

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

19-1333

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH -2 <input checked="" type="checkbox"/> OH -3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION <b>REPORTING AGENCY NAME *</b> Medina Township		<b>NCIC *</b> 05214		<b>HIT/SKIP</b> 1 - SOLVED 2 - UNSOLVED		<b>NUMBER OF UNITS</b> 2		<b>UNIT IN ERROR</b> 98 - ANIMAL 99 - UNKNOWN 1		
<b>COUNTY*</b> 52		<b>LOCALITY*</b> 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3		<b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b> Medina (Township of)		<b>CRASH DATE / TIME*</b> 02/18/2019 04:49		<b>CRASH SEVERITY</b> 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5						
LOCATION	<b>ROUTE TYPE</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>ROUTE NUMBER</b>  		<b>PREFIX</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>LOCATION ROAD NAME</b> Marks		<b>ROAD TYPE</b> RD		<b>LATITUDE DECIMAL DEGREES</b> 41.196880		<b>LONGITUDE DECIMAL DEGREES</b> -81.878260	
	REFERENCE	<b>ROUTE TYPE</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>ROUTE NUMBER</b>  		<b>PREFIX</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> Hamilton		<b>ROAD TYPE</b> RD				
<b>REFERENCE POINT</b> 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		<b>DIRECTION FROM REFERENCE</b> 1 - NORTH 2 - SOUTH 3 - EAST 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		HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		<b>RD - ROAD</b> <b>SO - SQUARE</b> <b>ST - STREET</b> <b>TE - TERRACE</b> <b>TL - TRAIL</b> <b>WA - WAY</b>		<b>INTERSECTION RELATED</b> <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <b>NUMBER OF APPROACHES</b> 4		
<b>DISTANCE FROM REFERENCE</b>  		<b>DISTANCE UNIT OF MEASURE</b> 1 - MILES 2 - FEET 3 - YARDS		<b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED		<b>LOCATION OF FIRST HARMFUL EVENT</b> 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN		<b>MANNER OF CRASH COLLISION/IMPACT</b> 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		<b>DIRECTION OF TRAVEL</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>MEDIAN TYPE</b> 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		<b>WORK ZONE TYPE</b> 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		<b>CONTOUR</b> 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN		<b>CONDITIONS</b> 4 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN		<b>SURFACE</b> 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN				
<b>LIGHT CONDITION</b> 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		<b>WEATHER</b> 1 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		<b>NARRATIVE</b> Unit 1 and Unit 2 were driving southbound on Marks Road approaching the intersection of Marks Road and Hamilton Road. Unit 2 stopped at the stop sign. Unit 1 rear ended Unit 2 due to icy road conditions.										
<b>CRASH REPORTED DATE / TIME</b> 02/18/2019 04:49		<b>DISPATCH DATE / TIME</b> 02/18/2019 04:51		<b>ARRIVAL DATE / TIME</b> 02/18/2019 04:57		<b>SCENE CLEARED DATE / TIME</b> 02/18/2019 05:29		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST						
<b>TOTAL TIME ROADWAY CLOSED</b>  		<b>OTHER INVESTIGATION TIME</b>  		<b>TOTAL MINUTES</b> 38		<b>OFFICER'S NAME*</b> Officer Brenenstuhl, #1517		<b>CHECKED BY OFFICER'S NAME*</b> Sgt. Mangel, #1507		<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				
<b>OFFICER'S BADGE NUMBER*</b> 1517		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 1507												

<b>UNIT #</b> 1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) RODRIGUEZ, ROBERTO, A	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) 216-772-5576
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 125 E. SUNSET DR, RITTMAN, OH, 44270		
<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> HIF7014	<b>VEHICLE IDENTIFICATION #</b> 1FMCU031X8KC67843	<b>VEHICLE YEAR</b> 2008	<b>VEHICLE MAKE</b> FORD
<input type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> STATE FARM	<b>INSURANCE POLICY #</b>	<b>COLOR</b> WHI	<b>VEHICLE MODEL</b> ESCAPE
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b>	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.		<b>CLASS #</b> <b>PLACARD ID #</b>		
<b>UNIT TYPE</b> 1 - PASSENGER CAR    6 - VAN (9-15 SEATS)    12 - GOLF CART    18 - LIMO (LIVERY VEHICLE)    23 - PEDESTRIAN/SKATER 2 - PASSENGER VAN (MINIVAN)    7 - MOTORCYCLE 2-WHEELED    13 - SNOWMOBILE    19 - BUS (16+ PASSENGERS)    24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE    8 - MOTORCYCLE 3-WHEELED    14 - SINGLE UNIT TRUCK    20 - OTHER VEHICLE    25 - OTHER NON-MOTORIST 4 - PICK UP    9 - AUTOCYCLE    15 - SEMI-TRACTOR    21 - HEAVY EQUIPMENT    26 - BICYCLE 5 - CARGO VAN    10 - MOPED OR MOTORIZED BICYCLE    16 - FARM EQUIPMENT    22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE    27 - TRAIN 11 - 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> 0 - NO AUTOMATION    3 - CONDITIONAL AUTOMATION    9 - UNKNOWN 1 - DRIVER ASSISTANCE    4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION    5 - FULL AUTOMATION				
<b>SPECIAL FUNCTION</b> 1 - NONE    6 - BUS - CHARTER/TOUR    11 - FIRE    16 - FARM    21 - MAIL CARRIER 2 - TAXI    7 - BUS - INTERCITY    12 - MILITARY    17 - MOWING    99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING    8 - BUS - SHUTTLE    13 - POLICE    18 - SNOW REMOVAL    19 - TOWING 4 - SCHOOL TRANSPORT    9 - BUS - OTHER    14 - PUBLIC UTILITY    20 - SAFETY SERVICE PATROL				
<b>CARGO BODY TYPE</b> 1 - NO CARGO BODY TYPE / NOT APPLICABLE    4 - LOGGING    7 - GRAIN/CHIPS/GRAVEL    11 - DUMP    99 - OTHER / UNKNOWN 2 - BUS    5 - INTERMODAL CONTAINER CHASSIS    8 - POLE    12 - CONCRETE MIXER 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE    6 - CARGOVAN /ENCLOSED BOX    9 - CARGO TANK    13 - AUTO TRANSPORTER    14 - GARBAGE/REFUSE				
<b>VEHICLE DEFECTS</b> 1 - TURN SIGNALS    4 - BRAKES    7 - WORN OR SLICK TIRES    9 - MOTOR TROUBLE    99 - OTHER / UNKNOWN 2 - HEAD LAMPS    5 - STEERING    8 - TRAILER EQUIPMENT DEFECTIVE    10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS    6 - TIRE BLOWOUT				

<input type="checkbox"/> <b>NON-MOTORIST LOCATION</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	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	<b>NON-COLLISION</b> 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>				
4		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
1		<b>FIRST HARMFUL EVENT</b>		
	1	<b>MOST HARMFUL EVENT</b>		

**LOCAL REPORT NUMBER**

19-1333

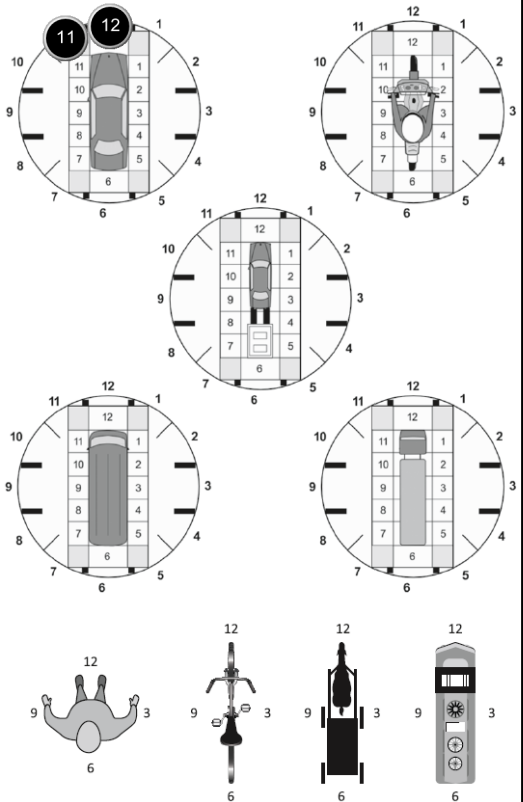
**DAMAGE**

**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> 1 - ONE-WAY 2 - TWO-WAY	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT    4 - STOP SIGN 2 - SIGNAL    5 - YIELD SIGN 3 - FLASHER    6 - NO CONTROL
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<b># OF THROUGH LANES ON ROAD</b> 2	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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**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

<b>UNIT SPEED</b> 30	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED
<b>POSTED SPEED</b> 45	2 - CALCULATED / EDR 3 - UNDETERMINED

<b>OWNER</b>	<b>UNIT #</b> 2	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) KLEIN, JUDITH	<b>OWNER PHONE:</b> INCLUDE AREA CODE (☐ SAME AS DRIVER) 330-321-2720
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 5465 CARRIAGE LN, MEDINA, OH, 44256		
	<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> GFZ1679	<b>VEHICLE IDENTIFICATION #</b> 1GTEK19J87E504729	<b>VEHICLE YEAR</b> 2007	<b>VEHICLE MAKE</b> GMC
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> STATE FARM	<b>INSURANCE POLICY #</b> 615673180235N	<b>COLOR</b> GRY	<b>VEHICLE MODEL</b> SIERRA
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b>	<b>HAZARDOUS MATERIAL</b>	
<b>TYPE OF USE</b>		<b>VEHICLE WEIGHT GVWR/GCWR</b>	<b>CLASS #</b> <b>PLACARD ID #</b>	
<input type="checkbox"/> <b>1 - PASSENGER CAR</b> <input type="checkbox"/> <b>2 - PASSENGER VAN (MINIVAN)</b> <input type="checkbox"/> <b>3 - SPORT UTILITY VEHICLE</b> <input type="checkbox"/> <b>4 - PICK UP</b> <input type="checkbox"/> <b>5 - CARGO VAN</b>		<input type="checkbox"/> <b>1 - ≤10K LBS.</b> <input type="checkbox"/> <b>2 - 10.001 - 26K LBS.</b> <input type="checkbox"/> <b>3 - &gt; 26K LBS.</b>	<input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b>	
<b>UNIT TYPE</b> 4		<b>6 - VAN (9-15 SEATS)</b>	<b>12 - GOLF CART</b>	<b>18 - LIMO (LIVERY VEHICLE)</b>
<b># OF TRAILING UNITS</b>		<b>7 - MOTORCYCLE 2-WHEELED</b>	<b>13 - SNOWMOBILE</b>	<b>19 - BUS (16+ PASSENGERS)</b>
		<b>8 - MOTORCYCLE 3-WHEELED</b>	<b>14 - SINGLE UNIT TRUCK</b>	<b>20 - OTHER VEHICLE</b>
		<b>9 - AUTOCYCLE</b>	<b>15 - SEMI-TRACTOR</b>	<b>21 - HEAVY EQUIPMENT</b>
		<b>10 - MOPED OR MOTORIZED BICYCLE</b>	<b>16 - FARM EQUIPMENT</b>	<b>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</b>
		<b>11 - ALL TERRAIN VEHICLE (ATV/UTV)</b>	<b>17 - MOTORHOME</b>	<b>23 - PEDESTRIAN/SKATER</b>
				<b>24 - WHEELCHAIR (ANY TYPE)</b>
				<b>25 - OTHER NON-MOTORIST</b>
				<b>26 - BICYCLE</b>
				<b>27 - TRAIN</b>
				<b>99 - UNKNOWN OR HIT/SKIP</b>

<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
2	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	

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

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

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

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

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

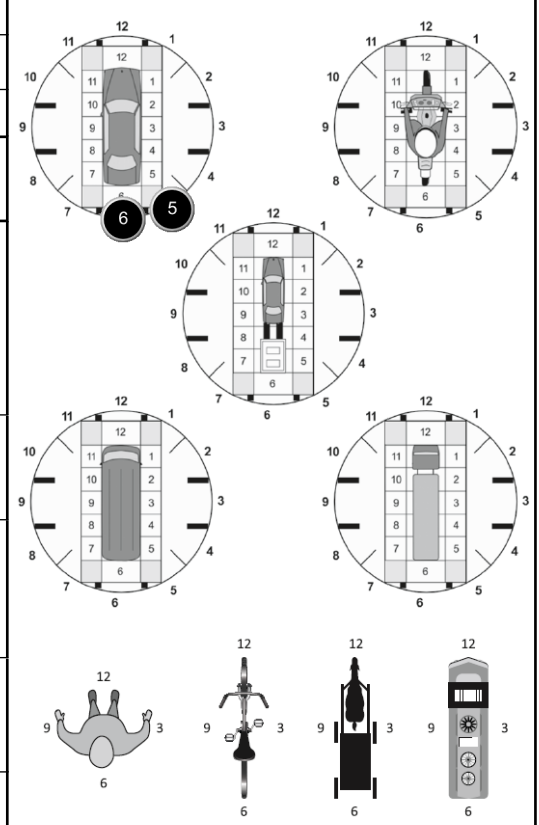
<b>CONTRIBUTING CIRCUMSTANCES</b>	1 - NONE	8 - FOLLOWING TOO CLOSE /ACDA	13 - IMPROPER START FROM A PARKED POSITION	18 - OPERATING DEFECTIVE EQUIPMENT	23 - OPENING DOOR INTO ROADWAY
1	2 - FAILURE TO YIELD	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	19 - LOAD SHIFTING /FALLING/SPILLING	99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

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

<b>FIRST HARMFUL EVENT</b>	1	<b>MOST HARMFUL EVENT</b>	1
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<b>LOCAL REPORT NUMBER</b>	19-1333
<b>DAMAGE</b>	<b>DAMAGE SCALE</b>
	1 - NONE
	2 - MINOR DAMAGE
	3 - FUNCTIONAL DAMAGE
	4 - DISABLING DAMAGE
	9 - UNKNOWN

<b>DAMAGED AREA(S)</b>	INDICATE ALL THAT APPLY
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<input type="checkbox"/> <b>NO DAMAGE</b> [ 0 ]	<input type="checkbox"/> <b>UNDERCARRIAGE</b> [ 14 ]
<input type="checkbox"/> <b>TOP</b> [ 13 ]	<input type="checkbox"/> <b>ALL AREAS</b> [ 15 ]
<input type="checkbox"/> <b>UNIT NOT AT SCENE</b> [ 16 ]	

<b>INITIAL POINT OF CONTACT</b>	0 - NO DAMAGE	14 - UNDERCARRIAGE
6	1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
	13 - TOP	99 - UNKNOWN

<b>TRAFFICWAY FLOW</b>	1 - ONE-WAY	<b>TRAFFIC CONTROL</b>	1 - ROUNDABOUT	4 - STOP SIGN
2	2 - TWO-WAY	4	2 - SIGNAL	5 - YIELD SIGN
			3 - FLASHER	6 - NO CONTROL

<b># OF THROUGH LANES ON ROAD</b>	2	<b>RAIL GRADE CROSSING</b>	1 - NOT INVOLVED
			2 - INVOLVED-ACTIVE CROSSING
			3 - INVOLVED-PASSIVE CROSSING

<b>UNIT / NON-MOTORIST DIRECTION</b>	
<b>FROM</b>	2
<b>TO</b>	1
	1 - NORTH
	2 - SOUTH
	3 - EAST
	4 - WEST
	5 - NORTHEAST
	6 - NORTHWEST
	7 - SOUTHEAST
	8 - SOUTHWEST
	9 - OTHER / UNKNOWN

<b>UNIT SPEED</b>	0	<b>DETECTED SPEED</b>	1 - STATED / ESTIMATED SPEED
			2 - CALCULATED / EDR
<b>POSTED SPEED</b>	45		3 - UNDETERMINED

# MOTORIST / Non-MOTORIST

**LOCAL REPORT NUMBER**  
19-1333

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>					<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>			
1	RODRIGUEZ, ROBERTO, A					06/07/1992		26	M			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>							
125 E. SUNSET DR, RITTMAN, OH, 44270					216-772-5576							
<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 checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>		
5	1				4		1	1	1	1		
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>				
OH	TM757801				<input type="checkbox"/>							
<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>			
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS</b> SELECT UP TO 4
							1	1	.	1	1	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>					<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>			
2	KLEIN, ROGER					08/29/1957		61	M			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>							
5465 CARRIAGE LN, MEDINA, OH, 44256					330-321-2720							
<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 checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>		
5	1				4		1	1	1	1		
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>				
OH	RS929238				<input type="checkbox"/>							
<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>			
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS</b> SELECT UP TO 4
							1	1	.	1	1	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>					<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>							
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT <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>				
					<input type="checkbox"/>							
<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>			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			<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>		8 - LIMITED TO DAYLIGHT ONLY	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	<b>OL ENDORSEMENT</b>	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
<b>INJURIES TAKEN BY</b>	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	H - HAZMAT	10 - LIMITED TO EMPLOYMENT ONLY		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	M - MOTORCYCLE	11 - LIMITED TO OTHER DEVICES	<b>CONDITION</b>	5 - OTHER
2 - EMS	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	P - PASSENGER	12 - LIMITED - OTHER	1 - APPARENTLY NORMAL	<b>DRUG TEST TYPE</b>
3 - POLICE	13 - TRAILING UNIT	<b>TRAPPED</b>	N - TANKER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - PHYSICAL IMPAIRMENT	1 - NONE
9 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED	Q - MOTOR SCOOTER	14 - MILITARY VEHICLES ONLY	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	2 - BLOOD
<b>SAFETY EQUIPMENT</b>	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - ILLNESS	3 - URINE
1 - NONE USED	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	16 - OUTSIDE MIRROR	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	4 - OTHER
2 - SHOULDER BELT ONLY USED			T - DOUBLE & TRIPLE TRAILERS	17 - PROSTHETIC AID	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	<b>DRUG TEST RESULT(S)</b>
3 - LAP BELT ONLY USED			X - TANKER / HAZMAT	18 - OTHER	9 - OTHER / UNKNOWN	1 - AMPHETAMINES
4 - SHOULDER & LAP BELT USED						2 - BARBITURATES
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			<b>GENDER</b>			3 - BENZODIAZEPINES
6 - CHILD RESTRAINT SYSTEM - REAR FACING			F - FEMALE			4 - CANNABINOIDS
7 - BOOSTER SEAT			M - MALE			5 - COCAINE
8 - HELMET USED			U - OTHER / UNKNOWN			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  
19-1333

<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>19-1333</b>	REPORTING AGENCY <b>Medina Township</b>	DATE OF CRASH <b>02/18/2019</b>
IN COUNTY OF <b>Medina County</b>	ACCIDENT LOCATION <b>Marks</b>	

OFFICERS SIGNATURE	BADGE NO. <b>1517</b>
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OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER <b>19-1333</b>	REPORTING AGENCY <b>Medina Township</b>	Date Of Crash <b>02/18/2019</b>
IN COUNTY OF <b>Medina County</b>	ACCIDENT LOCATION <b>Marks</b>	

Large empty rectangular area for the OH2 diagram.

OFFICERS SIGNATURE	BADGE NO. <b>1517</b>
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