| SHIP DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT |  |                      |   |              |                                  |   |                 |  | LOCAL REPORT NUMBER*            |                                       |   |  |  |
|---|--|----------------------|---|--------------|----------------------------------|---|-----------------|--|---------------------------------|---------------------------------------|---|--|--|
| PHOTOSTAKEN OH-2 OH-3 LOCAL INFORMATION   |  |                      |   |              |                                  |   |                 | L P 1 9 0 8 2 8 0 0 4 3 2 7                  |                                 |                                       |   |  |  |
| SECONDARY CRASH   |  | OTHER R              | EPORTING AGE                                    | NCY NAME*    |                                  |   | HIT/SKIP        | NUMBER OF UNI                                | TS UNIT                         | IN ERROR                              |   |  |  |
|   | PRIVATE PRO                              | OPERTY C             | CLEARCRE  | EK TWP       | PD                               | _0;                                       | 8,3,1,6         | 1 - SOLVED                                   | 0,1                             | 0,1                                   | 98 - ANIMAL<br>99 - UNKNOWN             |  |  |
| COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*                                |  |                      |   |              |                                  |   |                 | CRASH DATE /                                 |                                 | CRASH SE                              | VERITY                                  |  |  |
| 3-  | TOWNSHIP                                 | ARCRE                | 0,8,2,8,2,0,1,9, ,2,0,3,5, 5 2 - SERIOUS INJURY |              |                                  |   |                 |  |                                 |                                       |   |  |  |
| ROUTE TYPE ROUTE NU   | 2  | SOUTH                | OCATION ROAD                                    | NAME         |                                  | ROAD TYPE                                 | LATITUDE of     | CIMAL DEGREES                                |                                 | ECTED                                 |   |  |  |
|   | 4-4 لــــا لـــــا                       | WEST                 | VEIDNER   |              |                                  |   | RD              | 3.9.5.1.9.8.7.9 3-MINOR INJURY SUSPECTED     |                                 |                                       |   |  |  |
| ROUTE TYPE ROUTE NU   | 2  | SOUTH                | EFERENCE ROA                                    | AD NAME (ROA | AD, MILEPO                       | ST, HOUSE #)                              | LONGITUDE       | ECIMAL DEGREES                               |                                 | Y POSSIBLE                            |   |  |  |
|   | 4-1                                      | WEST 5               | 224   |              |                                  |   | ا ا             | -8 4 <sub>0</sub> 2 4 1                      | 8 2 2                           | 5 - PROPI<br>ONLY                     | ERTY DAMAGE                             |  |  |
| REFERENCE POINT  1 - INTERSECTION   | DIRECTION<br>FROM REFERENCE<br>1 - NORTH | IR - IN              | <b>ROUTE TYP</b><br>ITERSTATE ROL               |              | AL - ALLEY                       | ROAD TYPE<br>HW-HIGHWAY                   | RD - ROAD       | INTERSECTION RELATED                         |                                 |                                       |   |  |  |
| 3 2-MILE POST<br>3-HOUSE #  | 3 2 - SOUTH                              |                      | EDERAL US ROL                                   | JTE          | AV - AVENU                       | E LA - LANE S                             | Q - SQUARE      | WITHIN INTERSECTION OR ON APPROACH           |                                 |                                       |   |  |  |
|   | 4 - WEST                                 | SR - S1              | TATE ROUTE                                      |              | BL - BOULE'<br>CR - CIRCLE       |   | ST - STREET     | WITHIN INTERCHANGE AREA NUMBER OF APPROACHES |                                 |                                       |   |  |  |
| FROM REFERENCE  | DISTANCE<br>UNIT OF MEASURE<br>1 - MILES | 1                    | UMBERED COU                                     | NTY ROUTE    | CT - COURT                       |   | L - TRAIL       | ROADWAY                                      |                                 |                                       |   |  |  |
| 0 5 0   | 2 - FEET<br>3 - YARDS                    | RO                   | JMBERED TOW<br>DUTE                             | 1.           | DR - DRIVE<br>HE - HEIGHT        |   | VA - WAY        | ROADWAY DIVIDED                              |                                 |                                       |   |  |  |
|   | N OF FIRST HARMFL                        |                      |   |              |                                  | RASH COLLISION/IMPA                       | CT              |  |                                 |                                       |   |  |  |
| 1 - ON ROADWA   | Y 9-CRC                                  | SSOVER               |   | 1 - NO       | OT COLLISI                       | ON 4-REAR-TO-REAR                         |                 | DIRECTION OF TRAVE<br>1 - NORTH              | 1                               | <b>MEDIAN TYPE</b><br>VIDED FLUSH 1   |   |  |  |
| 0 4 2-0N SHOULDI<br>3-IN MEDIAN   |  |                      | LEY ACCESS<br>DE CROSSING                       | , 1 , T\     | ETWEEN<br>WO MOTOR<br>EHICLES IN | 5 - BACKING<br>6 - ANGLE                  |                 | 2 - SOUTH                                    | ( -                             | (4 FEET)                              |   |  |  |
| 4 - ON ROADSID  |  | ARED USE             | PATHS OR  | TI           | RANSPORT                         | 7 - SIDESWIPE, SAMI                       |                 | 3 - EAST<br>4 - WEST                         | ( 2                             | 2 - DIVIDED FLUSH MEDIAN<br>(≥4 FEET) |   |  |  |
| 5 - ON GORE<br>6 - OUTSIDE TR   | AFFIC WAY 13-BIR                         | KELANE               |   |              | EAR-END<br>EAD-ON                | 8 - SIDESWIPE, OPPO<br>9 - OTHER / UNKNOV |                 |  |                                 | VIDED, DEPRES<br>VIDED, RAISED        |   |  |  |
| 7 - ON RAMP<br>8 - OFF RAMP   |  | LL BOOTH<br>HER/UNKN | IOWN  |              |                                  |   |                 |  | 1                               | NY TYPE)<br>HER/UNKNOWN               | .                                       |  |  |
| 100.0   | · F.D.                                   | v                    | VORK ZONE TYP                                   | DF.          | 100                              | ATION OF CRASH IN WO                      | DV 70NE         | CONTOUR                                      | CONDITIO                        |                                       |   |  |  |
| WORK ZONE RELAT   |  |                      | NE CLOSURE                                      |              |                                  | 1 - BEFORE THE 1ST                        |                 |  |                                 | 13                                    | SURFACE                                 |  |  |
| WORKERS PRESEN  |  |                      | NE SHIFT/CROS<br>IRK ON SHOULD                  |              |                                  | WARNING SIGN<br>2 - ADVANCE WARNIN        | IG AREA         | 1 - STRAIGHT LEVEL                           | 1 - DRY                         | 1 - 00                                | 2<br>NCRETE                             |  |  |
| LAW ENFORCEMEN  | IT PRESENT                               | OR                   | MEDIAN  |              |                                  | 3-TRANSITION AREA                         |                 | 2 - STRAIGHT GRADE                           | 2-WET                           |                                       | ACKTOP,                                 |  |  |
| ACTIVE SCHOOL ZO  | NE                                       | 4 - IN I<br>5 - OT I | FERMITTENT OF<br>HER                            | R MOVING WOI | RK                               | 4 - ACTIVITY AREA<br>5 - TERMINATION ARE  | 3 - CURVE LEVEL | 3 - SNOW                                     |                                 | TUMINOUS,<br>PHALT                    |   |  |  |
| LIGHT C   | ONDITION                                 |                      |   | WEAT         | HED                              |   |                 | 4 - CURVE GRADE                              | 4 - ICE                         |                                       | ICK/BLOCK                               |  |  |
| 1 - DAYLIGHT  |  |                      | 1 - CL  |              | 6 - SNO                          | W   |                 | 9 - OTHER/UNKNOWN                            | 5 - SAND, MUD, D<br>OIL, GRAVEL | . 4 - SL                              | AG, GRAVEL,<br>ONE                      |  |  |
| 4 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 3 - FOG. SMOG. SMO                       |  |                      |   |              |                                  | ERE CROSSWINDS<br>WING SAND, SOIL, DIRT,  | SNOW            |  | 6 - WATER (STAN<br>MOVING)      |                                       |   |  |  |
| 4 - DARK - ROADWAY NOT LIGHTED 4 - RAIN   |  |                      |   |              | 9 - FRE                          | EZING RAIN OR FREEZI                      |                 |  | 7 - SLUSH                       | 9 - OT                                | HER/UNKNOWN                             |  |  |
| 9 - OTHER / UNKN  | AHIING                                   | 5 - SLI              | EET, HAIL                                       | 99 - OT      | HER/UNKNOWN                      |   | 9 - OTHER/UNKN  | JWN  |                                 |                                       |   |  |  |
| NARRATIVE   |  |                      |   |              |                                  |   | 1777            |  |                                 | M Ind                                 | cate the north                          |  |  |
| UNIT 1 WAS  | TDAVE                                    |                      | MECT  |              |                                  | į.  |                 |  |                                 | dire                                  | ction with                              |  |  |
|   |  |                      |   |              |                                  |   |                 |  |                                 |                                       | ipass diagram.                          |  |  |
| WEIDNER F   |  |                      |   |              |                                  | 24  |                 |  |                                 |                                       |   |  |  |
| THE ROAD\   | NAY RIG                                  | HT A                 | ND INT  | O THE        |                                  | 52  | 0(1             | -  |                                 |                                       |   |  |  |
| DITCH. UNI  | T 1 STRU                                 | JCK A                | UTILI   | TY PO        | LE                               |   |                 |  |                                 |                                       |   |  |  |
| WHERE IT CAME TO FINAL REST.  |  |                      |   |              |                                  |   |                 |  |                                 |                                       |   |  |  |
|   | 37 (IVIL 1 C                             | 1 1147               | 'L I'L  |              |                                  |   |                 |  |                                 |                                       |   |  |  |
|   |  |                      |   |              |                                  | c   | 1 1             |  |                                 |                                       |   |  |  |
|   |  |                      |   |              |                                  |   |                 |  |                                 |                                       | 1 1 7                                   |  |  |
|   |  |                      |   |              |                                  |   |                 |  |                                 |                                       |   |  |  |
|   |  |                      | Weidner Rd                                      |              |                                  |   |                 |  |                                 |                                       |   |  |  |
|   |  |                      | vveidher  | 150          |                                  |   |                 |  |                                 |                                       |   |  |  |
|   |  |                      |   |              |                                  |   |                 |  |                                 |                                       |   |  |  |
| CRASH REPORTED DA   | TF/TIME                                  | nie                  | PATCH DATE /T                                   | IME          |                                  | ADDIVAL DATE (TYPE                        |                 | POTNE OF COLUMN                              | ATE ATTUE                       | علياب                                 |   |  |  |
|   |  |                      |   |              | 000                              | ARRIVAL DATE/TIME                         | م ام            | SCENE CLEARED D                              |                                 | REPORT 1                              | AGENCY                                  |  |  |
| 0 8 2 8 2 0 1 9<br>TOTAL TIME   | 2 U 3 5 U                                |                      | OFFICER'S                                       |              | 082                              |   |                 |  | 2200                            | MOTOR                                 | - 1                                     |  |  |
| ROADWAY CLOSED INVES  |  | TOTAL<br>MINUTES     | ERIC D  |              |                                  |   | CKED BY OFFIC   | 2. Honsley                                   |                                 |                                       | EMENT                                   |  |  |
|   |  |                      |   | OFFICER'S BA |                                  |   |                 | OFFICER'S BADGE N                            | UMBER*                          | (CORRECT                              | FION OF ADDITION G REPORT SENT TO COPS) |  |  |
| 0 4 5 0   | 3 0                                      | 1, 1, 5              | 1 1   | L 2          | , 5                              |   | 1,6             | 1 2  | 1                               |                                       |   |  |  |



LOCAL REPORT NUMBER
L P 1 9 0 8 2 8 0 0 4 3 2 7

| UNIT#   |   | RST, MIDDLE ( SAME AS DRIVE  |  | OWNER PHO                                     | NE: INCLUDE A      | AREA CODE ( SAME AS DRIVER)                | DAMAGE                         |          |   |  |  |
|---|---|--|--|---|--------------------|--|--------------------------------|----------|---|--|--|
| 0_1_  |   | RANK, STANLE   | Υ  | 191317  | 8 2                | 9   5   6   0   1                          |                                |          |   |  |  |
| OWNER   | ADDRESS: STREET, CITY, STA  | TE, ZIP ( save as driver)  |  |   |                    |  | 1 - NONE 3 - FUNCTIONAL DAMAGE |          |   |  |  |
| COMME   | SALAL CARRIER   |  |  |   |                    | 2 - MINOR DAMAGE 4 - DISABLING DAMAGE      |                                |          |   |  |  |
| COMMEN  | RCIAL CARRIER: NAME, AD   | DRESS, CITY, STATE, ZIP  |  | COMMERCIAL                                    | CARRIER PH         | ONE: INCLUDE AREA CODE                     | 9 - UNKNOWN                    |          |   |  |  |
| I D CTATE   | LICENSE PLATE #   | VENT A   |  |   |                    |  |                                |          | E <b>d area(s)</b><br>Ll that apply                   |  |  |
| O, H  |   |  | .e identification #<br>E.U.9.C.3.0.2.4.4   |   | LE YEAR<br>  1   2 | VEHICLE MAKE                               |                                | IONILA   | Es mar ar Er  |  |  |
|   |   |  | INSURANCE POLICY#  |   | LOR                | VEHICLE MODEL                              |                                |          | 11 12   |  |  |
| INSUR<br>VERIF  | ESURANCE  | The second secon | PACH-005164769   | GR/   |                    | PRIUS                                      | 10 10                          | G.       |   |  |  |
| TYPE OF USE US DOT # TOWED BY: COMPANY NAME               |   |  |  |   |                    |  |                                |          |   |  |  |
| COMM  | ERCIAL GOVERNMENT   | IN EMERGENCY<br>RESPONSE L   | 1-1-1-1-1-1  | SANDYS  |                    |  | 9                              | 3        | 9 1   |  |  |
| DIVE  |   |  | EHICLE WEIGHT GVWR/GCWR  |   |                    | MATERIAL                                   |                                | -/       | $\vdash   \cdot \bigcirc \cdot   \rightarrow$         |  |  |
| DEVIC   | RLOCK<br>Ce HIT/SKIP UN   |  | 1 - <10K LBS   | MATER RELEAS                                  | ED CLA             | SS # PLACARD ID #                          |                                | (4       | 8 7 8 5 4   |  |  |
| 2 - 10,001 - 26K LBS  PLACARD  7 5 12                     |   |  |  |   |                    |  |                                |          |   |  |  |
|   | 1 - PASSENGER CAR   | 7 - MOTORCYCLE 2-WHEELED   | 12 - GOLF CART   | 18 - LIMO (LIVERY VEHI                        | CLE) 23            | - PEDESTRIAN / SKATER                      | 6                              | 11/1     | 12  |  |  |
| , 0 , 1,  | 2 - PASSENGER VAN (MINIVAN)   |  |  | 19 - BUS (16+ PASSENG)                        | ERS) 24            | - WHEELCHAIR (ANY TYPE)                    | 10                             | 7        |   |  |  |
| UNIT TYP  | 3 - SPORT UTILITY VEHICLE   | 9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED   |  | 20 - OTHER VEHICLE                            |                    | - OTHER NON-MOTORIST                       | <u> </u>                       | 10       | m . z   <del>- \</del> _                              |  |  |
| ı   | 5 - CARGO VAN   | BICYCLE  |  | 21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDE |                    | -BICYCLE<br>-TRAIN                         | 9                              |          | H 11 _ 1 .  |  |  |
| Į.  | 6 - VAN (9-15 SEATS)  | 11 - ALL TERRAIN VEHICLE   | 17 - MOTORHOME   | ANIMAL-DRAWN VE                               |                    | -UNKNOWN OR HIT/SK[P                       | 7.                             | . 7      | 74  |  |  |
| <b>.</b> .  | # OF TRAILING UNITS   | (ATV/UTV)  |  |   |                    |  | 40                             | X.       | 4 .   |  |  |
|   |   |  | (62)   |   |                    |  | 11 12                          |          | 6 11 12 1   |  |  |
|   | WAS VEHICLE OPERATING IN A<br>MODE WHEN CRASH OCCURRE   |  |  | 3 - CONDITIONAL AUTOI                         | MATION 9 -         | UNKNOWN                                    | 10                             | 2        | 10  |  |  |
| 2   | 1-YES 2-NO 9-OTHER/UNI  | 1 1  | BARTINI ALITAMATICAL   | 4 - KIGH AUTOMATION<br>5 - FULL AUTOMATION    |                    |  |                                | 7        | 20 20 2   |  |  |
|   |   | MODE LEVEL   |  |   |                    |  | 9 9 3                          | 3        | 9 5 3   |  |  |
| 0 4   | 1 - NONE  | 6 - BUS - CHARTER/TOUR   |  | 16-FARM                                       |                    | MAIL CARRIER                               | 7 1 3 3 7                      | 7        | 7 1 7   |  |  |
| 0 1   | 2 ELECTRONIC DIDE CHADING OF DUC CHUTTLE  |  |  | 17 - MOWING                                   |                    | OTHER / UNKNOWN                            |                                | 4        | 8   |  |  |
| SPECIAL   | PECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE NCTION 4 - SCHOOLTRANSPORT 9 - BUS - OTHER |  |  | 18 - SNOW REMOVAL<br>19 - TOWING              |                    |  | 7 6 5                          |          | 7 5   |  |  |
| FUNCTION  | 5 - BUS - TRANSIT/COMMUTER  |  | 15 - CONSTRUCTION EQUIPMENT  |   |                    |  | , v                            |          | 0   |  |  |
|   | 1 - NC CARGO BODY TYPE  | 3 - VEHICLE TOWING ANOTHER   |  | B - POLE                                      |                    | CONCRETE MINER                             |                                | 12       | 12 12   |  |  |
| 0,1   | / NOT APPLICABLE  | MOTOR VEHICLE  | DUADOTO  | 9 - CARGO TANK                                |                    | CONCRETE MIXER AUTO TRANSPORTER            | 12                             | 1        |   |  |  |
| CARGO 2 - BUS 4 - LOGGING                                 |   | 4 - LOGGING  | TALL BARRASSISSISSISSISSISSISSISSISSISSISSISSISSI                                | 10-FLAT BED                                   |                    | GAR8AGE/REFUSE                             | a Ma                           | 1        |   |  |  |
| TYPE  |   |  | 7 - GRAIN/CHIPS/GRAVEL   | 11-DUMP                                       | 99 -               | OTHER / UNKNOWN                            | ,600,                          | 9 - 1    | 3 9 7 3 9 😻 3   |  |  |
|   | 1 - TURN SIGNALS  | 4 - BRAKES   | 7 - WORN OR SLICKTIRES   | 9 - MOTOR TROUBLE                             | 99 -               | OTHER / UNKNOWN                            | Ų.                             | T        | 00  |  |  |
| VEHICLE   | 2 - HEAD LAMPS  | 5 - STEERING   |  | 10 - DISABLED FROM PR                         |                    |  |                                |          | 6 6   |  |  |
| DEFECTS   | 3 - TAIL LAMPS  | 6 - TIRE BLOWOUT   | DEFECTIVE  | ACCIDENT                                      |                    |  |                                |          | _ ' '   |  |  |
|   | 1 - INTERSECTION - MARKED   | 3 - INTERSECTION - OTHER   | 6 - BICYCLE LANE   | ) - MEDIAN/CROSSING I                         | SLAND 12-          | FIRST RESPONDER                            | ☐ - NO DAMAGE                  | .[0]     | U-UNDERCARRIAGE [14]                                  |  |  |
| MON MOTODICT  | CROSSWALK   | 4 - MIDBLOCK - MARKED  |  | IO - DRIVEWAY ACCESS                          |                    | AT INCIDENT SCENE                          | ☐-TOP ( 13 J                   |          | ☑-ALL AREAS [ 15 ]                                    |  |  |
| NON-MOTORIST 2-INTERSECTION - UNMARKED LOCATION CROSSWALK |   | CROSSWALK  5 - TRAVEL LANE - OTHER LOCATION  |  | 11 - SHARED USE PATHS OR<br>TRAILS            |                    | OTHER / UNKNOWN                            |                                |          |   |  |  |
| AT IMPACT   |   |  |  | TRAILS  |                    |  | □ - UN                         | ATL MOLV | AT SCENE [16]   |  |  |
|   | 1 - NON-CONTACT   | 1 - STRAIGHT AHEAD   |  | 3 - NEGOTIATING A CUR                         |                    | APPROACHING<br>OR LEAVING VEHICLE          | INITI                          | IAL POIN | IT OF CONTACT   |  |  |
| 3   | 2-NON-COLLISION 3-STRIKING 0 1  | 2 - BACKING<br>3 - CHANGING LANES  | 8 - ENTERING TRAFFIC LANE  9 - LEAVING TRAFFIC LANE                              | 4 - ENTERING OR CROSS<br>SPECIFIED LOCATION   | nitu               | STANDING                                   | 0 - N <b>0</b> DAMA            |          | 14 - UNDERCARRIAGE                                    |  |  |
| ACTION  | 4 - STRUCK PRE-CRASH  | 4 - OVERTAKING/PASSING   |  | 15 - WALKING, RUNNING,                        |                    | 20 - OTHER NON-MOTORIST                    |                                |          | IT 15 - VEHICLE NOT AT SCENE                          |  |  |
|   | 5 - BOTH STRIKING ACTIONS   | 5 - MAKING RIGHT TURN  | 11 - SLOWING OR STOPPED  | JOGGING, PLAYING<br>16-WORKING                |                    | STANDING OUTSIDE                           | DIAG                           | RAW      | 99 - UNKNOWN  |  |  |
|   |   |  | ANING LEFT TURN  |   |                    | DISABLED VEHICLE<br>OTHER / UNKNOWN        | 13 - TOP                       |          |   |  |  |
|   | 9 - OTHER / UNKNOWN   |  | IE BRITERIESS  | 7 - PUSHING VEHICLE                           |                    |  | 1121 (6:1-1)                   | TRA      | FFIC  |  |  |
|   | 1 - NONE<br>2 - FAILURE TO YIELD  | 7 - LEFT OF CENTER   | DADIZED DOCITION   | 7 - VISION OBSTRUCTIO                         |                    | LYING IN ROADWAY                           | TRAFFICWAY FLOW                |          | TRAFFIC CONTROL                                       |  |  |
|   | 3 - RAN RED LIGHT   | 8 - FOLLOWING TOO CLOSE / ACD.<br>9 - IMPROPER LANE CHANGE   | 14 - STOPPED OR PARKED   | 8-OPERATING DEFECT:<br>EQUIPMENT              |                    | NOT DISCERNIBLE<br>OPENING DOOR INTO       | 1 - ONE-WAY                    |          | 1 - ROUNDABOUT 4 - STOP SIGN                          |  |  |
|   | 4 - RAN STOP SIGN   | 10 - IMPROPER PASSING  | ILLEGALLY 1  | 9 - LOAD SHIFTING/FALI                        |                    | ROADWAY                                    | 2 - TW0-WAY                    | _ 6      | 2 - SIGNAL 5 - YIELD SIGN  3 - Flasher 6 - No control |  |  |
| CONTRIBUTING<br>CIRCUMSTANCES                             |   | 11-DROVE OFF ROAD  | 15 - SWERVING TO AVOID<br>16 - WRONG WAY   | SPILLING                                      |                    | OTHER IMPROPER ACTION                      |                                |          | 3 - FLASHER 6 - NO CONTROL                            |  |  |
| (155/42/200   | 6 - IMPROPER TURN   | 12 - IMPROPER BACKING  |  | O-IMPROPER CROSSIN                            |                    |  | # OF THROUGH LANES<br>ON ROAD  |          | RAIL GRADE CROSSING                                   |  |  |
| SEQUENCE  | OF EVENTS   |  |  |   |                    |  |                                |          | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING         |  |  |
| ., 0 , 8 ,  | 1 - OVERTURN/ROLLOVER   | 6 - EQUIPMENT FAILURE  | NON-COLLISION<br>11-CROSS CENTERLINE — 1   | 6 - RAILWAY VEHICLE                           | 22                 | WORK ZONE MAINTENANCE                      | _2                             |          | 3 - INVOLVED-PASSIVE CROSSING                         |  |  |
|   | 2 - FIRE/EXPLOSION  | 7 - SEPARATION OF UNITS  | OPPOSITE DIRECTION OF 1  | 7 - ANIMAL — FARM                             |                    | EQUIPMENT                                  |                                |          |   |  |  |
| 44  | 3 - IMMERSION   | 8 - RAN OFF ROAD RIGHT   | 12 - DOWNHILL SHANAV   | 8 - ANIMAL — DEER                             |                    | STRUCK BY FALLING,<br>SHIFTING CARGO OR    | UNIT / NON-MOTORIST DIRECTION  |          |   |  |  |
| 2   | 4 - JACKKNIFE   | 9 - RAN OFF ROAD LEFT  | 12 OTHER VAN CALLISIAN   | 9 - ANIMAL — OTHER<br>0 - MOTOR VEHICLE IN    | į.                 | ANYTHING SET IN MOTION                     |                                |          | 1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST    |  |  |
| 4 0   | 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN 14 - PEDESTRIAN   |  |  |   |                    | BY A MOTOR VEHICLE<br>OTHER MOVABLE OBJECT | FROM 3 TO L                    | 4        |   |  |  |
| 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTH              |   |  |  |   |                    |  |                                |          |   |  |  |
|   | 25 - IMPACT ATTENUATOR  | COLLISIO 31 - GUARDRAIL END  | COLLISION WITH FIXED OBJECT - ST<br>UARDRAIL END 37 - TRAFFIC SIGN POST 43 - CUP |   |                    | WORK ZONE MAINTENANCE                      |                                |          | 9 - OTHER/UNKNOWN                                     |  |  |
| 4   | / CRASH CUSHION   | 32 - PORTABLE BARRIER  |  | 4-DITCH                                       |                    | EQUIPMENT                                  | UNIT SPEED                     |          | DETECTED SPEED  |  |  |
|   | 26 - BRIDGE OVERHEAD<br>STRUCTURE   | 33 - MEDIAN CABLE BARRIER  | CURRORT  | 5 - EMBANKMENT                                |                    | WALL                                       |                                |          | 1 - STATED / ESTIMATED SPEED                          |  |  |
|   | 27 - BRIDGE PIER OR ABUTMENT  | 34 - MEDIAN GUARDRAIL<br>BARRIER   | 40 HER ISN MALE  | 6-FENCE<br>7-Mailbox                          |                    | BUILDING<br>Tunnel                         | 0 3 5                          |          | 1 2 - CALCULATED / EDR                                |  |  |
|   | 28 - BRIDGE PARAPET   | 35 - MEDIAN CONCRETE   | 41 - OTHER POST, POLE 48   | B-TREE  | 54 - 0             | OTHER FIXED OBJECT                         | POSTED SPEED                   |          | 3 - UNDETERMINED                                      |  |  |
|   | 29 - BRIDGE RAIL<br>30 - Guardrail Face   | BARRIER<br>36 - MEDIAN OTHER BARRIER   | OR SUPPORT 42 - CULVERT  | - FIRE HYDRANT                                | 99 - 0             | OTHER / UNKNOWN                            | FUSIEU SPEEU                   |          | 2 STAFFERMINES  |  |  |
| 2   | CONTRACTOR VINCENTIAL TO TREATMENT  |  |  |   |                    |  |                                |          |   |  |  |

| I                                   | OHIO DE   | OF DEPARTMENT MOTORIST / NON-MOTORIST |   |   |  |   |  |  |  |  | LOCAL REPORT NUMBER                                       |                                      |  |                  |  |  |
|-------------------------------------|---|---------------------------------------|---|---|--|---|--|--|--|--|---|--------------------------------------|--|------------------|--|--|
| <u> </u>                            | and the   | in apatra.                            | 010K131 / 14  | O 14 - 14                                     | 1010   | KT2   | · I  |  |  | LP   | 1,9,0,8,2   | 8 0                                  | 0 4 3  | 2 7              |  |  |
|                                     | UNIT#   | NAME: LAST, FIRST, MIDDLE             |   |   |  |   |  |  |  |  | DATE OF BIRTH AGE GENDER                                  |                                      |  |                  |  |  |
|                                     | 0 1   | GULCZINSKI, GRACE, MARIE              |   |   |  |   |  |  |  |  | 0,2,/,2,0,/,2,0,0,3,1,6,F                                 |                                      |  |                  |  |  |
| RIS                                 |   | STREET, CITY, STATE, ZIP              |   |   |  |   |  |  |  |  | CONTACT PHONE - INCLUDE AREA CODE                         |                                      |  |                  |  |  |
| 0                                   |   | NEBROOK LANE, SPRINGBORO, OHIO 45066  |   |   |  |   |  |  |  |  | 9 3 7 8 2 9 5 6 0 1                                       |                                      |  |                  |  |  |
| Ϋ́                                  | 5   | INJURED<br>TAKEN<br>BY                | EMS AGENCY (NAME)   | TAKENTO                                       | DE MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED |   |  | DOT-CO   | SEATING POSITION                             | AIR BAG USA                                      | AIR BAG USAGE EJECTION TRAPPED                            |                                      |  |                  |  |  |
| M                                   | OL STATE  |                                       | ITCENSE NUMBED  |   | UEEEN  | SE CUA  | DCEN   | LOCAL  | 0 4  |  | LMET 0 1  | CITATION                             | CITATION NUMBER  |                  |  |  |
| MOTORIST / NON-MOTORIS              | O H   | UZ175800                              |   |   |  | OFFENSE CHARGED LOCAL CODE                      |  |  |  | RIPIIUN  |   | CITATION                             | TIAIIUN NUMBER   |                  |  |  |
| WOL                                 | OL CLASS  | ENDORSEMENT                           |   |   |  |   |  |  | CONDITION                                    | ALCOHOL TEST                                     |   |                                      | DRUG TEST(S)   |                  |  |  |
| ı                                   |   | SELECT UPTO 2                         |   |   |  | TRACTED ALCOHOL MARIJUANA                       |  |  |  | STATUS   | YPE VALUE   | STATUS TY                            | PE RESULT  | T SELECT UPTO 4  |  |  |
| Ŋ,                                  | 4   |                                       |   |   |  |   | THER DRUG  |  | 1 1  | _ 1  | 1   | 1                                    | 1  |                  |  |  |
|                                     | UNIT#   | NAME: LAST,                           | FIRST, MIDDLE   |   |  |   |  |  |  |  | DATE OF BIRTH   |                                      | AGE  | GENDER           |  |  |
|                                     |   |                                       |   |   |  |   |  |  |  |  |   |                                      |  |                  |  |  |
| ESIS                                | ADDRESS:  | STREET, CITY, S                       | TATE, ZIP   |   |  |   |  |  |  | CONTACT PHONE - INCLUDE AREA CODE                |   |                                      |  |                  |  |  |
| MOTORIST / NON-MOTORIS              | MAUDIFE   | THURSE                                | FMC ASENSY  |   | 1  |   |  |  | T  |  | 1 1 1   | 1 1                                  | 1 1  |                  |  |  |
| NO                                  | NJUKIES   | INJURED<br>TAKEN<br>BY                | EMS AGENCY (NAME)   |   | INJURED  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  |  |  | DOT-CO   |   | AIR BAG USA                          | GE EJECTION  | TRAPPED          |  |  |
| Í                                   | L STATE   |                                       | LICENSE NUMBER  |   | DEFEN  | SE CHAI   | DCEN   | LOCAL  | OFFENSE DESC                                 |  |   | OTTATION NUMBER                      |  |                  |  |  |
| SE S                                | - 5   |                                       |   |   | OITEN  | JE OIIKI  | KULD   | CODE   | OIT ENSE BEST                                | KIF IIDN   |   | CITATION NUMBER                      |  |                  |  |  |
| QΨ                                  | IL CLASS  | ENDORSEMENT                           | RESTRICTION SELECT  |   | VER  | VER ALCOHOL / DRUG SUSPECTED                    |  |  | CONDITION                                    | ALCOHOL TEST                                     |   |                                      | UG TEST(S  | )                |  |  |
|                                     |   | SELECT UPTO 2                         |   | BY  | TRACTED  | □ A   | LCOHOL MAR   | ANAULIS  |  | STATUS T   | YPE VALUE   | STATUS TY                            | PE RESULT  | T SELECT UP TO 4 |  |  |
|                                     |   |                                       |   |   |  | OTHER DRUG                                      |  |  |  |  |   |                                      |  | اسالا            |  |  |
|                                     | UNIT#   | NAME: LAST,                           | FIRST, MIDDLE   |   |  |   |  |  |  | DATE OF BIRTH                                    |   |                                      | AGE  | GENDER           |  |  |
|                                     |   |                                       |   |   |  |   |  |  |  |  |   |                                      |  |                  |  |  |
| JRIS                                | ADDRESS:  | :SS: STREET, CITY, STATE, ZIP         |   |   |  |   |  |  |  |  | CONTACT PHONE - INCLUDE AREA CODE                         |                                      |  |                  |  |  |
| HQ W                                | MILIDIES  | INIIIDEN                              | EMS ACENCY (NAME)   |   | TINIUDEO:  | TAKENTO   | MEDICAL FACILITY   |  | CAPETY FOUNDMENT                             | SEATING POSITION AIR BAG USAGE EJECTION TRAPPED  |   |                                      |  |                  |  |  |
| NON                                 | INJURED TAKEN BY  INJURED TAKEN BY  INJURED TAKEN |                                       |   |   |  | IAKENTU   | N TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN USED |  |  | DOT-Co   | MPLIANT   | AIR BAG USA                          | JE   EJECTION  | TRAPPED          |  |  |
|                                     | L STATE   | OPERATOR LICENSE NUMBER               |   |   | OFFENSE CHARGED LOCAL                                  |   |  | OFFENSE DESC   | RIPTION                                      | PTION C)   |   | ITATION NUMBER                       |  |                  |  |  |
| BOTO                                |   |                                       |   |   | CODE   |   |  |  |  |  |   |                                      |  |                  |  |  |
|                                     | L CLASS   | ENDORSEMENT<br>SELECT UPTO 2          |   |   | ER ALCOHOL / DRUG SUSPECTED                            |   |  | CONDITION  | ALCOHOL TEST<br>STATUS TYPE VALUE S          |  | DRUG TEST(S) TATUS TYPE RESULT SELECT UPTO 4              |                                      |  |                  |  |  |
|                                     |   |                                       |   | BY  | BY AL  |   | LCOHOL MARIJUAN  |  |  |  |   |                                      |  | 022201 01 10 1   |  |  |
| L                                   | INJU  | RIES                                  | SEATING POSITION  |   | IR BAG   | U 0   | THER DRUG<br>OL CLASS                                    |  | OL RESTRIC                                   | TION(S)  | DRIVER DISTRACT   | ION                                  | TEST STA   | TUS              |  |  |
| 1.                                  | FATAL   |                                       | 1 - FRONT - LEFT SIDE   | LOYED 1-CLASS A                               |  |   |  | 1-ALCOHOL INTER  |  | DEVICE 1 - NOT DISTRACTED                        |   | IONE GIVEN                           | 103  |                  |  |  |
|                                     |   | ERTOUS INJURY                         | (MOTORCYCLE DRIVER)  2 - FRONT – MIDDLE                                 | ED FRONT Z-CLASS B ED SIDE 3-CLASS C          |  |   | 2 - CDL INTRASTAT<br>3 - CORRECTIVE LE                   |  | 2 - MANUALLY OPERATING<br>ELECTRONIC COMMUNI | CATION   | 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED                 |                                      |  |                  |  |  |
| 11.51                               | POSSIBLE INJ                                      |                                       | 3 - FRONT - RIGHT SIDE 4 - DEPLOYE                                      |   |  | ED BOTH FRONT / SIDE 4 - REGULAR CLASS          |  |  |  | Naca   | DEVICE (TEXTING, TYPING,<br>DIALING)                      |                                      | SAMPLE / UNUSABLE  |                  |  |  |
| 5.                                  | 5 - NO APPARENT INJURY 4                          |                                       | 4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)  5 - NOT APPLIC           |   |  | ICABLE (OHIO = D)  ENT UNKNOWN 5-M/C MOPED ONLY |  |  |  | BUS  | 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE              |                                      | 4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS |                  |  |  |
| INJURED TAKEN BY 5-SECOND MICHAELDE |   |                                       |   | 5-NO VALID OL & C                             |  |   |  | 6 - EXCEPT CLASS A<br>& CLASS B BUS                      | `  | 4 - TALKING ON HAND-HEL                          | HELD UNKNOWN  |                                      |  |                  |  |  |
|                                     | /TREATED AT SCENE 7-THIRD - LEFT SIDE             |                                       | EJECTION OL ENDORSEMENT   |   |  |   |  | 7 - EXCEPT TRACTOR-TRAILER<br>B - INTERMEDIATE LICENSE   |  | 5 - OTHER ACTIVITY WITH AN                       |   | ALCOHOL TEST TYPE                    |  |                  |  |  |
|                                     | 2-EMS   |                                       | (MOTORCYCLE SIDE CAR) 1 - NOT EJECT<br>8 - THIRD - MIDDLE 2 - PARTIALLY |   |  |   |  |  |  |  | ELECTRONIC DEVICE 6-PASSENGER                             |                                      | 1- NONE<br>2- BLOOD                                      |                  |  |  |
|                                     | 3-POLICE<br>9-OTHER/UNKNOWN                       |                                       | 9-THIRD-RIGHT SIDE 3-TOTALLY  |   |  |   |  |  | 9 - LEARNER'S PERMIT<br>RESTRICTIONS         |  | 7 - OTHER DISTRACTION                                     |                                      | 3 - URINE  |                  |  |  |
| S                                   | 10 CLEEDED CECTION                                |                                       |   | 4 - NOT APPLICABLE N - TANKER                 |  |   |  | 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT |  | INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE |   | 4 - BREATH<br>5 - OTHER              |  |                  |  |  |
|                                     | 13 DASSENCED IN OTHER                             |                                       |   | Q - MOTOR SCOOTER  R - THREE-WHEEL MOTORCYCLE |  |   |  | 12 - LIMITED - OTHER                                     |  | THEVEHICLE                                       |   | DRUG TEST TYPE                       |  |                  |  |  |
|                                     | 2 - SHOULDER BELT ONLY USED (NON-TRAI             |                                       | (NON-TRAILING UNIT, BUS,<br>PICK-UP WITH CAP)                           | 1 - NOT TRAPPED 2 - EXTRICATED BY             |  |   | S - SCHOOL BUS   |  | 13 - MECHANICAL DE<br>(SPECIAL BRAKE         | S, HAND  |   |                                      | 1- NONE  |                  |  |  |
|                                     | 4 - SHOULDER & LAP BELT USED                      |                                       | 12 - PASSENGER IN UNENCLOSED  | ICAL MEANS                                    |  |   |  | CONTROLS, OR OTHER<br>Adaptive devices)                  |  | 1 - APPARENTLY NORMAL                            |   | 2-8L00D                              |  |                  |  |  |
|                                     | 5 - CHILD RESTRAINT SYSTEM -<br>FORWARD FACING    |                                       | CARGO AREA  13 - TRAILING UNIT  | Y A - TANKER / HAZMAT<br>HANICAL MEANS        |  |   | 14 - MILITARY VEHICLES ONLY                              |  | 2 - PHYSICAL IMPAIRMENT                      |  | 3 - URINE<br>4 - OTHER                                    |                                      |  |                  |  |  |
| 6-1                                 | 6 - CHILD RESTRAINT SYSTEM -                      |                                       |   |   |  |   |  |  | 15 - MOTOR VEHICLE<br>AIR BRAKES             | S WITHOUT  | HOUT 3 - EMOTIONAL (E.G., DEPRESSED,<br>ANGRY, DISTURBED) |                                      | DRUG TEST RESULT(S)                                      |                  |  |  |
|                                     | REAR FACING 7 - BOOSTER SEAT                      |                                       | 15 - NON-MOTORIST   |   |  |   |  |  | 16 - OUTSIDE MIRROR                          |  | 4- ILLNESS  |                                      | 1-AMPHETAMINES   |                  |  |  |
|                                     | 8 - HELMET USED                                   |                                       | 99 - OTHER / UNKNOWN  |   |  |   |  |  | 17 - PROSTHETIC AID<br>18 - OTHER            |  | 5- FELL ASLEEP, FAINTED,<br>FATIGUED, ETC.                |                                      | 2 - BARBITURATES<br>3 - BENZODIAZEPINES                  |                  |  |  |
|                                     | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)     |                                       |   |   |  |   |  |  |  |  | 6- UNDER THE INFLUENCE<br>OF MEDICATIONS / DRUG           | A C                                  | 4 - CANNABINOIDS   |                  |  |  |
|                                     | EFLECTIVE C                                       |                                       |   |   |  |   |  |  |  | /ALCOHOL<br>9- OTHER / UNKNOWN                   | 5 - C   | 5 - COCAINE<br>6 - OPIATES / OPIOIDS |  |                  |  |  |
| /                                   | BICYCLE ONL                                       | Υ                                     |   |   |  |   |  |  | 7- 01HEN/ 04KNOW                             |  |   | 7 - OTHER                            |  |                  |  |  |
| 99 - (                              | THER/UNKN   | OWN                                   |   |   |  |   |  |  |  |  |   | 8 - N                                | EGATIVE RESUL  | .TS              |  |  |