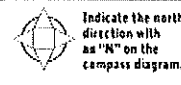
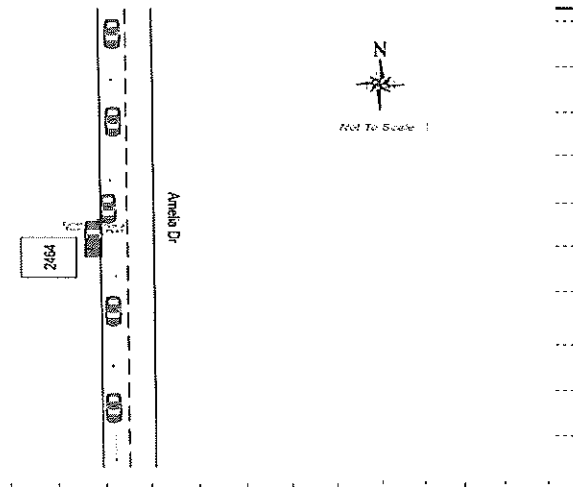


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH2 <input type="checkbox"/> OH1P <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property	LOCAL INFORMATION <b>Amelia</b> REPORTING AGENCY NAME* <b>Richfield Police Department</b>		LOCAL REPORT NUMBER* <b>20240825</b>								
COUNTY* <b>77</b>		LOCALITY* <b>2</b>		LOCATION: CITY, VILLAGE, TOWNSHIP* <b>RICHFIELD</b>		CRASH DATE/TIME* <b>12/21/2024 12:15:00</b>	CRASH SEVERITY <b>5</b> 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY						
ROUTE TYPE <input type="checkbox"/>		ROUTE NUMBER <input type="checkbox"/>		PREFIX <input type="checkbox"/> 1-NORTH <input type="checkbox"/> 2-SOUTH <input type="checkbox"/> 3-EAST <input type="checkbox"/> 4-WEST		LOCATION ROAD NAME <b>Amelia</b>		ROAD TYPE <b>DR</b>		LATITUDE DECIMAL DEGREES <b>41.203415</b>			
ROUTE TYPE <input type="checkbox"/>		ROUTE NUMBER <input type="checkbox"/>		PREFIX <input type="checkbox"/> 1-NORTH <input type="checkbox"/> 2-SOUTH <input type="checkbox"/> 3-EAST <input type="checkbox"/> 4-WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>2464</b>		ROAD TYPE <input type="checkbox"/>		LONGITUDE DECIMAL DEGREES <b>81.635118</b>			
REFERENCE POINT <input checked="" type="checkbox"/> 1- INTERSECTION <input type="checkbox"/> 2- MILE POST <input type="checkbox"/> 3- HOUSE #		DIRECTION <input type="checkbox"/> 1-NORTH <input type="checkbox"/> 2-SOUTH <input type="checkbox"/> 3-EAST <input type="checkbox"/> 4-WEST		ROUTE TYPE <input type="checkbox"/> IR- INTERSTATE ROUTE (TP) <input type="checkbox"/> US- FEDERAL US ROUTE <input type="checkbox"/> SR- STATE ROUTE <input type="checkbox"/> CR- NUMBERED COUNTY ROUTE <input type="checkbox"/> TR- NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL- ALLEY AV- AVENUE BL- BOULEVARD CR- CIRCLE CT- COURT DR- DRIVE HE- HEIGHTS HW- HIGHWAY LA- LANE MP- MILEPOST OV- OVAL PK- PARKWAY PI- PIKE PL- PLACE RD- ROAD SQ- SQUARE ST- STREET TE- TERRACE TL- TRAIL WA- WAY		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES <input type="checkbox"/>			
DISTANCE FROM REFERENCE <input type="checkbox"/>		DISTANCE UNIT OF MEASURE <input type="checkbox"/> 1- Miles <input type="checkbox"/> 2- Feet <input type="checkbox"/> 3- Yards		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		DIRECTION OF TRAVEL <input type="checkbox"/> 1-NORTH <input type="checkbox"/> 2-SOUTH <input type="checkbox"/> 3-EAST <input type="checkbox"/> 4-WEST		MEDIAN TYPE <input type="checkbox"/> 1-DIVIDED FLUSH MEDIAN (<4 FEET) <input type="checkbox"/> 2-DIVIDED FLUSH MEDIAN (>4 FEET) <input type="checkbox"/> 3-DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4-DIVIDED, RAISED MEDIAN (ANY TYPE) <input type="checkbox"/> 9- OTHER/UNKNOWN					
LIGHT CONDITION <b>4</b> 1- DAYLIGHT 2- DAWN/DUSK 3- DARK - LIGHTED ROADWAY 4- DARK - ROADWAY NOT LIGHTED 5- DARK - UNKNOWN ROADWAY LIGHTING 9- OTHER/UNKNOWN		WEATHER <b>6</b> 1- CLEAR 2- CLOUDY 3- FOG, SMOG, SMOKE 4- RAIN 5- SLEET, HAIL 6- SNOW 7- SEVERE CROSSWINDS 8- BLOWING SAND, SOIL, DIRT, SNOW 9- FREEZING RAIN or FREEZING DRIZZLE 99- OTHER/UNKNOWN		MANNER OF CRASH COLLISION/IMPACT <b>3</b> 1- NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2- REAR-END 3- HEAD-ON 4- REAR-TO-REAR 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- OTHER/UNKNOWN		CONTOUR <b>1</b> 1- STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL 4- CURVE GRADE 9- OTHER UNKNOWN		CONDITIONS <b>3</b> 1- DRY 2- WET 3- SNOW 4- ICE 5- SAND, MUD, DIRT, OIL, GRAVEL 6- WATER (STANDING, MOVING) 7- SLUSH 9- OTHER UNKNOWN		SURFACE <b>2</b> 1- CONCRETE 2- BLACKTOP, BITUMINOUS, ASPHALT 3- BRICK/BLOCK, STONE, GRAVEL 5- DIRT 9- OTHER UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE <input type="checkbox"/> 1- LANE CLOSURE <input type="checkbox"/> 2- LANE SHIFT/CROSSOVER <input type="checkbox"/> 3- WORK ON SHOULDER or MEDIAN <input type="checkbox"/> 4- INTERMITTENT or MOVING WORK <input type="checkbox"/> 5- OTHER		LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1- BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="checkbox"/> 2- ADVANCE WARNING AREA <input type="checkbox"/> 3- TRANSITION AREA <input type="checkbox"/> 4- ACTIVITY AREA <input type="checkbox"/> 5- TERMINATION AREA		CRASH REPORTED DATE/TIME <b>12/21/2024 12:15:00</b>		DISPATCH DATE/TIME <b>12/21/2024 12:15:30</b>		ARRIVAL DATE/TIME <b>12/21/2024 12:15:40</b>		SCENE CLEARED DATE/TIME <b>12/21/2024 12:11</b>	
TOTAL TIME ROADWAY CLOSED <b>0</b>		OTHER INVESTIGATION TIME <b>60</b>		TOTAL MINUTES <b>78</b>		OFFICER'S NAME* <b>Shelby Noffisinger</b>		CHECKED BY OFFICER'S NAME* <b>Thomas Randolph</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION/ADDITION)			
OFFICER'S BADGE NUMBER* <b>720</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>706</b>		NARRATIVE <b>UNIT#2 WAS PARKED ON THE WEST SIDE OF THE ROADWAY, FACING OPPOSITE THE DIRECTION OF TRAVEL. UNIT#1 WAS TRAVELING SOUTHBOUND ON THE SAME ROADWAY, APPROACHING UNIT#2. UNIT#1 STRUCK UNIT#2 HEAD ON, PUSHING THE CAR INTO THE DITCH. UNIT#1 LEFT THEN SCENE.</b>		Indicate the north direction with an "N" on the compass diagram. 							

OWNER UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE ( ) Same As Driver OWNER PHONE: INCLUDE AREA CODE ( ) Same As Driver  
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) Same As Driver

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

LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE  
INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # VEHICLE COLOR WHI VEHICLE MODEL

TYPE OF USE: COMMERCIAL, GOVERNMENT, EMERGENCY RESPONSE  
US DOT # VEHICLE WEIGHT (GVWR/GCWR): 1-≤10K LBS, 2-10,001-26K LBS, 3->26K LBS  
TOWED BY: COMPANY NAME HAZARDOUS MATERIAL: MATERIAL RELEASED, CLASS #, PLACARD ID #

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

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

SPECIAL FUNCTION: 1-NONE, 2-TAXI, 3-ELECTRONIC BRAKE SHARING, 4-SCHOOL TRANSPORT, 5-BUS TRANSIT/COMPUTER, 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-RAIL CARRIER, 99-OTHER/UNKNOWN

CARGO BODY TYPE: 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 TAXI, 10-FLAT BED, 11-DUMP, 12-CONCRETE MIXER, 13-AUTO TRANSPORTER, 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

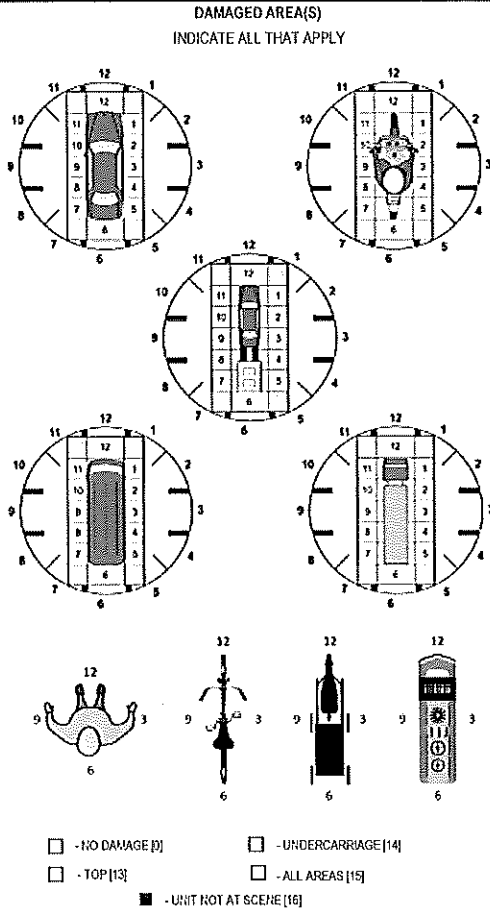
NON-MOTORIST LOCATION AT IMPACT: 1-INTERSECTION-MARKED CROSSWALK, 2-INTERSECTION-UNMARKED, 3-INTERSECTION-OTHER, 4-UNBLOCK-MARKED CROSSWALK, 5-TRAVEL LANE-OTHER LOCATION, 6-BICYCLE LANE, 7-SHOULDER/ROADSIDE CROSSWALK, 8-SIDEWALK, 9-MEDIA/CROSSING ISLAND, 10-DRIVEWAY ACCESS, 11-SHARED USE PATHS OR TRAILS,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

ACTION: 1-NON-CONTACT, 2-NON-COLLISION, 3-STRIKING, 4-STRUCK, 5-BOTH STRIKING & STRUCK, 8-STRUCK, 9-OTHER/UNKNOWN, 01 PRE-CRASH ACTION, 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

CONTRIBUTING CIRCUMSTANCES: 1-NONE, 2-FAILURE TO YIELD, 3-RAIN RED LIGHT, 4-RAIN STOP SIGN, 5-UNSAFE SPEED, 6-IMPROPER TURN, 7-LEFT OF CENTER, 8-FOLLOWING TOO CLOSE/ACCA, 9-IMPROPER LANE CHANGING, 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 DISCREIBABLE, 23-OPENING DOOR INTO ROADWAY, 99-OTHER IMPROPER ACTION

SEQUENCE OF EVENTS: 1-OVERTURN/ROLLOVER, 2-FIRE/EXPLOSION, 3-INVERSION, 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-DOWNSHILL 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 MOTOR VEHICLE, 22-WORK ZONE MAINTENANCE EQUIPMENT, 23-STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE, 24-OTHER MOVABLE OBJECT, 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-MEDIA/CABLE BARRIER, 34-MEDIA/GUARDRAIL BARRIER, 35-MEDIA/CONCRETE BARRIER, 36-MEDIA/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-EVBANK/VENT, 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

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



INITIAL POINT OF CONTACT: 1-15, 14-UNDERCARRIAGE, 15-VEHICLE NOT AT SCENE, 99-UNKNOWN, 13-TOP

TRAFFIC TRAFFICWAY FLOW: 1-ONEWAY, 2-TWOWAY, TRAFFIC CONTROL: 1-ROUNDBABOUT, 2-SIGNAL, 3-FLASHER, 4-STOP SIGN, 5-YIELD SIGN, 6-NO CONTROL

# OF THROUGH LANES ON ROAD: 02, RAIL GRADE CROSSING: 1, 1-NOT INVOLVED, 2-INVOLVED - ACTIVE CROSSING, 3-INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION: FROM 1 TO 2, 1-NORTH, 2-SOUTH, 3-EAST, 4-WEST, 5-NORTHEAST, 6-NORTHWEST, 7-SOUTHEAST, 8-SOUTHWEST

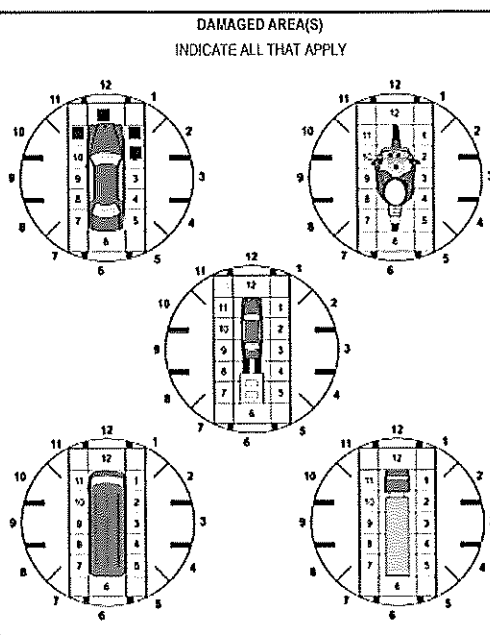
UNIT SPEED: 25, POSTED SPEED: 25, DETECTED SPEED: 3, 1-STATED/ESTIMATED SPEED, 2-CALCULATED / EDR, 3-UNDETERMINED

2,0,2,4,0,8,2,5

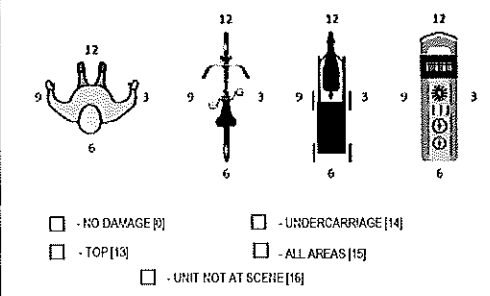
UNIT # 0,2 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver ) **HILL DOMINICK PIERCE**  
 OWNER PHONE: INCLUDE AREA CODE (  Same As Driver ) \_\_\_\_\_  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**2881 YELLOW CREEK RD AKRON OH 44333**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE \_\_\_\_\_

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

LP STATE OH LICENSE PLATE # S731820 VEHICLE IDENTIFICATION # 2GGEK19T741255158 VEHICLE YEAR 2,0,0,4 VEHICLE MAKE Chevrolet  
 INSURANCE VERIFIED  INSURANCE COMPANY Travlers Insurance INSURANCE POLICY # 615822881 VEHICLE COLOR SIL VEHICLE MODEL Silverado  
 TYPE OF USE:  COMMERCIAL  GOVERNMENT  EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 0,0 US DOT # \_\_\_\_\_  
 TOWED BY: COMPANY NAME \_\_\_\_\_ HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_



UNIT TYPE 0,4  
 1 - PASSENGER CAR  
 2 - PASSENGER VAN (MINIVAN)  
 3 - SPORT UTILITY VEHICLE  
 4 - PICK UP  
 5 - CARGO VAN  
 6 - VAN (9-15 SEATS)  
 7 - MOTORCYCLE 2-WHEELED  
 8 - MOTORCYCLE 3-WHEELED  
 9 - AUTOCYCLE  
 10 - MOPED OR MOTORIZED BICYCLE  
 11 - ALL TERRAIN VEHICLE (ATV/UTV)  
 12 - GOLF CART  
 13 - SNOWMOBILE  
 14 - SINGLE UNIT TRUCK  
 15 - SEMI-TRACTOR  
 16 - FARM EQUIPMENT  
 17 - MOTORHOME  
 18 - LIMO (LIVERY VEHICLE)  
 19 - BUS (16+ PASSENGERS)  
 20 - OTHER VEHICLE  
 21 - HEAVY EQUIPMENT  
 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE  
 23 - PEDESTRIAN/SKATER  
 24 - WHEELCHAIR (ANY TYPE)  
 25 - OTHER NON-MOTORIST  
 26 - BICYCLE  
 27 - TRAIN  
 28 - UNKNOWN OR HIT/SKIP  
 # OF TRAILING UNITS \_\_\_\_\_  
 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0  
 1 - YES 2 - NO 9 - OTHER/UNKNOWN  
 AUTONOMOUS MODE LEVEL: 0  
 1 - NO AUTOMATION  
 2 - DRIVER ASSISTANCE  
 3 - PARTIAL AUTOMATION  
 4 - HIGH AUTOMATION  
 5 - FULL AUTOMATION  
 9 - UNKNOWN



SPECIAL FUNCTION 0,1  
 1 - NONE  
 2 - TAXI  
 3 - ELECTRONIC RIDE SHARING  
 4 - SCHOOL TRANSPORT  
 5 - BUS TRANSIT/COMPUTER  
 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 - MOUNTAIN  
 18 - SNOW REMOVAL  
 19 - TOWING  
 20 - SAFETY SERVICE PATROL  
 21 - MAIL CARRIER  
 22 - OTHER/UNKNOWN  
 CARGO BODY TYPE 0,1  
 1 - NO CARGO BODY TYPE (NOT APPLICABLE)  
 2 - BUS  
 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  
 4 - LOGGING  
 5 - INTERNAL CONTAINER CHASSIS  
 6 - CARGO VAN/ENCLOSED BOX  
 7 - GRANT/CHIPS/GRAVEL  
 8 - POLE  
 9 - CARGO TANK  
 10 - FLAT BED  
 11 - DUMP  
 12 - CONCRETE MIXER  
 13 - AUTO TRANSPORTER  
 14 - GARBAGE REFUSE  
 15 - OTHER/UNKNOWN  
 VEHICLE DEFECTS: 0,1  
 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  
 11 - OTHER/UNKNOWN

NON-MOTORIST LOCATION AT IMPACT \_\_\_\_\_  
 ACTION 4  
 1 - NON-CONTACT  
 2 - NON-COLLISION  
 3 - STRIKING  
 4 - STRUCK  
 5 - BOTH STRIKING & STRUCK  
 6 - OTHER/UNKNOWN  
 PRE-CRASH ACTION 1,0  
 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  
 22 - OTHER/UNKNOWN

**INITIAL POINT OF CONTACT**  
0,1  
 0 - NO DAMAGE  
 1-12 - REFER TO UNIT DIAGRAM  
 13 - TOP  
 14 - UNDERCARRIAGE  
 15 - VEHICLE NOT AT SCENE  
 16 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 0,1  
 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/ACCA  
 9 - IMPROPER LANE CHANGING  
 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/SPLING  
 20 - IMPROPER CROSSING  
 21 - LYING IN ROADWAY  
 22 - NOT DISCERNABLE  
 23 - OPENING DOOR INTO ROADWAY  
 24 - 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**  
1,4,4  
 1 - OVERTURN/ROLLOVER  
 2 - FIRE/EXPLOSION  
 3 - INVERSION  
 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 MOTION BY A MOTOR VEHICLE  
 21 - PARKED MOTOR VEHICLE  
 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 24 - OTHER MOVABLE OBJECT  
**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/UTILITY MAST 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  
 55 - OTHER/UNKNOWN  
 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

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

**UNIT / NON-MOTORIST DIRECTION**  
 FROM 2 TO 1  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 5 - NORTHEAST  
 6 - NORTHWEST  
 7 - SOUTHEAST  
 8 - SOUTHWEST

UNIT SPEED 0  
 POSTED SPEED 0  
**DETECTED SPEED**  
1  
 1 - STATED/ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 4 0 8 2 5

<b>M</b>	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE unknown unknown	DATE OF BIRTH	AGE	GENDER U
<b>O</b>	ADDRESS: STREET, CITY, STATE, ZIP OH		CONTACT PHONE - INCLUDE AREA CODE		
<b>R</b>	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 9 9
<b>I</b>	OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
<b>S</b>	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
<b>T</b>			ALCOHOL TEST		DRUG TEST(S)
<b>E</b>			STATUS	TYPE	VALUE
<b>N</b>			STATUS	TYPE	RESULT SELECT UP TO 4
<b>M</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
<b>O</b>	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
<b>R</b>	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
<b>I</b>	OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
<b>S</b>	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
<b>T</b>			ALCOHOL TEST		DRUG TEST(S)
<b>E</b>			STATUS	TYPE	VALUE
<b>N</b>			STATUS	TYPE	RESULT SELECT UP TO 4
<b>M</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
<b>O</b>	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
<b>R</b>	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
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<b>T</b>			ALCOHOL TEST		DRUG TEST(S)
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<b>N</b>			STATUS	TYPE	RESULT SELECT UP TO 4
<b>M</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
<b>O</b>	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
<b>R</b>	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
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<b>T</b>			ALCOHOL TEST		DRUG TEST(S)
<b>E</b>			STATUS	TYPE	VALUE
<b>N</b>			STATUS	TYPE	RESULT SELECT UP TO 4