

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

23-23323

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

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

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\*  
 04202023 0902  
 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  
 LOCATION ROAD NAME PORTAGE ROAD TYPE ST

REFERENCE  
 ROUTE TYPE ROUTE NUMBER PREFIX  
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4450 ROAD TYPE

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  
5  
 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 - STRAIGHT LEVEL  
 2 - STRAIGHT GRADE  
 3 - CURVE LEVEL  
 4 - CURVE GRADE  
 9 - OTHER/UNKNOWN  
 CONDITIONS  
9  
 1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN  
 SURFACE  
9  
 1 - CONCRETE  
 2 - BLACKTOP, BITUMINOUS, ASPHALT  
 3 - BRICK/BLOCK  
 4 - SLAG, GRAVEL, STONE  
 5 - DIRT  
 9 - OTHER/UNKNOWN

LIGHT CONDITION  
9  
 1 - DAYLIGHT  
 2 - DAWN/DUSK  
 3 - DARK - LIGHTED ROADWAY  
 4 - DARK - ROADWAY NOT LIGHTED  
 5 - DARK - UNKNOWN ROADWAY LIGHTING  
 9 - OTHER / UNKNOWN  
 WEATHER  
99  
 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 PARKED AT THE LISTED LOCATION. WHEN UNIT 2 WENT IN REVERSE AND STRUCK UNIT 1.

LF



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

CRASH REPORTED DATE / TIME: 04132023 1123  
 DISPATCH DATE / TIME: 04202023 1125  
 ARRIVAL DATE / TIME: 04202023 1135  
 SCENE CLEARED DATE / TIME: 04202023 1206  
 REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

TOTAL TIME ROADWAY CLOSED: 0  
 OTHER INVESTIGATION TIME: 0  
 TOTAL MINUTES: 41  
 OFFICER'S NAME\*: WATSON, EDDIE  
 OFFICER'S BADGE NUMBER\*: 7 3  
 CHECKED BY OFFICER'S NAME\*: JOHNSON, STEVEN  
 CHECKED BY OFFICER'S BADGE NUMBER\*: 2 2

23-23323

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER ) **BIG BEAR EXPRESS** OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER )

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**8295 LEONARD ST COOPERSVILLE MI 46404**

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 MI LICENSE PLATE # RC17196 VEHICLE IDENTIFICATION # \_\_\_\_\_ VEHICLE YEAR 2019 VEHICLE MAKE MACK

INSURANCE VERIFIED INSURANCE COMPANY AUTO OWNERS INSURANCE POLICY # \_\_\_\_\_ COLOR BLU VEHICLE MODEL OTH

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 # \_\_\_\_\_

**UNIT TYPE**

15 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 - MOPEL 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

**VEHICLE MODE**

9 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9 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

**SPECIAL FUNCTION**

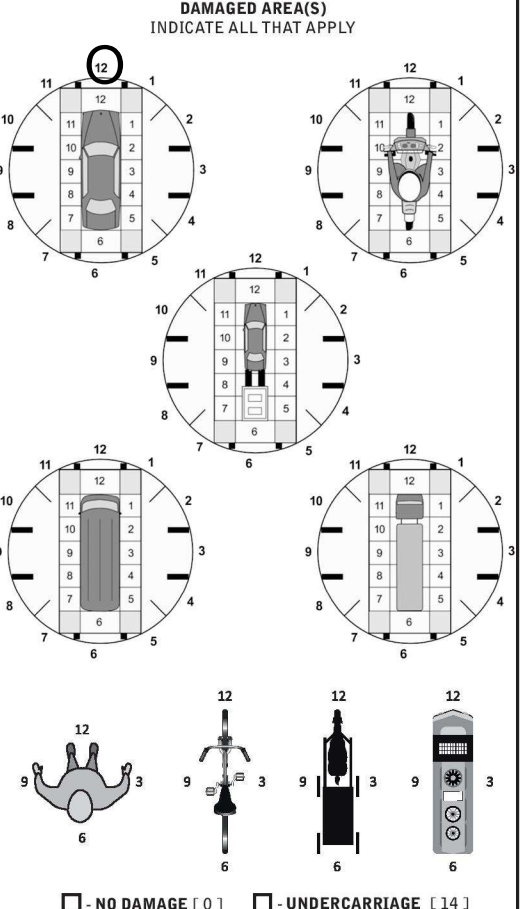
01 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE**

99 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 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 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**

4 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

**ACTION**

10 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  
 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN

**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

**CONTRIBUTING CIRCUMSTANCES**

01 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 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 6 - IMPROPER TURN 12 - IMPROPER BACKING 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE

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

**SEQUENCE OF EVENTS**

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

**EVENTS**

**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  
 5 - 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 6 - 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  
 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

**FIRST HARMFUL EVENT** \_\_\_\_\_ **MOST HARMFUL EVENT** \_\_\_\_\_

**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**

000

**POSTED SPEED**

00

**DETECTED SPEED**

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



**OWNER**

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

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**6471 COUNTY ROAD 625 MILLERSBURG OH 44654**

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 # PWM7163 VEHICLE IDENTIFICATION # \_\_\_\_\_ VEHICLE YEAR 2021 VEHICLE MAKE KW

INSURANCE VERIFIED INSURANCE COMPANY TRAVELERS INSURANCE POLICY # \_\_\_\_\_ COLOR BLU VEHICLE MODEL SEMI

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE

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 # \_\_\_\_\_

**UNIT TYPE**

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6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS \_\_\_\_\_

**VEHICLE DEFECTS**

9 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9 AUTONOMOUS MODE LEVEL  
1 - YES 2 - NO 9 - OTHER / UNKNOWN

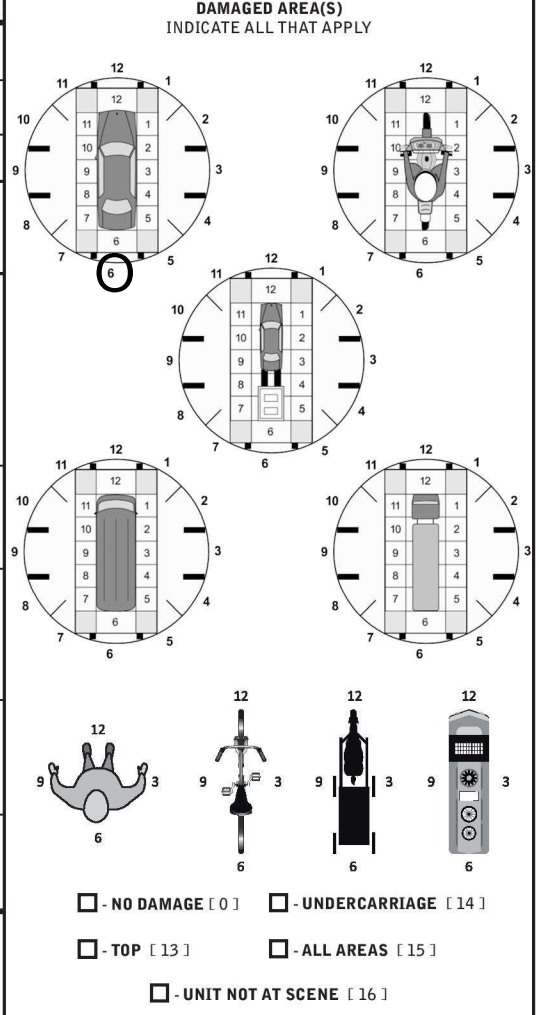
**SPECIAL FUNCTION**

01 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
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**CARGO BODY TYPE**

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**NON-MOTORIST LOCATION AT IMPACT**

3 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
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**ACTION**

02 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
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9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

**INITIAL POINT OF CONTACT**

6 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**

12 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
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5 - UNSAFE SPEED 11 - DROVE OFF ROAD  
6 - IMPROPER TURN 12 - IMPROPER BACKING

**TRAFFIC**

**TRAFFICWAY FLOW**

06 1 - ONE-WAY  
2 - TWO-WAY

**TRAFFIC CONTROL**

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

**# OF THROUGH LANES ON ROAD**

1

**RAIL GRADE CROSSING**

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

**SEQUENCE OF EVENTS**

21 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
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**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  
5 - 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
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49 - FIRE HYDRANT

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

**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**

000

**POSTED SPEED**

00

**DETECTED SPEED**

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

|                                   |                                |                                   |  |   |
|-----------------------------------|--------------------------------|-----------------------------------|--|---|
| <b>UNIT #</b>                     | NAME: LAST, FIRST, MIDDLE      | DATE OF BIRTH                     | AGE  | GENDER  |
| 01                                | HOLT, LEONARD B                | 02151958                          | 65   | M   |
| ADDRESS: STREET, CITY, STATE, ZIP |                                | CONTACT PHONE - INCLUDE AREA CODE |  |   |
| 1800 EDNA ST MUSKEGAN MI 49445    |                                |                                   |  |   |
| <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>  |
|                                   |                                |                                   |  | 01  |
| <input type="checkbox"/>          | <input type="checkbox"/>       | <input type="checkbox"/>          | <input type="checkbox"/>                               | <input type="checkbox"/>  |
| <b>OL STATE</b>                   | <b>OPERATOR LICENSE NUMBER</b> | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b>                                      | <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>                                     |
|                                   |                                |                                   | 1  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA |
|                                   |                                |                                   |  | <input type="checkbox"/> OTHER DRUG                                 |
|                                   |                                |                                   |  | <b>CONDITION</b>  |
|                                   |                                |                                   |  | 1   |
|                                   |                                |                                   |  | <b>ALCOHOL TEST</b>   |
|                                   |                                |                                   |  | STATUS TYPE VALUE   |
|                                   |                                |                                   |  | 1 1   |
|                                   |                                |                                   |  | <b>DRUG TEST(S)</b>   |
|                                   |                                |                                   |  | STATUS TYPE RESULT SELECT UP TO 4                                   |
|                                   |                                |                                   |  | 1 1   |

|                                   |                                |                                   |  |   |
|-----------------------------------|--------------------------------|-----------------------------------|--|---|
| <b>UNIT #</b>                     | NAME: LAST, FIRST, MIDDLE      | DATE OF BIRTH                     | AGE  | GENDER  |
| 02                                | RODRIGUEZ, CLEMENTE A          | 07252000                          | 22   | M   |
| ADDRESS: STREET, CITY, STATE, ZIP |                                | CONTACT PHONE - INCLUDE AREA CODE |  |   |
| 133 BRUCE ST YOUNGSTOWN OH 44506  |                                |                                   |  |   |
| <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>  |
|                                   |                                |                                   |  | 99  |
| <input type="checkbox"/>          | <input type="checkbox"/>       | <input type="checkbox"/>          | <input type="checkbox"/>                               | <input type="checkbox"/>  |
| <b>OL STATE</b>                   | <b>OPERATOR LICENSE NUMBER</b> | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b>                                      | <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>                                     |
|                                   |                                |                                   | 9  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA |
|                                   |                                |                                   |  | <input type="checkbox"/> OTHER DRUG                                 |
|                                   |                                |                                   |  | <b>CONDITION</b>  |
|                                   |                                |                                   |  | 1   |
|                                   |                                |                                   |  | <b>ALCOHOL TEST</b>   |
|                                   |                                |                                   |  | STATUS TYPE VALUE   |
|                                   |                                |                                   |  | 1 1   |
|                                   |                                |                                   |  | <b>DRUG TEST(S)</b>   |
|                                   |                                |                                   |  | STATUS TYPE RESULT SELECT UP TO 4                                   |
|                                   |                                |                                   |  | 1 1   |

|                                   |                                |                                   |  |   |
|-----------------------------------|--------------------------------|-----------------------------------|--|---|
| <b>UNIT #</b>                     | NAME: LAST, FIRST, MIDDLE      | DATE OF BIRTH                     | AGE  | GENDER  |
|                                   |                                |                                   |  |   |
| ADDRESS: STREET, CITY, STATE, ZIP |                                | CONTACT PHONE - 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 USED</b>  |
|                                   |                                |                                   |  |   |
| <input type="checkbox"/>          | <input type="checkbox"/>       | <input type="checkbox"/>          | <input type="checkbox"/>                               | <input type="checkbox"/>  |
| <b>OL STATE</b>                   | <b>OPERATOR LICENSE NUMBER</b> | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b>                                      | <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>   |
|                                   |                                |                                   |  | STATUS TYPE VALUE   |
|                                   |                                |                                   |  |   |
|                                   |                                |                                   |  | <b>DRUG TEST(S)</b>   |
|                                   |                                |                                   |  | STATUS TYPE RESULT 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 & CLASS B BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
| <b>INJURED TAKEN BY</b>                       | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 6 - EXCEPT CLASS A & CLASS B BUS   | 6 - PASSENGER  | <b>ALCOHOL TEST TYPE</b>                       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE        | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                    |                              | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 1 - NONE                                       |
| 2 - EMS                                       | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    | <b>OL ENDORSEMENT</b>        | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | 2 - BLOOD                                      |
| 3 - POLICE                                    | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              | H - HAZMAT                   | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                           | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                | M - MOTORCYCLE               | 10 - LIMITED TO DAYLIGHT ONLY  |  | 4 - BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                       | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 | P - PASSENGER                | 11 - LIMITED TO EMPLOYMENT   | <b>CONDITION</b>   | 5 - OTHER                                      |
| 1 - NONE USED                                 | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     | N - TANKER                   | 12 - LIMITED - OTHER   | 1 - APPARENTLY NORMAL  | <b>DRUG TEST TYPE</b>                          |
| 2 - SHOULDER BELT ONLY USED                   | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    | Q - MOTOR SCOOTER            | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 2 - PHYSICAL IMPAIRMENT  | 1 - NONE                                       |
| 3 - LAP BELT ONLY USED                        | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS | R - THREE-WHEEL MOTORCYCLE   | 14 - MILITARY VEHICLES ONLY  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    | 2 - BLOOD                                      |
| 4 - SHOULDER & LAP BELT USED                  | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | S - SCHOOL BUS               | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 4 - ILLNESS  | 3 - URINE                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |  |                                    | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 4 - OTHER                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                    | X - TANKER / HAZMAT          | 17 - PROSTHETIC AID  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | <b>DRUG TEST RESULT(S)</b>                     |
| 7 - BOOSTER SEAT                              |  |                                    | <b>GENDER</b>                | 18 - OTHER   | 7 - OTHER / UNKNOWN  | 1 - AMPHETAMINES                               |
| 8 - HELMET USED                               |  |                                    | F - FEMALE                   |  |  | 2 - BARBITURATES                               |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |                                    | M - MALE                     |  |  | 3 - BENZODIAZEPINES                            |
| 10 - REFLECTIVE CLOTHING                      |  |                                    | U - OTHER / UNKNOWN          |  |  | 4 - CANNABINOIDS                               |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                    |                              |  |  | 5 - COCAINE                                    |
| 99 - OTHER / UNKNOWN                          |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
|   |  |                                    |                              |  |  | 7 - OTHER                                      |
|   |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |