

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

20-110-2

|   |  |  |  |   |  |   |  |   |  |   |  |  |  |  |  |
|---|--|--|--|---|--|---|--|---|--|---|--|--|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |  | <input type="checkbox"/> OH -2 <input checked="" type="checkbox"/> OH -3<br><input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY   |  | LOCAL INFORMATION<br><b>REPORTING AGENCY NAME *</b><br>PLAIN CITY POLICE DEPARTMENT   |  | <b>NCIC *</b><br>04906  |  | <b>HIT/SKIP</b><br><input type="checkbox"/> 1 - SOLVED<br><input checked="" type="checkbox"/> 2 - UNSOLVED  |  | <b>NUMBER OF UNITS</b><br>2   |  | <b>UNIT IN ERROR</b><br><input type="checkbox"/> 98 - ANIMAL<br><input checked="" type="checkbox"/> 99 - UNKNOWN   |  |  |  |
| <b>COUNTY*</b><br>49  |  | <b>LOCALITY*</b><br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>2   |  | <b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b><br>Plain City   |  | <b>CRASH DATE / TIME*</b><br>05/23/2020 02:20   |  | <b>CRASH SEVERITY</b><br><input checked="" type="checkbox"/> 1 - FATAL<br><input type="checkbox"/> 2 - SERIOUS INJURY SUSPECTED<br><input type="checkbox"/> 3 - MINOR INJURY SUSPECTED<br><input type="checkbox"/> 4 - INJURY POSSIBLE<br><input type="checkbox"/> 5 - PROPERTY DAMAGE ONLY     |  |   |  |  |  |  |  |
| <b>LOCATION</b><br><b>ROUTE TYPE</b><br><b>ROUTE NUMBER</b><br><b>PREFIX</b> 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | <b>LOCATION ROAD NAME</b><br>Plain City Georgesville   |  | <b>ROAD TYPE</b><br>RD  |  | <b>LATITUDE</b> DECIMAL DEGREES<br>40.093010  |  | <b>REFERENCE</b><br><b>ROUTE TYPE</b><br><b>ROUTE NUMBER</b><br><b>PREFIX</b> 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | <b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b><br>Converse Huff   |  | <b>ROAD TYPE</b><br>RD   |  | <b>LONGITUDE</b> DECIMAL DEGREES<br>-83.258255 |  |
| <b>REFERENCE POINT</b><br><input checked="" type="checkbox"/> 1 - INTERSECTION<br><input type="checkbox"/> 2 - MILE POST<br><input type="checkbox"/> 3 - HOUSE #  |  | <b>DIRECTION FROM REFERENCE</b><br><input checked="" type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   |  | <b>ROUTE TYPE</b><br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |  | <b>ROAD TYPE</b><br>AL - ALLEY    HW - HIGHWAY    RD - ROAD<br>AV - AVENUE    LA - LANE    SQ - SQUARE<br>BL - BOULEVARD    MP - MILEPOST    ST - STREET<br>CR - CIRCLE    OV - OVAL    TE - TERRACE<br>CT - COURT    PK - PARKWAY    TL - TRAIL<br>DR - DRIVE    PI - PIKE    WA - WAY<br>HE - HEIGHTS    PL - PLACE |  |   |  | <b>INTERSECTION RELATED</b><br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA <b>NUMBER OF APPROACHES</b>  |  |  |  |  |  |
| <b>DISTANCE FROM REFERENCE</b><br>25.00   |  | <b>DISTANCE UNIT OF MEASURE</b><br><input checked="" type="checkbox"/> 1 - MILES<br><input type="checkbox"/> 2 - FEET<br><input type="checkbox"/> 3 - YARDS  |  | <b>LOCATION OF FIRST HARMFUL EVENT</b><br><input checked="" type="checkbox"/> 1 - ON ROADWAY<br><input type="checkbox"/> 2 - ON SHOULDER<br><input type="checkbox"/> 3 - IN MEDIAN<br><input type="checkbox"/> 4 - ON ROADSIDE<br><input type="checkbox"/> 5 - ON GORE<br><input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY<br><input type="checkbox"/> 7 - ON RAMP<br><input type="checkbox"/> 8 - OFF RAMP |  | <b>MANNER OF CRASH COLLISION/IMPACT</b><br><input checked="" type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br><input type="checkbox"/> 2 - REAR-END<br><input type="checkbox"/> 3 - HEAD-ON   |  | <input type="checkbox"/> 4 - REAR-TO-REAR<br><input type="checkbox"/> 5 - BACKING<br><input type="checkbox"/> 6 - ANGLE<br><input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION<br><input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION<br><input type="checkbox"/> 9 - OTHER / UNKNOWN |  | <b>DIRECTION OF TRAVEL</b><br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  |  | <b>MEDIAN TYPE</b><br><input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br><input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br><input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN<br><input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br><input type="checkbox"/> 9 - OTHER / UNKNOWN |  |  |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |  | <b>WORK ZONE TYPE</b><br><input type="checkbox"/> 1 - LANE CLOSURE<br><input type="checkbox"/> 2 - LANE SHIFT/ CROSSOVER<br><input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN<br><input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK<br><input type="checkbox"/> 5 - OTHER  |  | <b>LOCATION OF CRASH IN WORK ZONE</b><br><input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA<br><input type="checkbox"/> 3 - TRANSITION AREA<br><input type="checkbox"/> 4 - ACTIVITY AREA<br><input type="checkbox"/> 5 - TERMINATION AREA   |  | <b>CONTOUR</b><br><input checked="" type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 9 - OTHER / UNKNOWN   |  | <b>CONDITIONS</b><br><input checked="" type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7<br><input type="checkbox"/> 9 - OTHER / UNKNOWN  |  | <b>SURFACE</b><br><input checked="" type="checkbox"/> 2<br><input type="checkbox"/> 1<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 9 - OTHER / UNKNOWN |  |  |  |  |  |
| <b>LIGHT CONDITION</b><br><input checked="" type="checkbox"/> 4<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 5<br><input type="checkbox"/> 9 - OTHER / UNKNOWN |  | <b>WEATHER</b><br><input checked="" type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8<br><input type="checkbox"/> 9<br><input type="checkbox"/> 99 - OTHER / UNKNOWN |  | <b>CRASH REPORTED DATE / TIME</b><br>05/23/2020 02:24   |  | <b>DISPATCH DATE / TIME</b><br>05/23/2020 02:24   |  | <b>ARRIVAL DATE / TIME</b><br>05/23/2020 02:25  |  | <b>SCENE CLEARED DATE / TIME</b><br>05/23/2020 03:22  |  | <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST   |  |  |  |
| <b>TOTAL TIME ROADWAY CLOSED</b><br>15  |  | <b>OTHER INVESTIGATION TIME</b><br>45  |  | <b>TOTAL MINUTES</b><br>103   |  | <b>OFFICER'S NAME*</b><br>Howard, Aaron   |  | <b>CHECKED BY OFFICER'S NAME*</b><br>Hirtzinger, Josh   |  | <input type="checkbox"/> <b>SUPPLEMENT</b><br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)   |  |  |  |  |  |
| <b>OFFICER'S BADGE NUMBER*</b><br>408   |  | <b>CHECKED BY OFFICER'S BADGE NUMBER*</b><br>410   |  | <b>NARRATIVE</b><br>Unit 2 was traveling nothbound on Plain City Georgesville Road.<br>Unit 2 slowed speeds due to a change in the speed limit.<br>Unit 1 was traveling northbound on Plain City Georgesville Road.<br>Unit 1 failed to maintain proper distance between the vehicles.<br>Unit 1's front bumper struck unit 2's rear bumper.  |  |   |  |   |  |   |  |  |  |  |  |
|   |  |  |  |   |  |   |  |   |  |   |  |  |  |  |  |

|   |  |   |
|---|--|---|
| <b>UNIT #</b><br>1  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>SCHNACK, ANDREW, D | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>503 WEST MAIN STREET, PLAIN CITY, OH, 43064 |  |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP  |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |

|  |   |  |  |                                 |
|--|---|--|--|---------------------------------|
| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>HWP6069             | <b>VEHICLE IDENTIFICATION #</b><br>JF1GD676X6H523381 | <b>VEHICLE YEAR</b><br>2006  | <b>VEHICLE MAKE</b><br>SUBARU   |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>GEICO             | <b>INSURANCE POLICY #</b><br>4317157123              | <b>COLOR</b><br>SIL  | <b>VEHICLE MODEL</b><br>IMPREZA |
| <b>TYPE OF USE</b><br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | <b>US DOT #</b>                                      | <b>TOWED BY:</b> COMPANY NAME<br>KIRBYS  |                                 |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>  | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b><br>1                              | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD PLACARD ID # |                                 |
| <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤ 10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS.   |   |  |  |                                 |

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

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

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

LOCAL REPORT NUMBER

20-110-2

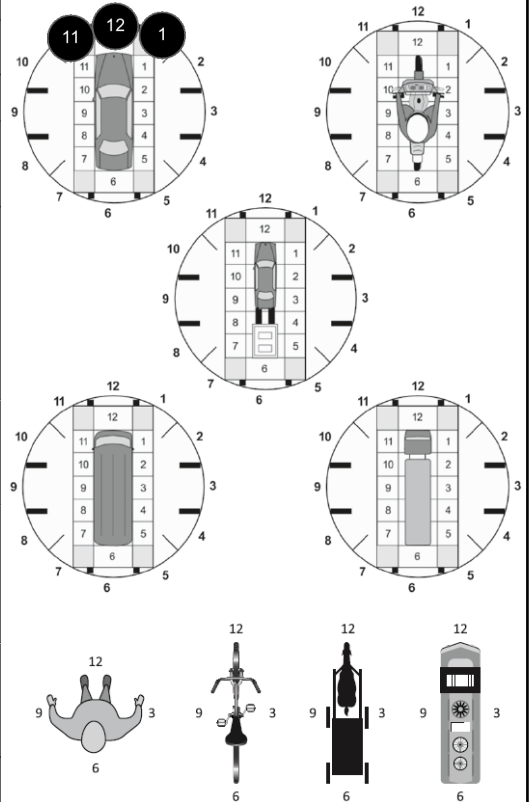
**DAMAGE**

**DAMAGE SCALE**

1 - NONE    3 - FUNCTIONAL DAMAGE  
 4 [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  
 12 [12] 1-12 - REFER TO UNIT DIAGRAM    15 - VEHICLE NOT AT SCENE  
 13 - TOP    99 - UNKNOWN

**TRAFFIC**

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

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 [2] TO 1 [1]

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

|                                |  |
|--------------------------------|--|
| <b>UNIT SPEED</b><br>35 [35]   | <b>DETECTED SPEED</b><br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED<br>1 [1] |
| <b>POSTED SPEED</b><br>35 [35] |  |

|              |  |   |   |
|--------------|--|---|---|
| <b>OWNER</b> | <b>UNIT #</b><br>2   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>HONDA OF AMERICA MFG, | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) |
|              | <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>23800 HONDA PARKWAY, MARYSVILLE, OH, 43040 |   |   |
|              | <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |

|  |   |   |   |                              |
|--|---|---|---|------------------------------|
| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>GMK9597             | <b>VEHICLE IDENTIFICATION #</b><br>5J6RW2H93KL000073  | <b>VEHICLE YEAR</b><br>2019   | <b>VEHICLE MAKE</b><br>HONDA |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>SOMPO AMERICA     | <b>INSURANCE POLICY #</b><br>ADV40020UO   | <b>COLOR</b><br>BGE   | <b>VEHICLE MODEL</b><br>CR-V |
| <b>TYPE OF USE</b>   |   | <b>US DOT #</b>   | <b>TOWED BY:</b> COMPANY NAME   |                              |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   |   |   |                              |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>  | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b><br>2   | <b>HAZARDOUS MATERIAL</b>   |                              |
|  |   | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - > 26K LBS. | <input type="checkbox"/> MATERIAL <b>CLASS #</b> <b>PLACARD ID #</b><br><input type="checkbox"/> RELEASED<br><input type="checkbox"/> PLACARD |                              |

|                                 |   |   |   |   |
|---------------------------------|---|---|---|---|
| <b>UNIT TYPE</b><br>3           | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)   | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| <b># OF TRAILING UNITS</b><br>0 | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>  |   |   |   |
| 2                               | 0 - NO AUTOMATION    3 - CONDITIONAL AUTOMATION    9 - OTHER/UNKNOWN<br>1 - DRIVER ASSISTANCE    4 - HIGH AUTOMATION<br>1 - YES    2 - NO    9 - OTHER / UNKNOWN <b>AUTONOMOUS MODE LEVEL</b><br>2 - PARTIAL AUTOMATION    5 - FULL AUTOMATION  |   |   |   |
| <b>SPECIAL FUNCTION</b><br>1    | 1 - NONE    6 - BUS - CHARTER/TOUR    11 - FIRE    16 - FARM    21 - MAIL CARRIER<br>2 - TAXI    7 - BUS - INTERCITY    12 - MILITARY    17 - MOWING    99 - OTHER / UNKNOWN<br>3 - ELECTRONIC RIDE SHARING    8 - BUS - SHUTTLE    13 - POLICE    18 - SNOW REMOVAL<br>4 - SCHOOL TRANSPORT    9 - BUS - OTHER    14 - PUBLIC UTILITY    19 - TOWING<br>5 - BUS - TRANSIT/COMMUTER    10 - AMBULANCE    15 - CONSTRUCTION EQUIP.    20 - SAFETY SERVICE PATROL |   |   |   |
| <b>CARGO BODY TYPE</b><br>1     | 1 - NO CARGO BODY TYPE / NOT APPLICABLE    4 - LOGGING    7 - GRAIN/CHIPS/GRAVEL    11 - DUMP    99 - OTHER / UNKNOWN<br>2 - BUS    5 - INTERMODAL CONTAINER CHASSIS    8 - POLE    12 - CONCRETE MIXER<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE    6 - CARGOVAN /ENCLOSED BOX    9 - CARGO TANK    13 - AUTO TRANSPORTER<br>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<br>2 - HEAD LAMPS    5 - STEERING    8 - TRAILER EQUIPMENT DEFECTIVE    10 - DISABLED FROM PRIOR ACCIDENT<br>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<br>2 - INTERSECTION - UNMARKED CROSSWALK    5 - TRAVEL LANE - OTHER LOCATION    8 - SIDEWALK    11 - SHARED USE PATHS OR TRAILS<br>3 - INTERSECTION - OTHER    6 - BICYCLE LANE    9 - MEDIAN/CROSSING ISLAND    12 - FIRST RESPONDER AT INCIDENT SCENE  |  |  |  |
| <b>ACTION</b><br>4                     | 1 - NON-CONTACT    1 - STRAIGHT AHEAD    9 - LEAVING TRAFFIC LANE    15 - WALKING, RUNNING, JOGGING, PLAYING    21 - STANDING OUTSIDE DISABLED VEHICLE<br>2 - NON-COLLISION    2 - BACKING    10 - PARKED    16 - WORKING    99 - OTHER / UNKNOWN<br>3 - STRIKING    3 - CHANGING LANES    11 - SLOWING OR STOPPED IN TRAFFIC    17 - PUSHING VEHICLE    18 - APPROACHING OR LEAVING VEHICLE<br>4 - STRUCK    4 - OVERTAKING/PASSING    12 - DRIVERLESS    19 - STANDING<br>5 - BOTH STRIKING & STRUCK    5 - MAKING RIGHT TURN    13 - NEGOTIATING A CURVE    20 - OTHER NON-MOTORIST<br>9 - OTHER / UNKNOWN    6 - MAKING LEFT TURN    7 - MAKING U-TURN    8 - ENTERING TRAFFIC LANE    12 - IMPROPER CROSSING SPECIFIED LOCATION |  |  |  |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>1 | 1 - NONE    8 - FOLLOWING TOO CLOSE /ACDA    13 - IMPROPER START FROM A PARKED POSITION    18 - OPERATING DEFECTIVE EQUIPMENT    23 - OPENING DOOR INTO ROADWAY<br>2 - FAILURE TO YIELD    9 - IMPROPER LANE CHANGE    14 - STOPPED OR PARKED ILLEGALLY    19 - LOAD SHIFTING /FALLING/SPILLING    99 - OTHER IMPROPER ACTION<br>3 - RAN RED LIGHT    10 - IMPROPER PASSING    15 - SWERVING TO AVOID    20 - IMPROPER CROSSING    21 - LYING IN ROADWAY<br>4 - RAN STOP SIGN    11 - DROVE OFF ROAD    16 - WRONG WAY    22 - NOT DISCERNIBLE<br>5 - UNSAFE SPEED    12 - IMPROPER BACKING<br>6 - IMPROPER TURN    7 - LEFT OF CENTER   |  |  |  |

|                           |   |  |  |  |
|---------------------------|---|--|--|--|
| <b>SEQUENCE OF EVENTS</b> | <b>EVENTS</b><br>1 - OVERTURN/ROLLOVER    7 - SEPARATION OF UNITS    12 - DOWNHILL RUNAWAY    19 - ANIMAL - OTHER    23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>2 - FIRE/EXPLOSION    8 - RAN OFF ROAD RIGHT    13 - OTHER NON-COLLISION    20 - MOTOR VEHICLE IN TRANSPORT    24 - OTHER MOVABLE OBJECT<br>3 - IMMERSION    9 - RAN OFF ROAD LEFT    14 - PEDESTRIAN    21 - PARKED MOTOR VEHICLE<br>4 - JACKKNIFE    10 - CROSS MEDIAN    15 - PEDALCYCLE    22 - WORK ZONE MAINTENANCE EQUIPMENT<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT    11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL    16 - RAILWAY VEHICLE    43 - CURB<br>6 - EQUIPMENT FAILURE    30 - GUARDRAIL FACE    37 - TRAFFIC SIGN POST    44 - DITCH |  |  |  |
|---------------------------|---|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| <b>COLLISION WITH FIXED OBJECT - STRUCK</b> | 25 - IMPACT ATTENUATOR / CRASH CUSHION    31 - GUARDRAIL END    38 - OVERHEAD SIGN POST    45 - EMBANKMENT    52 - BUILDING<br>26 - BRIDGE OVERHEAD STRUCTURE    32 - PORTABLE BARRIER    39 - LIGHT / LUMINARIES SUPPORT    46 - FENCE    53 - TUNNEL<br>27 - BRIDGE PIER OR ABUTMENT    33 - MEDIAN CABLE BARRIER    40 - UTILITY POLE    47 - MAILBOX    54 - OTHER FIXED OBJECT<br>28 - BRIDGE PARAPET    34 - MEDIAN GUARDRAIL BARRIER    41 - OTHER POST, POLE OR SUPPORT    48 - TREE    99 - OTHER / UNKNOWN<br>29 - BRIDGE RAIL    35 - MEDIAN CONCRETE BARRIER    42 - CULVERT    49 - FIRE HYDRANT<br>30 - GUARDRAIL FACE    36 - MEDIAN OTHER BARRIER    43 - CURB    50 - WORK ZONE MAINTENANCE EQUIPMENT |  |  |  |
| <b>FIRST HARMFUL EVENT</b><br>1             | <b>MOST HARMFUL EVENT</b><br>1   |  |  |  |

**LOCAL REPORT NUMBER**

20-110-2

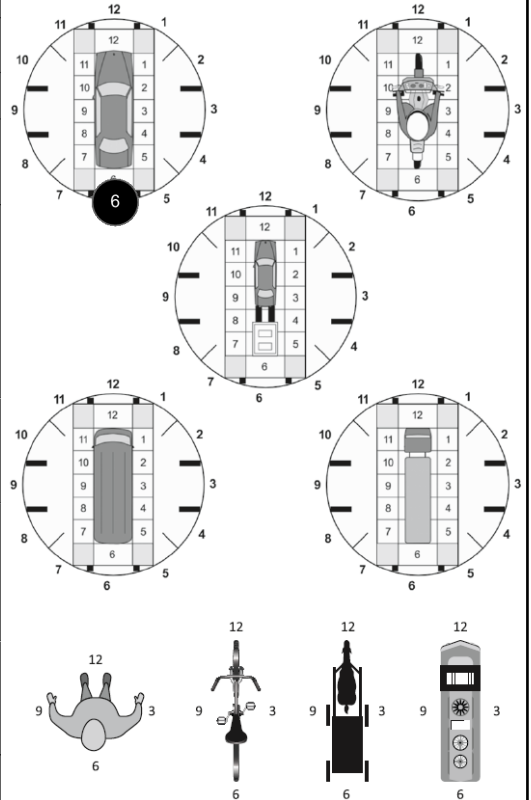
**DAMAGE**

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

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

**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  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

**POSTED SPEED**

35

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
20-110-2

|   |  |                                   |  |   |  |   |                              |  |                      |                     |
|---|--|-----------------------------------|--|---|--|---|------------------------------|--|----------------------|---------------------|
| <b>UNIT #</b><br>1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>SCHNACK, ANDREW, D |                                   |  |   | <b>DATE OF BIRTH</b><br>08/14/1991                       |   | <b>AGE</b><br>28             | <b>GENDER</b><br>M                             |                      |                     |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>503 WEST MAIN STREET, PLAIN CITY, OH, 43064 |  |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                 |   |                              |  |                      |                     |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b><br>1                           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>4                        | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1                      | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b>                         |                                   | <b>OFFENSE CHARGED</b><br>333.03A                      |   | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/> | <b>OFFENSE DESCRIPTION</b><br>ACDA  |                              | <b>CITATION NUMBER</b><br>04906408052320200302 |                      |                     |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b>                                     | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b><br>5                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1   | <b>ALCOHOL TEST</b>          |  | <b>DRUG TEST(S)</b>  |                     |
|   |  |                                   |  |   |  | STATUS  |                              | RESULTS SELECT UP TO 4                         |                      |                     |
|   |  |                                   |  |   |  | 1   | 1                            | .  | 1                    | 1                   |

|  |  |                                   |  |   |   |   |                              |                           |                      |                     |
|--|--|-----------------------------------|--|---|---|---|------------------------------|---------------------------|----------------------|---------------------|
| <b>UNIT #</b><br>2   | <b>NAME: LAST, FIRST, MIDDLE</b><br>JAMES, ASHLEY, R |                                   |  |   | <b>DATE OF BIRTH</b><br>08/18/1999            |   | <b>AGE</b><br>20             | <b>GENDER</b><br>F        |                      |                     |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>3171 COBBLESTONE CREEK RD, MARION, OH, 43301 |  |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>      |   |                              |                           |                      |                     |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b><br>1                         | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>4             | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |
| <b>OL STATE</b><br>OH  | <b>OPERATOR LICENSE NUMBER</b>                       |                                   | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b>  |                              | <b>CITATION NUMBER</b>    |                      |                     |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b>                                   | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1   | <b>ALCOHOL TEST</b>          |                           | <b>DRUG TEST(S)</b>  |                     |
|  |  |                                   |  |   |   | STATUS  |                              | RESULTS 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<br><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><br><input type="checkbox"/> | <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><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b>   | <b>ALCOHOL TEST</b>     |                        | <b>DRUG TEST(S)</b> |                |
|  |                                  |                                   |  |   |   | STATUS   |                         | 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  | <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 TO 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   | <b>TRAPPED</b>                     | 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 (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    | R - THREE-WHEEL MOTORCYCLE   | 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 | S - SCHOOL BUS               | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 4 - ILLNESS  | 3 - URINE                                      |
| 1 - NONE USED                                 | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 4 - OTHER                                      |
| 2 - SHOULDER BELT ONLY USED                   |  |                                    | 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                  |  |                                    | <b>GENDER</b>                |  |  | 2 - BARBITURATES                               |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |  |                                    | F - FEMALE                   |  |  | 3 - BENZODIAZEPINES                            |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                    | M - MALE                     |  |  | 4 - CANNABINOIDS                               |
| 7 - BOOSTER SEAT                              |  |                                    | U - OTHER / UNKNOWN          |  |  | 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  
20-110-2

|                 |  |   |                          |  |                              |   |                              |                           |                      |                     |
|-----------------|--|---|--------------------------|--|------------------------------|---|------------------------------|---------------------------|----------------------|---------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>2   | <b>NAME:</b> LAST, FIRST, MIDDLE<br>BRANHAM, ABIGAIL, E |                          |  |                              | <b>DATE OF BIRTH</b><br>03/28/2001                      |                              | <b>AGE</b><br>19          | <b>GENDER</b><br>F   |                     |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>7055 FAYETTE DR, WEST JEFFERSON, OH, 43162 |   |                          |  |                              | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                              |                           |                      |                     |
|                 | <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b><br>1                            | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b><br>4 | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b><br>3 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |

|                 |  |                                  |                          |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <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"/> <b>DOT-COMPLIANT MC HELMET</b> | <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"/> <b>DOT-COMPLIANT MC HELMET</b> | <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"/> <b>DOT-COMPLIANT MC HELMET</b> | <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<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
| INJURED TAKEN BY   |   |  | EJECTION  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                   |   |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |
| GENDER   |   |  | TRAPPED   |
| F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |   |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>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>NAME:</b> LAST, FIRST, MIDDLE         |  |  |  | <b>DATE OF BIRTH</b> |  | <b>AGE</b> | <b>GENDER</b> |  |  |

|                |  |  |  |  |                      |  |            |               |  |  |
|----------------|--|--|--|--|----------------------|--|------------|---------------|--|--|
| <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>NAME:</b> LAST, FIRST, MIDDLE         |  |  |  | <b>DATE OF BIRTH</b> |  | <b>AGE</b> | <b>GENDER</b> |  |  |

|                |  |  |  |  |                      |  |            |               |  |  |
|----------------|--|--|--|--|----------------------|--|------------|---------------|--|--|
| <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>NAME:</b> LAST, FIRST, MIDDLE         |  |  |  | <b>DATE OF BIRTH</b> |  | <b>AGE</b> | <b>GENDER</b> |  |  |