
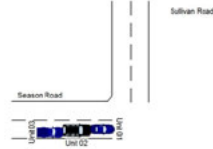


|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY  |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br><b>STPD</b>       |  | NCIC*<br><b>0 7 7 1 2</b>   |  | <b>2 0 2 4 - 0 0 0 1 4 6 0 5</b>   |  |
| COUNTY*    LOCALITY*<br><b>1</b>  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>Stow</b>                |  | CRASH DATE / TIME*<br><b>09162024 / 1900</b>  |  | CRASH SEVERITY<br><b>5</b>   |  |
| ROUTE TYPE    ROUTE NUMBER    PREFIX<br><b>1</b>  |  | LOCATION ROAD NAME<br><b>SEASONS</b>                             |  | ROAD TYPE<br><b>R D</b>   |  | LATITUDE DECIMAL DEGREES<br><b>41.202960</b>   |  |
| ROUTE TYPE    ROUTE NUMBER    PREFIX<br><b>1</b>  |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>SULLIVAN</b> |  | ROAD TYPE<br><b>R D</b>   |  | LONGITUDE DECIMAL DEGREES<br><b>-81.475731</b>   |  |
| REFERENCE POINT<br><b>1</b>   |  | DIRECTION FROM REFERENCE<br><b>4</b>                             |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   |  | ROAD TYPE<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 |  |
| DISTANCE FROM REFERENCE<br><b>5 . 0</b>   |  | DISTANCE UNIT OF MEASURE<br><b>2</b>                             |  | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES <b>3</b>   |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |  |
| LOCATION OF FIRST HARMFUL EVENT<br><b>0 1</b>   |  | MANNER OF CRASH COLLISION/IMPACT<br><b>2</b>                     |  | DIRECTION OF TRAVEL<br><b>1</b>   |  | MEDIAN TYPE<br><b>1</b>  |  |
| <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   |  | WORK ZONE TYPE<br><b>1</b>                                       |  | LOCATION OF CRASH IN WORK ZONE<br><b>1</b>  |  | CONTOUR<br><b>2</b>  |  |
| LIGHT CONDITION<br><b>2</b>   |  | WEATHER<br><b>0 1</b>  |  | CONDITIONS<br><b>1</b>  |  | SURFACE<br><b>2</b>  |  |
| NARRATIVE<br><b>Unit 01, Unit 02, and Unit 03 were all traveling eastbound on Seasons Road. Unit 01 was stopped at the intersection of Seasons Road and Sullivan Road and Unit 02 was stopped behind Unit 01. Unit 03 did not observe Unit 02 was stopped and rear-ended Unit 02, who then rear-ended Unit 01</b> |  |  |  |  <p>Indicate the north direction with an "N" on the compass diagram.</p>  |  |  |  |

|  |  |  |  |  |  |   |  |   |  |
|--|--|--|--|--|--|---|--|---|--|
| CRASH REPORTED DATE / TIME<br><b>09162024 / 1901</b> |  | DISPATCH DATE / TIME<br><b>09162024 / 1902</b>           |  | ARRIVAL DATE / TIME<br><b>09162024 / 1907</b>  |  | SCENE CLEARED DATE / TIME<br><b>09162024 / 2004</b> |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |  |
| TOTAL TIME ROADWAY CLOSED<br><b>0 0 0</b>            |  | OTHER INVESTIGATION TIME<br><b>0 4 0</b>                 |  | TOTAL MINUTES<br><b>1 0 2</b>  |  | OFFICER'S NAME*<br><b>LYBERGER, DANA</b>            |  | CHECKED BY OFFICER'S NAME*<br><b>CORFMAN, JACOB</b>   |  |
| OFFICER'S BADGE NUMBER*<br><b>0 0 0 7 7 2</b>        |  | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>0 0 0 7 1 6</b> |  | <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO IDPS) |  |   |  |   |  |

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**PATEL, ROMA V**

OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER)  
3302851975

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**485 SCHOONER LN Northfield OH 44067**

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

LOCAL REPORT NUMBER  
2024-00014605

**DAMAGE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # KHN2755 VEHICLE IDENTIFICATION # WBA63AT09RCP49696 VEHICLE YEAR 2024 VEHICLE MAKE BMW

INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 2309459-SFP-35 COLOR Blu VEHICLE MODEL M4 SERI

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE 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.

HAZARDOUS MATERIAL CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

UNIT TYPE  
01 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

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

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY

NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]  
 TOP [ 13 ]  ALL AREAS [ 15 ]  
 UNIT NOT AT SCENE [ 16 ]

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

**SPECIAL FUNCTION** 01

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

**CARGO BODY TYPE** 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

**VEHICLE DEFECTS**

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

**NON-MOTORIST LOCATION AT IMPACT**

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

**ACTION** 4

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

**PRE-CRASH ACTIONS** 11

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

**INITIAL POINT OF CONTACT**

05 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

**CONTRIBUTING CIRCUMSTANCES** 01

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

**TRAFFIC**

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

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

**SEQUENCE OF EVENTS**

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

**# OF THROUGH LANES ON ROAD** 2

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 4 TO 3

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

**COLLISION WITH FIXED OBJECT - STRUCK**

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

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

**UNIT SPEED** 000

**POSTED SPEED** 35

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

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) **HICHENS, DERICK EDWARD** OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) **3303221730**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) **4876 CONCORD DR Stow OH 44224** COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # JGF7746 VEHICLE IDENTIFICATION # 5YJYGDEE0MF187385 VEHICLE YEAR 2021 VEHICLE MAKE Tesla

INSURANCE VERIFIED INSURANCE COMPANY SAFECO INSURANCE POLICY # K3362127 COLOR Bla VEHICLE MODEL MODEL 3

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

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 03 VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS # PLACARD ID #  PLACARD

UNIT TYPE 03 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

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

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

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 01 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 9 - CARGO TANK 13 - AUTOTRANSPORTER  
 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 \_\_\_\_\_ 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 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 5 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 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN

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 12 - IMPROPER BACKING

SEQUENCE OF EVENTS

EVENTS

1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 20 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 19 - ANIMAL - OTHER  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 21 - PARKED MOTORVEHICLE

COLLISION WITH FIXED OBJECT - STRUCK

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  
 27 - BRIDGE PIER OR ABUTMENT STRUCTURE 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 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER 2024-00014605

DAMAGE

DAMAGE SCALE 4 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 05 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

TRAFFIC

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

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

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

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

POSTED SPEED 35

**OWNER**

UNIT # 03 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**HUDSON EXTRUSIONS**

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)  
3306500524

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**1255 NORTON RD Hudson OH 44236**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER  
2024-00014605

**DAMAGE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # PKN5798 VEHICLE IDENTIFICATION # 3GN1KGE72DG256638 VEHICLE YEAR 2013 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED INSURANCE COMPANY ERIE INSURANCE INSURANCE POLICY # Q11-75-40003 COLOR Bla VEHICLE MODEL AVALANC

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.

HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD

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

# OF TRAILING UNITS

**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  
 13 - TOP 99 - UNKNOWN

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

**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

**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 9 - CARGO TANK 13 - AUTOTRANSPORTER  
 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**  
 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 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

**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 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN

**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 99 - OTHER IMPROPER ACTION  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

**TRAFFIC**

TRAFFICWAY FLOW  
 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 2

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

**SEQUENCE OF EVENTS**

1 2 0 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 MOTORVEHICLE

**EVENTS**

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

**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**  
031

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

**POSTED SPEED**  
35

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
 2 0 2 4 - 0 0 0 1 4 6 0 5

|  |                                   |  |  |  |
|--|-----------------------------------|--|--|--|
| <b>UNIT #</b>                                    | <b>NAME: LAST, FIRST, MIDDLE</b>  | <b>DATE OF BIRTH</b>                     | <b>AGE</b>   | <b>GENDER</b>  |
| 0 1  | PATEL, NIKHIL G                   | 0 5 2 0 1 9 8                            | 0 2 6  | M  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b>         |                                   | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |  |
| 4889 CEDAR CREST LN Stow OH 44224                |                                   | 3 3 0 2 8 5 1 9 7 5                      |  |  |
| <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>   |
| 5  |                                   |  |  | 0 4  |
| <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>           | <b>AIR BAG USAGE</b>                     | <b>EJECTION</b>  | <b>TRAPPED</b>   |
| <input type="checkbox"/>                         | 0 1                               | 1  | 1  | 1  |
| <b>OL STATE</b>                                  | <b>OPERATOR LICENSE NUMBER</b>    | <b>OFFENSE CHARGED</b>                   | <b>LOCAL CODE</b>                                      | <b>OFFENSE DESCRIPTION</b>   |
| OH   |                                   |  |  |  |
| <b>OL CLASS</b>                                  | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b>        | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |
| 4  |                                   |  | 1  | <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>                                    |  |
| 1  | <b>STATUS</b>                     | <b>TYPE</b>                              | <b>VALUE</b>   | <b>STATUS</b> <b>TYPE</b> <b>RESULT SELECT UP TO 4</b>   |
|  | 1                                 | 1  |  | 1 1  |

|  |                                   |  |  |  |
|--|-----------------------------------|--|--|--|
| <b>UNIT #</b>                                    | <b>NAME: LAST, FIRST, MIDDLE</b>  | <b>DATE OF BIRTH</b>                     | <b>AGE</b>   | <b>GENDER</b>  |
| 0 2  | HICHENS, DERICK EDWARD            | 0 1 0 6 1 9 8 4                          | 0 4 0  | M  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b>         |                                   | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |  |
| 4876 CONCORD DR Stow OH 44224                    |                                   | 3 3 0 3 2 2 1 7 3 0                      |  |  |
| <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>   |
| 5  |                                   |  |  | 0 4  |
| <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>           | <b>AIR BAG USAGE</b>                     | <b>EJECTION</b>  | <b>TRAPPED</b>   |
| <input type="checkbox"/>                         | 0 1                               | 1  | 1  | 1  |
| <b>OL STATE</b>                                  | <b>OPERATOR LICENSE NUMBER</b>    | <b>OFFENSE CHARGED</b>                   | <b>LOCAL CODE</b>                                      | <b>OFFENSE DESCRIPTION</b>   |
| OH   |                                   |  |  |  |
| <b>OL CLASS</b>                                  | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b>        | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |
| 4  |                                   |  | 1  | <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>                                    |  |
| 1  | <b>STATUS</b>                     | <b>TYPE</b>                              | <b>VALUE</b>   | <b>STATUS</b> <b>TYPE</b> <b>RESULT SELECT UP TO 4</b>   |
|  | 1                                 | 1  |  | 1 1  |

|  |                                   |  |  |  |
|--|-----------------------------------|--|--|--|
| <b>UNIT #</b>                                    | <b>NAME: LAST, FIRST, MIDDLE</b>  | <b>DATE OF BIRTH</b>                     | <b>AGE</b>   | <b>GENDER</b>  |
| 0 3  | HANSEN, GREGORY D                 | 1 0 1 2 1 9 6 1                          | 0 6 1  | M  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b>         |                                   | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |  |
| 2427 MAIN ST Peninsula OH 44264                  |                                   | 3 3 0 3 1 0 9 1 1 4                      |  |  |
| <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>   |
| 5  |                                   |  |  | 0 4  |
| <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>           | <b>AIR BAG USAGE</b>                     | <b>EJECTION</b>  | <b>TRAPPED</b>   |
| <input type="checkbox"/>                         | 0 1                               | 2  | 1  | 1  |
| <b>OL STATE</b>                                  | <b>OPERATOR LICENSE NUMBER</b>    | <b>OFFENSE CHARGED</b>                   | <b>LOCAL CODE</b>                                      | <b>OFFENSE DESCRIPTION</b>   |
| OH   |                                   | 333.03A                                  | X  | Assured Clear Distance   |
| <b>OL CLASS</b>                                  | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b>        | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |
| 4  |                                   |  | 1  | <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>                                    |  |
| 1  | <b>STATUS</b>                     | <b>TYPE</b>                              | <b>VALUE</b>   | <b>STATUS</b> <b>TYPE</b> <b>RESULT SELECT UP TO 4</b>   |
|  | 1                                 | 1  |  | 1 1  |

| INJURIES   | SEATING POSITION  | AIR BAG   | OL CLASS  | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |
|--|---|---|---|---|--|--|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   | 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, 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 | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - MC MOPED ONLY<br>6 - NO VALID OL   | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN     |
| <b>INJURED TAKEN BY</b>  | <b>EJECTION</b>   |   | <b>OL ENDORSEMENT</b>   |   | <b>ALCOHOL TEST TYPE</b>   |  |
| 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   |   | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |  |
| <b>SAFETY EQUIPMENT</b>  | <b>TRAPPED</b>  |   | <b>GENDER</b>   |   | <b>DRUG TEST TYPE</b>  |  |
| 1 - NONE USED<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 (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |   | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |  |
|  |   |   |   | <b>CONDITION</b>  |  | <b>DRUG TEST RESULT(S)</b>   |
|  |   |   |   | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN   |  | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |



# OCCUPANT / WITNESS ADDENDUM

| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|
| 2                   | 0 | 2 | 4 | - | 0 | 0 | 0 | 1 | 4 | 6 | 0 | 5 |

|                 |   |  |  |  |  |  |  |  |  |  |                                  |                   |                          |  |                                    |   |                               |                           |                      |
|-----------------|---|--|--|--|--|--|--|--|--|--|----------------------------------|-------------------|--------------------------|--|------------------------------------|---|-------------------------------|---------------------------|----------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>02   | <b>NAME: LAST, FIRST, MIDDLE</b><br>HICHENS, ALEXANDER |  |  |  |  |  |  |  |  |                                  |                   |                          |  |                                    |   |                               |                           |                      |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>4876 CONCORD DR STOW OH 44224 |  |  |  |  |  |  |  |  |  | <b>DATE OF BIRTH</b><br>07062016 | <b>AGE</b><br>008 | <b>GENDER</b><br>M       |  |                                    |   |                               |                           |                      |
|                 | <b>INJURIES</b><br>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><br>04 | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b><br>07 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 |

|                 |   |  |  |  |  |  |  |  |  |  |                                  |                   |                          |  |                                    |   |                               |                           |                      |
|-----------------|---|--|--|--|--|--|--|--|--|--|----------------------------------|-------------------|--------------------------|--|------------------------------------|---|-------------------------------|---------------------------|----------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>02   | <b>NAME: LAST, FIRST, MIDDLE</b><br>HICHENS, ANN MARIE |  |  |  |  |  |  |  |  |                                  |                   |                          |  |                                    |   |                               |                           |                      |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>4876 CONCORD DR STOW OH 44224 |  |  |  |  |  |  |  |  |  | <b>DATE OF BIRTH</b><br>04111983 | <b>AGE</b><br>041 | <b>GENDER</b><br>F       |  |                                    |   |                               |                           |                      |
|                 | <b>INJURIES</b><br>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><br>04 | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b><br>03 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 |

|                 |  |                                  |  |  |  |  |  |  |  |  |                         |            |                          |  |                              |   |                         |                      |                 |
|-----------------|--|----------------------------------|--|--|--|--|--|--|--|--|-------------------------|------------|--------------------------|--|------------------------------|---|-------------------------|----------------------|-----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |  |  |  |  |  |  |  |  |                         |            |                          |  |                              |   |                         |                      |                 |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |  |  |  |  |  |  |  |  | <b>DATE OF BIRTH</b>    | <b>AGE</b> | <b>GENDER</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>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |  |  |  |  |  |  |  |  |                         |            |                          |  |                              |   |                         |                      |                 |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |  |  |  |  |  |  |  |  | <b>DATE OF BIRTH</b>    | <b>AGE</b> | <b>GENDER</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> |

| 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                 |
| <b>INJURED TAKEN BY</b>               |   |  | 9 - DEPLOYMENT UNKNOWN             |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE  | <b>EJECTION</b>                    |
| 2 - EMS                               | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | 1 - NOT EJECTED                    |
| 3 - POLICE                            | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   | 2 - PARTIALLY EJECTED              |
| 9 - OTHER / UNKNOWN                   | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE   | 3 - TOTALLY EJECTED                |
| <b>GENDER</b>                         |   |  | 4 - NOT APPLICABLE                 |
| F - FEMALE                            | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB  | <b>TRAPPED</b>                     |
| M - MALE                              | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1 - NOT TRAPPED                    |
| U - OTHER / UNKNOWN                   | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 2 - EXTRICATED BY MECHANICAL MEANS |
|                                       |   | 13 - TRAILING UNIT   | 3 - FREED BY NON-MECHANICAL MEANS  |
|                                       |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                                    |
|                                       |   | 15 - NON-MOTORIST  |                                    |
|                                       |   | 99 - OTHER / UNKNOWN   |                                    |

|                |  |  |  |  |  |  |  |  |  |  |  |            |                          |  |                              |   |                         |                      |                 |
|----------------|--|--|--|--|--|--|--|--|--|--|--|------------|--------------------------|--|------------------------------|---|-------------------------|----------------------|-----------------|
| <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>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>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>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>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>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> |