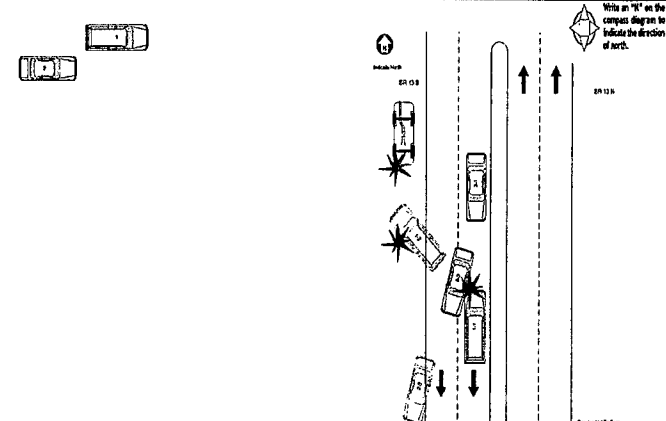


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION						LOCAL REPORT NUMBER *									
<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						2 2 0 1 9 3 9 8									
REPORTING AGENCY NAME * <b>MANSFIELD POLICE</b>						HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS <b>02</b>		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN					
LOCATION: CITY, VILLAGE, TOWNSHIP * <b>MANSFIELD</b>						CRASH DATE/TIME * <b>08/21/2022 0017</b>									
COUNTY * <b>70</b>						CRASH SEVERITY 1 - FATAL 2 - SUSPECTED 3 - MINOR INJURY 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY									
LOCALITY * 1. CITY 2. VILLAGE 3. TOWNSHIP <b>1</b>		ROUTE TYPE <b>S R</b>		ROUTE NUMBER <b>13</b>		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME <b>COOK</b>		ROAD TYPE <b>R/D</b>					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>1</b>		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE JR - 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 LA - LANE LP - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		LATITUDE <b>40.729285</b>		LONGITUDE <b>78.2505619</b>					
INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA						NUMBER OF APPROACHES									
ROADWAY						ROADWAY DIVIDED									
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 <b>1</b>						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 <b>6</b>									
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, DEPRESSION MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN									
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 <b>2</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 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 <b>4</b>						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 <b>4</b>									
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 <b>2</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN									
NARRATIVE * See Attached Narrative *															
															
CRASH REPORTED DATE/TIME <b>08/21/2022 0017</b>				DISPATCH DATE/TIME <b>08/21/2022 0018</b>				ARRIVAL TIME <b>08/21/2022 0020</b>				SCENE CLEARED DATE / TIME <b>08/21/2022 0126</b>			
TOTAL TIME ROADWAY CLOSED <b>66</b>				OTHER INVESTIGATION TIME <b>20</b>				TOTAL MINUTES <b>88</b>				OFFICER'S NAME * <b>WEBB, T.</b>			
OFFICER'S BADGE NUMBER * <b>1434</b>				CHECKED BY OFFICER'S NAME * <b>RHINEHART, D.</b>				CHECKED BY OFFICER'S BADGE NUMBER * <b>1041</b>				REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OFFDS)															

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

22019398

UNIT # <b>2</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )	OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER )
OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		
COMMERCIAL CARRIER PHONE - INCLUDE AREA CODE		

LP STATE <b>OH</b>	LICENSE PLATE# <b>N429622</b>	VEHICLE IDENTIFICATION # <b>KNAFK4A60G5616192</b>	VEHICLE YEAR <b>2016</b>	VEHICLE MAKE <b>KIA</b>
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR <b>GRAY</b>	VEHICLE MODEL <b>FORTE</b>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT / SKIP UNIT		# OCCUPANTS <b>4</b>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID# <input type="checkbox"/> PLACARD	
UNIT TYPE <b>1</b>		VEHICLE WEIGHT GVWR/GCWR 1 - ≤ 10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.		
# of TRAILING UNITS <b>0</b>		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 99 - UNKNOWN OR HIT/SKIP		
MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN		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 <b>1</b>		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 <b>1</b>		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 - 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 <b>1</b>	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 <b>4</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 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 <b>1</b>	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE STOP 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			
SEQUENCE OF EVENTS	EVENTS			
1	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				
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	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 <b>1</b>	MOST HARMFUL EVENT <b>1</b>			

DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN <b>4</b>	
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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN <b>9</b>	
TRAFFICWAY FLOW <b>1</b>	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL <b>6</b>
# of THROUGH LANES on ROAD <b>4</b>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <b>1</b>
UNIT / NON-MOTORIST DIRECTION FROM <b>1</b> TO <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <b>50</b>	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED <b>1</b>
POSTED SPEED <b>55</b>	

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER \*

22019398

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER																																							
	1	WILLIAMSON, VICTORIA LAUREN					05251993		29	F																																							
	ADDRESS: CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE																																										
	87 LEPPON LN, MANSFIELD, OH 44907						5672740095																																										
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																																			
	4	1	MANSFIELD				99		<input type="checkbox"/>		1	3	1	3																																			
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER																																								
	OH	TQ193762		331.30A		X	ONE WAY STREET, WRONG WAY		19800																																								
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				9	<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		2	STATUS TYPE VALUE STATUS TYPE RESULTS SELECT UP TO 4																																								
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER																																							
	2	COBB, ANTORIAN					01021991		31	M																																							
	ADDRESS: CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE																																										
	3158 ALGONQUIN PKWY - 5, TOLDEO, OH						41943606																																										
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																																			
	4	1	MANSFIELD				4		<input type="checkbox"/>		1	1	1																																				
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER																																								
	OH	TJ287138																																															
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				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		3	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																																			
									<input type="checkbox"/>																																								
	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																																								
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CLASS B BUS 7: EXCEPT TRACTOR-TRAILER 8: INTERMEDIATE LICENSE - RESTRICTIONS 9: LEARNER'S PERMIT - RESTRICTIONS 10: LIMITED TO DAYLIGHT ONLY 11: LIMITED TO EMPLOYMENT 12: LIMITED - OTHER 13: MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14: MILITARY VEHICLES ONLY 15: MOTOR VEHICLES WITHOUT AIR BRAKES 16: OUTSIDE MIRROR 17: PROSTHETIC AID 18: OTHER</td> <td>1: NOT DISTRACTED 2: MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3: TALKING ON HANDS-FREE COMMUNICATION DEVICE 4: TALKING ON HAND-HELD COMMUNICATION DEVICE 5: OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6: PASSENGER 7: OTHER DISTRACTION INSIDE THE VEHICLE 8: OTHER DISTRACTION OUTSIDE THE VEHICLE 9: OTHER / UNKNOWN</td> <td>1: NONE GIVEN 2: TEST REUSED 3: TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4: TEST GIVEN, RESULTS KNOWN 5: TEST GIVEN, RESULTS UNKNOWN</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th>INJURED TAKEN BY</th> <th>EJECTION</th> <th>OL ENDORSEMENT</th> <th>TRAPPED</th> <th>CONDITION</th> <th>DRUG TEST TYPE</th> <th>DRUG TEST RESULT(S)</th> </tr> </thead> <tbody> <tr> <td>1: NOT TRANSPORTED / TREATED AT SCENE 2: EMS 3: POLICE 9: OTHER / UNKNOWN</td> <td>1: NOT EJECTED 2: PARTIALLY EJECTED 3: TOTALLY EJECTED 4: NOT APPLICABLE</td> <td>H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE &amp; 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# OCCUPANT/ WITNESS ADDENDUM

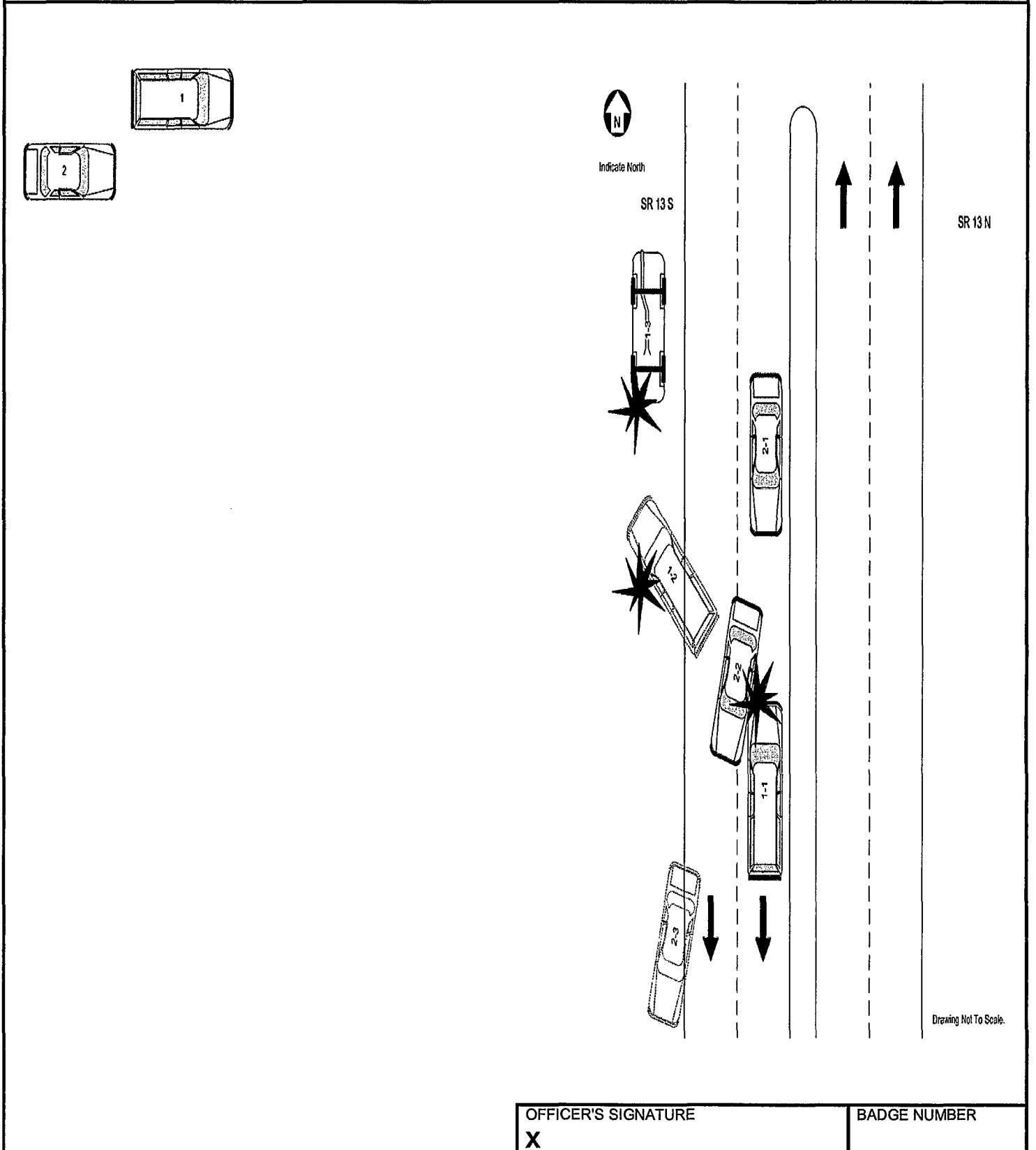
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2	SNELL, OCTTO CLAY	0 5 1 5 1 9 9 4	2 8	M																													
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1630 OTTAWA DR TOLEDO OH 43606		5 6 7 8 6 8 1 0 3 7																															
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IN COUNTY OF <b>70</b>	CRASH LOCATION <b>SR 13</b>	





LOCAL REPORT NUMBER <b>22019398</b>	REPORTING AGENCY <b>MANSFIELD POLICE DEPARTMENT</b>	DATE OF CRASH M <b>08</b>   D <b>21</b>   Y <b>2022</b>
IN COUNTY OF <b>70</b>	CRASH LOCATION <b>SR 13</b>	
<p>Unit #2 was traveling N/B on State Route 13 South, when Unit #1 approached Unit #2 traveling S/B on State Route 13 South the wrong way on a one-way roadway. Unit #2 took evasive action by swerving into the W/B lane (right hand lane), but was struck on the driver's side near the B Pillar. Unit #1 and Unit #2 then separated and Unit #2 came to a final rest on the Westside of the roadway. Unit #1 ran off the right side on the roadway into a ditch, overturned and came to a final rest. Film Pack #11952, Frames #25-48.</p>		
OFFICER'S SIGNATURE <b>X</b>		BADGE NUMBER