

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

21-17065

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

LOCAL INFORMATION
UNIT 2 CITED: DUS
 REPORTING AGENCY NAME*
JACKSON TWP POLICE DEPARTME NCIC* **07624**

HIT/SKIP
 1 - SOLVED
 2 - UNSOLVED
 NUMBER OF UNITS
02
 UNIT IN ERROR
02 98 - ANIMAL
 99 - UNKNOWN

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

CRASH DATE / TIME*
04092021 1638 CRASH SEVERITY
5 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE ROUTE NUMBER PREFIX LOCATION ROAD NAME ROAD TYPE
AV
40.834802

LATITUDE DECIMAL DEGREES
40.834802

ROUTE TYPE ROUTE NUMBER PREFIX REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE
3648

LONGITUDE DECIMAL DEGREES
-81.501689

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

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

LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT DIRECTION OF TRAVEL MEDIAN TYPE
10 1 - ON ROADWAY 9 - CROSSOVER **6** 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-TO-REAR 5 - BACKING
 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS 2 - REAR-END 8 - SIDESWIPE, OPPOSITE DIRECTION
 3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING 3 - HEAD-ON 9 - OTHER / UNKNOWN
 4 - ON ROADSIDE 12 - SHARED USE PATHS OR TRAILS
 5 - ON GORE 13 - BIKE LANE
 6 - OUTSIDE TRAFFIC WAY 14 - TOLL BOOTH
 7 - ON RAMP 99 - OTHER / UNKNOWN
 8 - OFF RAMP

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 LOCATION OF CRASH IN WORK ZONE
 1 - LANE CLOSURE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
 2 - LANE SHIFT/CROSSOVER 2 - ADVANCE WARNING AREA
 3 - WORK ON SHOULDER OR MEDIAN 3 - TRANSITION AREA
 4 - INTERMITTENT OR MOVING WORK 4 - ACTIVITY AREA
 5 - OTHER 5 - TERMINATION AREA

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

LIGHT CONDITION WEATHER
1 1 - DAYLIGHT 1 - CLEAR 6 - SNOW
 2 - DAWN/DUSK 2 - CLOUDY 7 - SEVERE CROSSWINDS
 3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW
 4 - DARK - ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE
 5 - DARK - UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOWN
 9 - OTHER / UNKNOWN

NARRATIVE

UNIT 1 WAS PARKED IN A MARKED PARKING SPACE ON THE EAST SIDE OF 3648 WALES AVE NW. UNIT 2 WAS TRAVELING SOUTHBOUND THROUGH THE PARKING LOT AND STRUCK A DUMPSTER, A FENCE, THEN UNIT 1. THE DRIVER OF UNIT 2 WAS CITED FOR DUS- LICENSE FORFEITURE.

AW

Indicate the north direction with an "N" on the compass diagram.

Not To Scale

CRASH REPORTED DATE / TIME: **04092021 1638** DISPATCH DATE / TIME: **04092021 1642** ARRIVAL DATE / TIME: **04092021 1650** SCENE CLEARED DATE / TIME: **04092021 1811** REPORT TAKEN BY: POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

TOTAL TIME ROADWAY CLOSED: **0** OTHER INVESTIGATION TIME: **0** TOTAL MINUTES: **89** OFFICER'S NAME*: **BISSLER, BRITTANY** OFFICER'S BADGE NUMBER*: **1 4 3** CHECKED BY OFFICER'S NAME*: **JOHNSON, STEVEN** CHECKED BY OFFICER'S BADGE NUMBER*: **2 2**

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
HEITGER, KURT A

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
3642 WALES AVE NW Suite:F MASSILLON OH 44646

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

DAMAGE

DAMAGE SCALE

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

VEHICLE

LP STATE OH LICENSE PLATE # HQA7438 VEHICLE IDENTIFICATION # YV1902FH4D2230810 VEHICLE YEAR 2013 VEHICLE MAKE VOLV

INSURANCE VERIFIED INSURANCE COMPANY _____ INSURANCE POLICY # _____ COLOR SIL VEHICLE MODEL S60

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

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 CLASS # _____ PLACARD ID # _____
 PLACARD _____

UNIT TYPE

01 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
0 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
0 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
0 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
0 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
0 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS _____

HAZARDOUS MATERIAL

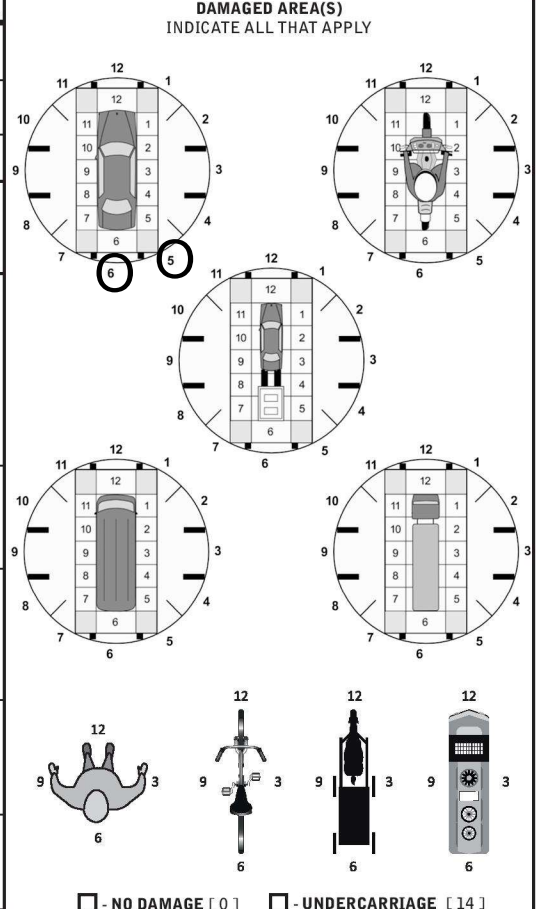
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
5 - BUS -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

CARGO BODY TYPE

01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
0 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 13 - AUTO TRANSPORTER
7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS

0 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
0 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
0 3 - TAIL LAMPS 6 - TIRE BLOWOUT



NON-MOTORIST LOCATION AT IMPACT

0 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
0 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN
0 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION

4 1 - NON-CONTACT 12 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
0 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
0 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
0 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
0 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
0 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

INITIAL POINT OF CONTACT

5 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

CONTRIBUTING CIRCUMSTANCES

01 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
0 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
0 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY
0 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
0 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
0 6 - IMPROPER TURN 12 - IMPROPER BACKING

TRAFFIC

TRAFFICWAY FLOW

2 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 1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

EVENT(S)

20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
0 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
0 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
0 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 20 - MOTOR VEHICLE IN TRANSPORT
0 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

SEQUENCE OF EVENTS

01 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
0 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
0 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
0 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
0 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
0 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN
49 - FIRE HYDRANT

COLLISION WITH FIXED OBJECT - STRUCK

1 **FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT**

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

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

UNIT SPEED

000

DETECTED SPEED

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

POSTED SPEED

00

21-17065

OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) **EMOND, KEVIN ANDREW** OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) **3170 WALES AVE NW Suite:E MASSILLON OH 44646**

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

DAMAGE

DAMAGE SCALE

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

VEHICLE

LP STATE OH LICENSE PLATE # 518ZIM VEHICLE IDENTIFICATION # 4T1B11HK2JU058697 VEHICLE YEAR 2018 VEHICLE MAKE TOYT

INSURANCE VERIFIED INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 923521217 COLOR BLK VEHICLE MODEL CAM

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
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4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
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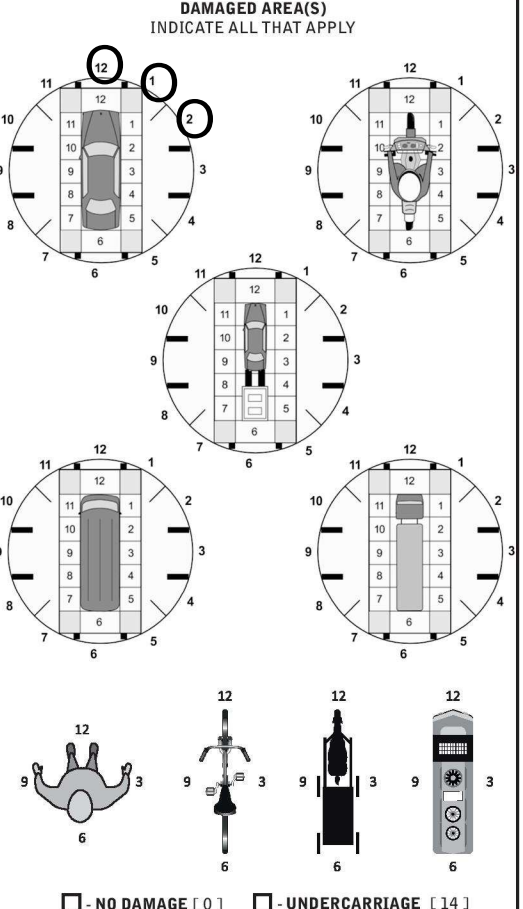
0 # OF TRAILING UNITS

2 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 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
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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
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VEHICLE DEFECTS 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
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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 - MIDDLEBLOCK - 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

3 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 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 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT

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

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
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TRAFFIC

TRAFFICWAY FLOW 2 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 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

SEQUENCE OF EVENTS

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UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

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COLLISION WITH FIXED OBJECT - STRUCK

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29 - BRIDGE RAIL 36 - MEDIAN OTHER BARRIER 49 - FIRE HYDRANT
30 - GUARDRAIL FACE

1 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT

UNIT SPEED 000

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

POSTED SPEED 00

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
21-17065

UNIT # 01	NAME: LAST, FIRST, MIDDLE PARKED, OCCUPIED		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 MC HELMET	SEATING POSITION 99	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER					
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4

UNIT # 02	NAME: LAST, FIRST, MIDDLE CORNELIUS, JEFFREY RYAN		DATE OF BIRTH 09301979		AGE 41	GENDER M						
ADDRESS: STREET, CITY, STATE, ZIP 2233 INDIANNA WAY NE CANTON OH 44708			CONTACT PHONE - INCLUDE AREA CODE									
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE **	OPERATOR LICENSE NUMBER *****	OFFENSE CHARGED 4510.111A		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Driving Under Suspended		CITATION NUMBER 1176320					
OL CLASS 6	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT 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 MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
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OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT 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
INJURED TAKEN BY		EJECTION	OL ENDORSEMENT			ALCOHOL TEST TYPE
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT			1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
SAFETY EQUIPMENT		TRAPPED	GENDER		CONDITION	DRUG TEST TYPE
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - 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	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						DRUG TEST RESULT(S)
						1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

OCCUPANT	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 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 USED _____	<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 USED _____	<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 USED _____	<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	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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE MASTERS, KATHY	DATE OF BIRTH 01251960	AGE 61	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 813 17TH ST NW Suite:C MASSILLON OH 44647		CONTACT PHONE - INCLUDE AREA CODE ____-____-____	
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 ____
	ADDRESS: STREET, CITY, STATE, ZIP _____		CONTACT PHONE - INCLUDE AREA CODE ____-____-____	