

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

19-20040

PHOTOS TAKEN  
 SECONDARY CRASH  
 OH-2  
 OH-3  
 OH-1P  
 OTHER  
 PRIVATE PROPERTY

LOCAL INFORMATION  
 REPORTING AGENCY NAME\*  
 JACKSON TWP POLICE DEPARTME NCIC\* 07624

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS  
 01  
 UNIT IN ERROR  
 01 98 - ANIMAL  
 99 - UNKNOWN

COUNTY\* 76 LOCALITY\* 3  
 1 - CITY  
 2 - VILLAGE  
 3 - TOWNSHIP  
 LOCATION: CITY, VILLAGE, TOWNSHIP\*  
 Jackson (Township of)

CRASH DATE / TIME\*  
 04292019 1153  
 CRASH SEVERITY  
 5  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY

LOCATION  
 ROUTE TYPE ROUTE NUMBER PREFIX  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 LOCATION ROAD NAME  
 BELPAR  
 ROAD TYPE  
 ST

LATITUDE DECIMAL DEGREES  
 40.852600

REFERENCE  
 ROUTE TYPE ROUTE NUMBER PREFIX  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
 4760  
 ROAD TYPE

LONGITUDE DECIMAL DEGREES  
 -81.437300

REFERENCE POINT  
 3  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
 DIRECTION FROM REFERENCE  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 ROUTE TYPE  
 IR - INTERSTATE ROUTE (TP)  
 US - FEDERAL US ROUTE  
 SR - STATE ROUTE  
 CR - NUMBERED COUNTY ROUTE  
 TR - NUMBERED TOWNSHIP ROUTE  
 ROAD TYPE  
 AL - ALLEY HW - HIGHWAY RD - ROAD  
 AV - AVENUE LA - LANE SQ - SQUARE  
 BL - BOULEVARD MP - MILEPOST ST - STREET  
 CR - CIRCLE OV - OVAL TE - TERRACE  
 CT - COURT PK - PARKWAY TL - TRAIL  
 DR - DRIVE PI - PIKE WA - WAY  
 HE - HEIGHTS PL - PLACE

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA NUMBER OF APPROACHES  
 ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT  
 06  
 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

MANNER OF CRASH COLLISION/IMPACT  
 1  
 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

WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 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

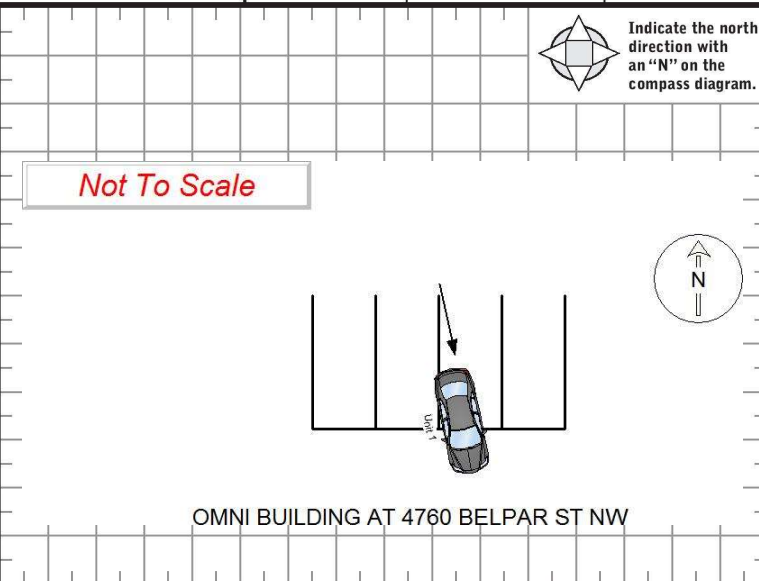
CONDITIONS  
 1  
 1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN

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  
 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

NARRATIVE  
 UNIT #1 WAS ATTEMPTING TO PARK IN A MARKED PARKING SPACE AT 4760 BELPAR ST NW. UNIT #1 PUSHED THE GAS INSTEAD OF THE BRAKE AND DID DRIVE INTO THE BUILDING AT LISTED ADDRESS. UNIT # 1 DID FAIL TO CONTROL HER VEHICLE ON PRIVATE PROPERTY.  
 LF



CRASH REPORTED DATE / TIME  
 04292019 1153

DISPATCH DATE / TIME  
 04292019 1154

ARRIVAL DATE / TIME  
 04292019 1159

SCENE CLEARED DATE / TIME  
 04292019 1229

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
 0

OTHER INVESTIGATION TIME  
 20

TOTAL MINUTES  
 55

OFFICER'S NAME\*  
 BADER, CHRISTOPHER  
 OFFICER'S BADGE NUMBER\*  
 1 0 2

CHECKED BY OFFICER'S NAME\*  
 JOHNSON, STEVEN  
 CHECKED BY OFFICER'S BADGE NUMBER\*  
 2 2

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

19-20040

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # GYW5847 VEHICLE IDENTIFICATION # 1G1ZB5ST0GF359290 VEHICLE YEAR 2016 VEHICLE MAKE CHEV

INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INSURANCE POLICY # 926 470 701 COLOR GRY VEHICLE MODEL MAL

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE US DOT # TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.  MATERIAL RELEASED  PLACARD CLASS # PLACARD ID #

01 UNIT TYPE 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

0 # OF TRAILING UNITS

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

01 SPECIAL FUNCTION 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  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

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

VEHICLE DEFECTS 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

NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 13 - AUTO TRANSPORTER  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

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

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

52 SEQUENCE OF EVENTS

**EVENTS**

1   1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2   2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3   3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4   4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
 5   5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

**COLLISION WITH FIXED OBJECT - STRUCK**

4   25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 5   27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 6   29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

**DAMAGE**

**DAMAGE SCALE**

2 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**

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

**TRAFFIC**

**TRAFFICWAY FLOW** 1 - ONE-WAY 2 - TWO-WAY

**TRAFFIC CONTROL** 06 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

**# OF THROUGH LANES ON ROAD**

**RAIL GRADE CROSSING** 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM 1 TO 2

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

**UNIT SPEED** 005

**POSTED SPEED** 00

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



<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> LEVINE, LILA D	<b>DATE OF BIRTH</b> 06091937	<b>AGE</b> 81	<b>GENDER</b> F
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 11199 LAFAYETTE DR NW CANAL FULTON OH 44614		<b>CONTACT PHONE - INCLUDE AREA CODE</b> 		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 	<b>EMS AGENCY (NAME)</b> 	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> 	<b>SAFETY EQUIPMENT USED</b> 04
<input type="checkbox"/> DOT-Compliant MC HELMET	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>OL STATE</b> **	<b>OPERATOR LICENSE NUMBER</b> *****	<b>OFFENSE CHARGED</b> 	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> 
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> 	<b>RESTRICTION</b> SELECT UP TO 3 	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>	
<b>STATUS</b> 1	<b>TYPE</b> 	<b>VALUE</b> 	<b>STATUS</b> 1	<b>TYPE</b> 1
<b>RESULT</b> SELECT UP TO 4 				

<b>UNIT #</b> 	<b>NAME: LAST, FIRST, MIDDLE</b> 	<b>DATE OF BIRTH</b> 	<b>AGE</b> 	<b>GENDER</b> 
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 		<b>CONTACT PHONE - INCLUDE AREA CODE</b> 		
<b>INJURIES</b> 	<b>INJURED TAKEN BY</b> 	<b>EMS AGENCY (NAME)</b> 	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> 	<b>SAFETY EQUIPMENT USED</b> 
<input type="checkbox"/> DOT-Compliant 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> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</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> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
<b>CONDITION</b> 	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>	
<b>STATUS</b> 	<b>TYPE</b> 	<b>VALUE</b> 	<b>STATUS</b> 	<b>TYPE</b> 
<b>RESULT</b> SELECT UP TO 4 				

<b>UNIT #</b> 	<b>NAME: LAST, FIRST, MIDDLE</b> 	<b>DATE OF BIRTH</b> 	<b>AGE</b> 	<b>GENDER</b> 
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 		<b>CONTACT PHONE - INCLUDE AREA CODE</b> 		
<b>INJURIES</b> 	<b>INJURED TAKEN BY</b> 	<b>EMS AGENCY (NAME)</b> 	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> 	<b>SAFETY EQUIPMENT USED</b> 
<input type="checkbox"/> DOT-Compliant 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> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</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> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
<b>CONDITION</b> 	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>	
<b>STATUS</b> 	<b>TYPE</b> 	<b>VALUE</b> 	<b>STATUS</b> 	<b>TYPE</b> 
<b>RESULT</b> SELECT UP TO 4 				

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

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
**19-20040**

<b>OCCUPANT</b>	<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"/> <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: 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"/> <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: 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"/> <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: 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"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> ____	<b>AIR BAG USAGE</b> ____	<b>EJECTION</b> ____	<b>TRAPPED</b> ____

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

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b> <b>RINGLER, WADE E</b>	<b>DATE OF BIRTH</b> <b>09241945</b>	<b>AGE</b> <b>73</b>	<b>GENDER</b> <b>M</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> <b>7359 MOSSEY DR CARROLLTON OH 44615</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b> ____-____-____	
<b>WITNESS</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>WITNESS</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> ____-____-____	