VISION OBSTRUCTION
1	SEQUENCE OF EVENTS		18 - OPERATING DEFECTIVE EQUIPMENT	19 - LOAD SHIFTING / FALLING/SPILLING	20 - IMPROPER CROSSING
1	SEQUENCE OF EVENTS		21 - LYING IN ROADWAY	22 - NOT DISCERNIBLE	23 - OPENING DOOR INTO ROADWAY
1	SEQUENCE OF EVENTS		24 - OTHER IMPROPER ACTION	25 - IMPACT ATTENUATOR / CRASH CUSHION	26 - BRIDGE OVERHEAD STRUCTURE
1	SEQUENCE OF EVENTS		27 - BRIDGE PIER OR ABUTMENT	28 - BRIDGE PARAPET	29 - BRIDGE RAIL
1	SEQUENCE OF EVENTS		30 - GUARDRAIL FACE	31 - GUARDRAIL END	32 - PORTABLE BARRIER
1	SEQUENCE OF EVENTS		33 - MEDIAN CABLE BARRIER	34 - MEDIAN GUARDRAIL BARRIER	35 - MEDIAN CONCRETE BARRIER
1	SEQUENCE OF EVENTS		36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST	38 - OVERHEAD SIGN POST
1	SEQUENCE OF EVENTS		39 - LIGHT / LUMINARIES SUPPORT	40 - UTILITY POLE	41 - OTHER POST, POLE OR SUPPORT
1	SEQUENCE OF EVENTS		42 - CULVERT	43 - CURB	44 - DITCH
1	SEQUENCE OF EVENTS		45 - EMBANKMENT	46 - FENCE	47 - MAILBOX
1	SEQUENCE OF EVENTS		48 - TREE	49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT
1	SEQUENCE OF EVENTS		51 - WALL	52 - BUILDING	53 - TUNNEL
1	SEQUENCE OF EVENTS		54 - OTHER FIXED OBJECT	55 - OTHER / UNKNOWN	

NON-MOTORIST LOCATION AT IMPACT	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																
ACTION	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	
CONTRIBUTING CIRCUMSTANCES	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					

SEQUENCE OF EVENTS	1 - OVERTURN/ROLLOVER	2 - FIRE/EXPLOSION	3 - IMMERSION	4 - JACKKNIFE	5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE	7 - SEPARATION OF UNITS	8 - RAN OFF ROAD RIGHT	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							
SEQUENCE OF EVENTS	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 - MEDIAN CABLE BARRIER	34 - MEDIAN GUARDRAIL BARRIER	35 - MEDIAN CONCRETE BARRIER	36 - MEDIAN 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
SEQUENCE OF EVENTS	55 - OTHER / UNKNOWN																														
FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT		1																											

LOCAL REPORT NUMBER 19-1111
DAMAGE
DAMAGE SCALE
1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) 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]
INITIAL POINT OF CONTACT
0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC
TRAFFICWAY FLOW
1 - ONE-WAY 2 - TWO-WAY
TRAFFIC CONTROL
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 - 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
20
POSTED SPEED
40
DETECTED SPEED
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
19-1111

UNIT # 1	NAME: LAST, FIRST, MIDDLE SANCHEZ JR, VICTOR				DATE OF BIRTH 02/23/1968		AGE 50	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 129 W HOMESTEAD ST, MEDINA, OH, 44256					CONTACT PHONE - INCLUDE AREA CODE 330-696-7105						
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER RJ683069		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)		
						STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULTS SELECT UP TO 4

UNIT # 2	NAME: LAST, FIRST, MIDDLE GRANTIER, DAVID, T				DATE OF BIRTH 01/20/1966		AGE 53	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 3320 COVENTRY LAKES, MEDINA, OH, 44256					CONTACT PHONE - INCLUDE AREA CODE 330-242-4116						
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER RF648707		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)		
						STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULTS SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)		
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4

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 SIDE 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
INJURIES TAKEN BY		EJECTION	OL ENDORSEMENT			ALCOHOL TEST TYPE
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	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			1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
SAFETY EQUIPMENT		TRAPPED	GENDER		CONDITION	DRUG TEST TYPE
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 (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN		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	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						DRUG TEST RESULT(S)
						1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER 19-1111		
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OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE RAMEY, MEGHAN	DATE OF BIRTH 06/30/2000		AGE 18	GENDER F				
	ADDRESS: STREET, CITY, STATE, ZIP 129 W HOMESTEAD, MEDINA, OH, 44256				CONTACT PHONE - INCLUDE AREA CODE 330-636-1830					
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<table border="1"> <tr> <td>SEATING POSITION 4</td> <td>AIR BAG USAGE 1</td> <td>EJECTION 1</td> <td>TRAPPED 1</td> </tr> </table>	SEATING POSITION 4	AIR BAG USAGE 1	EJECTION 1
SEATING POSITION 4	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1							

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> </table>	SEATING POSITION	AIR BAG USAGE	EJECTION
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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

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

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OHIO TRAFFIC ACCIDENT - OH2 NARRATIVE

LOCAL REPORT NUMBER 19-1111	REPORTING AGENCY Medina Township	DATE OF CRASH 02/10/2019
IN COUNTY OF Medina County	ACCIDENT LOCATION 18	

(This area is reserved for the accident narrative.)

OFFICERS SIGNATURE	BADGE NO. 1514
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OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER 19-1111	REPORTING AGENCY Medina Township	Date Of Crash 02/10/2019
IN COUNTY OF Medina County	ACCIDENT LOCATION 18	

Large empty rectangular area for the OH2 diagram.

OFFICERS SIGNATURE	BADGE NO. 1514
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