

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

150-19-2698

| | | | | | | | | | | | |
|---|--|---|--|--|--|---|--|--|--|--|--|
| <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 150-19-2698 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* 04/04/2019 16:24 | | CRASH SEVERITY 5 <small>1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY</small> | | | | | |
| ROUTE TYPE SR ROUTE NUMBER 18 PREFIX <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small> | | LOCATION ROAD NAME Gateway | | ROAD TYPE DR | | LATITUDE DECIMAL DEGREES 41.136155 | | LONGITUDE DECIMAL DEGREES -81.789712 | | | |
| REFERENCE POINT 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 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 | | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | | INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4 | | ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED | | | | | |
| LOCATION OF FIRST HARMFUL EVENT 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 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 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | MEDIAN TYPE 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 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 2 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 one was in the left turn lane. Unit two was in the straight lane next to unit one. The traffic light turned green and both units began to move forward to make a left turn. The driver of unit two stated she thought she was in the turn lane. Unit two struck unit one and was found at fault. | | | | | |
| CRASH REPORTED DATE / TIME 04/04/2019 16:24 | | DISPATCH DATE / TIME 04/04/2019 16:29 | | ARRIVAL DATE / TIME 04/04/2019 16:45 | | SCENE CLEARED DATE / TIME 04/04/2019 17:06 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | | | |
| TOTAL TIME ROADWAY CLOSED OTHER INVESTIGATION TIME | | TOTAL MINUTES 37 | | OFFICER'S NAME* Sgt. Mangel, #1507 | | CHECKED BY OFFICER'S NAME* Chief Colonius, #1503 | | <input checked="" type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</small> | | | |
| | | OFFICER'S BADGE NUMBER* 1507 | | CHECKED BY OFFICER'S BADGE NUMBER* 1503 | | | | | | | |

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| UNIT # 1 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) RAPID 2 WAY, | OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 6440 NORWALK ROAD, MEDINA, OH, 44256 | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | |
| COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | |

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| LP STATE OH | LICENSE PLATE # PKG4509 | VEHICLE IDENTIFICATION # 1GC1KXEG5JF215126 | VEHICLE YEAR 2018 | VEHICLE MAKE CHEVROLET |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY WESTFIELD INS. | INSURANCE POLICY # CWP0434683 | COLOR RED | VEHICLE MODEL SILVERADO |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME NOT TOWED | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | # OCCUPANTS | HAZARDOUS MATERIAL <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # | |
| TYPE OF USE | | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS. | | |
| 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 | | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | | | |
| 2 - YES 1 - NO 9 - OTHER / UNKNOWN 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | | | | |
| SPECIAL FUNCTION 1 | | | | |
| 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP. 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | | | | |
| CARGO BODY TYPE 1 | | | | |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN /ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN | | | | |
| VEHICLE DEFECTS | | | | |
| 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN | | | | |

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| NON-MOTORIST LOCATION 4 | 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 4 | 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 | 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 |

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|---------------------------------|--|--|---|--|--|
| 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 | NON-COLLISION 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 |
| FIRST HARMFUL EVENT 1 | COLLISION WITH FIXED OBJECT - STRUCK | | | | |
| | 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 |

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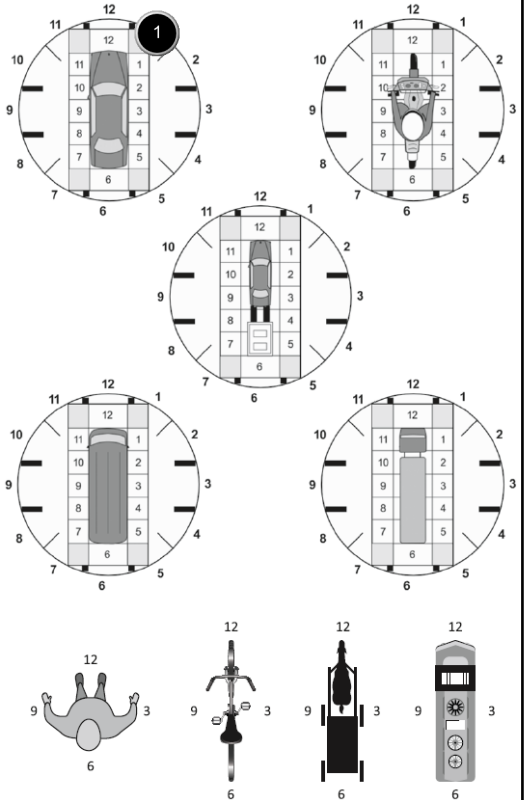
DAMAGE

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

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

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| # OF THROUGH LANES ON ROAD 4 | RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
|--|---|

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 5

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

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

OWNER UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER WHITE, JOHN OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER 330-391-2997

OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER 5668 ALFRED OVAL, MEDINA, OH, 44256 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # HKY9858 VEHICLE IDENTIFICATION # 4T1BK3DBXCU469668 VEHICLE YEAR 2012 VEHICLE MAKE TOYOTA

INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 0265480-C16-29G COLOR SIL VEHICLE MODEL AVALON

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # VEHICLE WEIGHT GVWR/GCWR 1 - <=10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS. HAZARDOUS MATERIAL

UNIT TYPE 1 PASSENGER CAR 2 PASSENGER VAN (MINIVAN) 3 SPORT UTILITY VEHICLE 4 PICK UP 5 CARGO VAN

WAS TRAILER OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 1- YES 2- NO 9- OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 1- DRIVER ASSISTANCE 2- PARTIAL AUTOMATION 3- CONDITIONAL AUTOMATION 4- HIGH AUTOMATION 5- FULL AUTOMATION 9- UNKNOWN

SPECIAL FUNCTION 1 NONE 2 TAXI 3 ELECTRONIC RIDE SHARING 4 SCHOOL TRANSPORT 5 BUS - TRANSIT/COMMUTER

CARGO BODY TYPE 1 NO CARGO BODY TYPE / NOT APPLICABLE 2 BUS 3 VEHICLE TOWING ANOTHER MOTOR VEHICLE

VEHICLE DEFECTS 1 TURN SIGNALS 2 HEAD LAMPS 3 TAIL LAMPS 4 BRAKES 5 STEERING 6 TIRE BLOWOUT

NON-MOTORIST LOCATION 1 INTERSECTION - MARKED CROSSWALK 2 INTERSECTION - UNMARKED CROSSWALK 3 INTERSECTION - OTHER

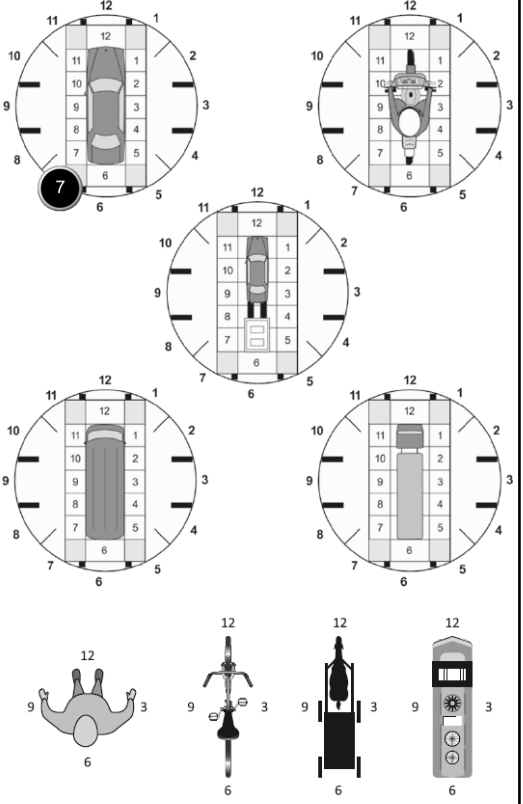
ACTION 3 STRIKING 4 STRUCK 5 BOTH STRIKING & STRUCK 9 OTHER / UNKNOWN PRE-CRASH ACTIONS 6 STRAIGHT AHEAD 7 CHANGING LANES 8 OVERTAKING/PASSING 9 MAKING RIGHT TURN 10 MAKING LEFT TURN 11 MAKING U-TURN 12 ENTERING TRAFFIC LANE

CONTRIBUTING CIRCUMSTANCES 6 1 NONE 2 FAILURE TO YIELD 3 RAN RED LIGHT 4 RAN STOP SIGN 5 UNSAFE SPEED 6 IMPROPER TURN 7 LEFT OF CENTER

SEQUENCE OF EVENTS 1 20 OVERTURN/ROLLOVER 2 FIRE/EXPLOSION 3 IMMERSION 4 JACKKNIFE 5 CARGO / EQUIPMENT LOSS OR SHIFT 6 EQUIPMENT FAILURE

DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 19 UNKNOWN

TRAFFIC TRAFFICWAY FLOW 2 ONE-WAY 2 TWO-WAY TRAFFIC CONTROL 2 ROUNDABOUT 2 SIGNAL 3 FLASHER

OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 3 INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION FROM 4 TO 5 UNIT SPEED 2 DETECTED SPEED 1 STATED / ESTIMATED SPEED 1 CALCULATED / EDR 3 UNDETERMINED POSTED SPEED 40

MOTORIST / Non-MOTORIST

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|---|---|-----------------------------------|--|---|--|---|---|---------------------------|---|---------------------|
| UNIT # 1 | NAME: LAST, FIRST, MIDDLE PASIPANKI, MICHAEL, J | | | DATE OF BIRTH 02/06/1964 | | | AGE 55 | GENDER M | | |
| ADDRESS: STREET, CITY, STATE, ZIP 4920 GATEWAY DRIVE, MEDINA, OH, 44256 | | | | | CONTACT PHONE - INCLUDE AREA CODE 330-635-1222 | | | | | |
| INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 2 | <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 RJ685691 | | 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 STATUS: 1 TYPE: 1 VALUE: . | | DRUG TEST(S) STATUS: 1 TYPE: 1 RESULTS SELECT UP TO 4 | |

| | | | | | | | | | | |
|---|--|-----------------------------------|--|---|--|---|---|---------------------------|---|---------------------|
| UNIT # 2 | NAME: LAST, FIRST, MIDDLE WHITE, PAMELA, A | | | DATE OF BIRTH 10/18/1946 | | | AGE 72 | GENDER F | | |
| ADDRESS: STREET, CITY, STATE, ZIP 5668 ALFRED OVAL, MEDINA, OH, 44256 | | | | | CONTACT PHONE - INCLUDE AREA CODE 330-391-2997 | | | | | |
| INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 2 | <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 PR224762 | | 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 STATUS: 1 TYPE: 1 VALUE: . | | DRUG TEST(S) 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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST STATUS TYPE VALUE | | DRUG TEST(S) STATUS TYPE RESULTS 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 | ALCOHOL TEST TYPE |
| | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | | 7 - INTERMEDIATE LICENSE RESTRICTIONS | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | 1 - NONE |
| | 8 - THIRD - MIDDLE | EJECTION | OL ENDORSEMENT | 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 |
| | 10 - SLEEPER SECTION OF TRUCK CAB | 2 - PARTIALLY EJECTED | M - MOTORCYCLE | 10 - LIMITED TO EMPLOYMENT ONLY | | 4 - BREATH |
| | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED | P - PASSENGER | 11 - LIMITED TO EMPLOYMENT ONLY | CONDITION | 5 - OTHER |
| INJURIES TAKEN BY | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 4 - NOT APPLICABLE | N - TANKER | 12 - LIMITED - OTHER | 1 - APPARENTLY NORMAL | DRUG TEST TYPE |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | 13 - TRAILING UNIT | TRAPPED | Q - MOTOR SCOOTER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 2 - PHYSICAL IMPAIRMENT | 1 - NONE |
| 2 - EMS | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 1 - NOT TRAPPED | R - THREE-WHEEL MOTORCYCLE | 14 - MILITARY VEHICLES ONLY | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 2 - BLOOD |
| 3 - POLICE | 15 - NON-MOTORIST | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 4 - ILLNESS | 3 - URINE |
| 9 - OTHER / UNKNOWN | 99 - OTHER / UNKNOWN | 3 - FREED BY NON-MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 4 - OTHER |
| SAFETY EQUIPMENT | | | X - TANKER / HAZMAT | 17 - PROSTHETIC AID | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | DRUG TEST RESULT(S) |
| 1 - NONE USED | | | | 18 - OTHER | 9 - OTHER / UNKNOWN | 1 - AMPHETAMINES |
| 2 - SHOULDER BELT ONLY USED | | | GENDER | | | 2 - BARBITURATES |
| 3 - LAP BELT ONLY USED | | | F - FEMALE | | | 3 - BENZODIAZEPINES |
| 4 - SHOULDER & LAP BELT USED | | | M - MALE | | | 4 - CANNABINOIDS |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | | U - OTHER / UNKNOWN | | | 5 - COCAINE |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | | | | 6 - OPIATES / OPIOIDS |
| 7 - BOOSTER SEAT | | | | | | 7 - OTHER |
| 8 - HELMET USED | | | | | | 8 - NEGATIVE RESULTS |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | | | | | | |
| 10 - REFLECTIVE CLOTHING | | | | | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | |
| 99 - OTHER / UNKNOWN | | | | | | |

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
150-19-2698

| | | | | | | | | | |
|-----------------|--|----------------------------------|--|-------------------------|--|--|----------------------|-----------------|----------------|
| 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 | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

| | | | | | | | | | |
|-----------------|--|----------------------------------|--|-------------------------|--|--|----------------------|-----------------|----------------|
| 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 | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

| | | | | | | | | | |
|-----------------|--|----------------------------------|--|-------------------------|--|--|----------------------|-----------------|----------------|
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER |
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| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

| | | | | | | | | | |
|-----------------|--|----------------------------------|--|-------------------------|--|--|----------------------|-----------------|----------------|
| 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 | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

| 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 |

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

OHIO TRAFFIC ACCIDENT - OH2 NARRATIVE

| | | |
|---|--|------------------------------------|
| LOCAL REPORT NUMBER 150-19-2698 | REPORTING AGENCY Medina Township | DATE OF CRASH 04/04/2019 |
| IN COUNTY OF Medina County | ACCIDENT LOCATION 18 | |

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|--------------------|--------------------------|
| OFFICERS SIGNATURE | BADGE NO. 1507 |
|--------------------|--------------------------|

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

| | | |
|---|--|------------------------------------|
| LOCAL REPORT NUMBER 150-19-2698 | REPORTING AGENCY Medina Township | Date Of Crash 04/04/2019 |
| IN COUNTY OF Medina County | ACCIDENT LOCATION 18 | |

Large empty rectangular area for the OH2 diagram.

| | |
|--------------------|--------------------------|
| OFFICERS SIGNATURE | BADGE NO. 1507 |
|--------------------|--------------------------|