
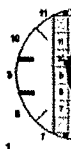











TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION 1B		LOCAL REPORT NUMBER * 2 0 0 1 1 1 3 8											
		REPORTING AGENCY NAME * MANSFIELD POLICE		NCIC * 0 7 0 0 1		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 0 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN					
COUNTY * 17 10		LOCALITY * 1. CITY 2. VILLAGE 3. TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP * MANSFIELD				CRASH DATE/TIME * 0 5 1 2 2 0 2 0 2 3 4 3				CRASH SEVERITY 1 - FATAL 2 - SUSPECTED 3 - MINOR INJURY 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE LOCATION ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3		LOCATION ROAD NAME COOK		ROAD TYPE RD		LATITUDE 4 0 . 7 3 3 2 6 6				INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 3 ROADWAY <input type="checkbox"/> ROADWAY DIVIDED					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY 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		LONGITUDE 7 8 2 . 5 0 8 3 5 4							
DISTANCE FROM REFERENCE 1		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 1				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 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 2				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
<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 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT or MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1st WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA				CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN 2		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN			
LIGHT CONDITIONS 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 3		WEATHER 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 1		NARRATIVE Unit#2 was parked facing W/B on E. Cook Rd near the intersection of St Rt 13. Unit#1 was driving W/B on E. Cook Rd near the intersection of St Rt 13. Upon the approach of Unit#2, Unit#1 swerved, hit a guardrail, and then struck Unit#2 which was unoccupied.											
CRASH REPORTED DATE/TIME 0 5 1 3 2 0 2 0 2 3 4 3		DISPATCH DATE/TIME 0 5 1 3 2 0 2 0 2 3 4 4										ARRIVAL TIME 0 5 1 3 2 0 2 0 2 3 4 7		SCENE CLEARED DATE / TIME 0 5 1 3 2 0 2 0 0 4 2	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME		TOTAL MINUTES 5 8		OFFICER'S NAME* KODY S. LEITZ		CHECKED BY OFFICER'S NAME* K. CARROLL		OFFICER'S BADGE NUMBER* 0 4 2 9		CHECKED BY OFFICER'S BADGE NUMBER* 1 7 2 2			

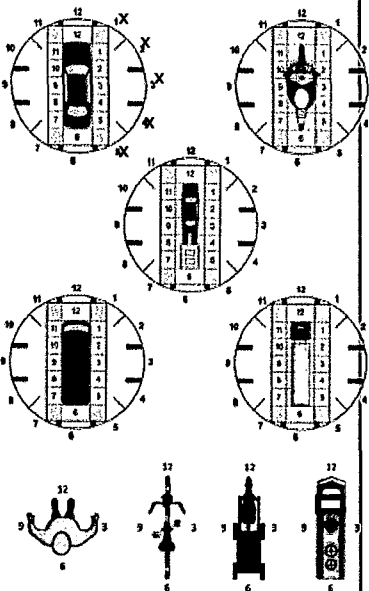
<p align="center">DAMAGE SCALE</p> <p>1 - NONE 3 - FUNCTIONAL DAMAGE</p> <p>2 - MINOR DAMAGE 4 - DISABLING DAMAGE</p> <p>9 - UNKNOWN</p>					
<p>DAMAGED AREA(S)</p> <p align="center">INDICATE ALL THAT APPLY</p> <div style="display: flex; flex-wrap: wrap; justify-content: space-around;">            </div> <p><input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]</p> <p><input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]</p> <p><input type="checkbox"/> - UNIT NOT AT SCENE [16]</p>					
<p align="center">INITIAL POINT OF CONTACT</p> <p>0 - NO DAMAGE 14 - UNDERCARRIAGE</p> <p>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE</p> <p>13 - TOP 99 - UNKNOWN</p> <p>1</p>					
<p align="center">TRAFFIC</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>TRAFFICWAY FLOW</p> <p>1 - ONE WAY</p> <p>2 - TWO WAY</p> <p>2</p> </td> <td style="width: 50%; vertical-align: top;"> <p>TRAFFIC CONTROL</p> <p>1 - ROUNDABOUT 4 - STOP SIGN</p> <p>2 - SIGNAL 5 - YIELD SIGN</p> <p>3 - FLASHER 6 - NO CONTROL</p> <p>6</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p># of THROUGH LANES on ROAD</p> <p>2</p> </td> <td style="vertical-align: top;"> <p>RAIL GRADE CROSSING</p> <p>1 - NOT INVOLVED</p> <p>2 - INVOLVED-ACTIVE CROSSING</p> <p>3 - INVOLVED-PASSIVE CROSSING</p> <p>1</p> </td> </tr> </table>		<p>TRAFFICWAY FLOW</p> <p>1 - ONE WAY</p> <p>2 - TWO WAY</p> <p>2</p>	<p>TRAFFIC CONTROL</p> <p>1 - ROUNDABOUT 4 - STOP SIGN</p> <p>2 - SIGNAL 5 - YIELD SIGN</p> <p>3 - FLASHER 6 - NO CONTROL</p> <p>6</p>	<p># of THROUGH LANES on ROAD</p> <p>2</p>	<p>RAIL GRADE CROSSING</p> <p>1 - NOT INVOLVED</p> <p>2 - INVOLVED-ACTIVE CROSSING</p> <p>3 - INVOLVED-PASSIVE CROSSING</p> <p>1</p>
<p>TRAFFICWAY FLOW</p> <p>1 - ONE WAY</p> <p>2 - TWO WAY</p> <p>2</p>	<p>TRAFFIC CONTROL</p> <p>1 - ROUNDABOUT 4 - STOP SIGN</p> <p>2 - SIGNAL 5 - YIELD SIGN</p> <p>3 - FLASHER 6 - NO CONTROL</p> <p>6</p>				
<p># of THROUGH LANES on ROAD</p> <p>2</p>	<p>RAIL GRADE CROSSING</p> <p>1 - NOT INVOLVED</p> <p>2 - INVOLVED-ACTIVE CROSSING</p> <p>3 - INVOLVED-PASSIVE CROSSING</p> <p>1</p>				
<p align="center">UNIT / NON-MOTORIST DIRECTION</p> <p>1 - NORTH 5 - NORTHEAST</p> <p>2 - SOUTH 6 - NORTHWEST</p> <p>3 - EAST 7 - SOUTHEAST</p> <p>4 - WEST 8 - SOUTHWEST</p> <p>9 - OTHER / UNKNOWN</p> <p>FROM 3 TO 4</p>					
<p>UNIT SPEED</p> <p>35</p>	<p>DETECTED SPEED</p> <p>1 - STATED/ESTIMATED SPEED</p> <p>2 - CALCULATED/EDR</p> <p>3 - UNDETERMINED</p>				
<p>POSTED SPEED</p> <p>35</p>	<p>1</p>				

20011138

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) SIMS, EMILEE M	OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) 5673034783
OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 1185 BRIARWOOD RD MANSFIELD OH 44907		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE - INCLUDE AREA CODE		

LP STATE OH	LICENSE PLATE# HHL5295	VEHICLE IDENTIFICATION # 2GKALSEK7D6353290	VEHICLE YEAR 2013	VEHICLE MAKE GENERAL
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY GIECO	INSURANCE POLICY # 4423995148	COLOR BLACK	VEHICLE MODEL TERRAIN
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HIT / SKIP UNIT <input type="checkbox"/>	# OCCUPANTS 1	VEHICLE WEIGHT GVWR/GCWR 1 - ≤ 10K LBS. 2 - 10,001 - 26K LBS 3 - >26K LBS.
HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID#				
UNIT TYPE 3 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9 - 15 SEATS) # OF TRAILING UNITS 0 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 99 - UNKNOWN OR HIT/SKIP				
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 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 1 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 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN				
VEHICLE DEFECTS 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 99 - OTHER/UNKNOWN				

NON-MOTORIST LOCATION AT IMPACT 1 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 10 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 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/ACOA 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	SEQUENCE OF EVENTS 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 CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDACYCLE 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 MOVEABLE OBJECT			
COLLISION WITH FIXED OBJECT - STRUCK 1 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				

DAMAGE DAMAGE SCALE 3 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY 	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 5	
TRAFFICWAY FLOW 2 1 - ONE WAY 2 - TWO WAY # OF THROUGH LANES on ROAD 2	TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1	
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHWEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0 POSTED SPEED 35	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED 1

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER *

20011138

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER			
	1	FAIN, BENJAMIN PATRICK					03181993		27	M			
	ADDRESS: CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
	221 ORCHARD PARK RD, MANSFIELD, OH 44904					4195641779							
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-C COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5						4			1	1	1	1
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
	OH	TN836907		333.03A 1		X	ASSURED CLEAR DISTANCE		E40MJ4W				
MOTORIST / NON-MOTORIST	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION	SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL/DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)		
	4				5	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS TYPE VALUE STATUS TYPE RESULTS SELECT UP TO 4				
	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER			
	2	SIMS, EMILEE M					04291982		38	F			
MOTORIST / NON-MOTORIST	ADDRESS: CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
	1185 BRIARWOOD RD, MANSFIELD, OH 44907					5673034783							
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-C COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5						4			1	1	1	1
MOTORIST / NON-MOTORIST	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
	OH	RV499618											
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION	SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL/DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)		
	4		03		1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS TYPE VALUE STATUS TYPE RESULTS SELECT UP TO 4				
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER			
	ADDRESS: CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-C COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
MOTORIST / NON-MOTORIST	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION	SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL/DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)		
						<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS TYPE VALUE STATUS TYPE RESULTS SELECT UP TO 4				

OCCUPANT/ WITNESS ADDENDUM

LOCAL REPORT NUMBER
20011138

OCCUPANT	UNIT # [] []	NAME LAST, FIRST, MIDDLE				DATE OF BIRTH [] [] [] [] [] []		AGE [] []	GENDER [] []
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE: INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []			
	INJURIES [] []	INJURED TAKEN BY [] []	EMS Agency (NAME)	INJURED TAKEN TO MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED [] []	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION [] []	AIR BAG USAGE [] []	EJECTION [] []

OCCUPANT	UNIT # [] []	NAME LAST, FIRST, MIDDLE				DATE OF BIRTH [] [] [] [] [] []		AGE [] []	GENDER [] []
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE: INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []			
	INJURIES [] []	INJURED TAKEN BY [] []	EMS Agency (NAME)	INJURED TAKEN TO MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED [] []	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION [] []	AIR BAG USAGE [] []	EJECTION [] []

OCCUPANT	UNIT # [] []	NAME LAST, FIRST, MIDDLE				DATE OF BIRTH [] [] [] [] [] []		AGE [] []	GENDER [] []
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE: INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []			
	INJURIES [] []	INJURED TAKEN BY [] []	EMS Agency (NAME)	INJURED TAKEN TO MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED [] []	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION [] []	AIR BAG USAGE [] []	EJECTION [] []

OCCUPANT	UNIT # [] []	NAME LAST, FIRST, MIDDLE				DATE OF BIRTH [] [] [] [] [] []		AGE [] []	GENDER [] []
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE: INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []			
	INJURIES [] []	INJURED TAKEN BY [] []	EMS Agency (NAME)	INJURED TAKEN TO MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED [] []	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION [] []	AIR BAG USAGE [] []	EJECTION [] []

INJURIES 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	SAFETY EQUIPMENT USED 1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS
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WITNESS	NAME: LAST, FIRST, MIDDLE BROWN, DAVID A	DATE OF BIRTH 09221959		AGE 60	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 71 SCENIC DR MANSFIELD OH 44907		CONTACT PHONE: INCLUDE AREA CODE 5673032214		

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE: INCLUDE AREA CODE		

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE: INCLUDE AREA CODE		



LOCAL REPORT NUMBER 20011138	REPORTING AGENCY MANSFIELD POLICE DEPARTMENT	DATE OF CRASH M 05 D 12 Y 2020
IN COUNTY OF 70	CRASH LOCATION E COOK RD	

