

TRAFFIC CRASH REPORT

Document #: 20225151876

<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION P22081300001950		Local Report #: 21-1026-21	
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME* DELAWARE OSHP		NCIC* OHP21	
<input type="checkbox"/> PRIVATE PROPERTY						HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 2
						UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN	
COUNTY* 21	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3	LOCATION: CITY, VILLAGE, TOWNSHIP* Troy (Township of)		ODPS FIPS 77560		CRASH DATE / TIME* 8/13/2022 4:59:00 PM	
CRASH SEVERITY 5-PROPERTY DAMAGE ONLY							
ROUTE TYPE US		ROUTE NUMBER 23		PREFIX N - NORTH S - SOUTH E - EAST W - WEST		LOCATION ROAD NAME	
ROUTE TYPE		ROUTE NUMBER		PREFIX N - NORTH S - SOUTH E - EAST W - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE#) 15	
ROAD TYPE MP							
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER 2		DIRECTION FROM REFERENCE N N - NORTH S - SOUTH E - EAST W - 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 PI - PIKE PK - PARKWAY PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	
DISTANCE FROM REFERENCE 0.200		DISTANCE UNIT OF MEASURE 1 1 - MILES 2 - FEET 3 - YARDS				ODOT GOOGLE MAP LINK https://www.google.com/maps?q=40.346543,-83.074025	
						INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	
						ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT 1 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 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOOL BOOTH 99 - OTHER / UNKNOWN		MANNER OF CRASH COLLISION/IMPACT 7 1 - NOT COLLISION BETWEEN TWO 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		DIRECTION OF TRAVEL N - NORTH S - SOUTH E - EAST W - WEST		MEDIAN TYPE 1 1 - DIVIDED FLUSH MEDIAN (LESS THAN 4 FEET) 2 - DIVIDED FLUSH MEDIAN (4 FEET AND GREATER) 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 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 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN		WEATHER 1 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		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN	
NARRATIVE UNIT 1 AND UNIT 2 WERE SOUTHBOUND ON US 23. UNIT 1 WAS IN THE LEFT LANE AND UNIT 2 WAS IN THE RIGHT LANE. UNIT 1 MADE AN IMPROPER LANE CHANGE AND SIDE SWIPED UNIT 2 GOING IN THE SAME DIRECTION. AFTER THE CRASH, UNIT 1 CONTINUED SOUTHBOUND ON US 23.							
CRASH REPORTED DATE / TIME 8/13/2022 4:59:00 PM		DISPATCH DATE / TIME 8/13/2022 4:59:00 PM		ARRIVAL DATE / TIME 8/13/2022 5:34:00 PM		SCENE CLEARED DATE / TIME 8/13/2022 6:00:00 PM	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 20		TOTAL MINUTES 81		OFFICER'S NAME* King, James	
						CHECKED BY OFFICER'S NAME* Santiago, Nancy	
						OFFICER'S BADGE NUMBER* 0692	
						CHECKED BY OFFICER'S BADGE NUMBER* 0581	
						REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS	

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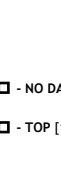

OWNER INFORMATION	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (1) SAME AS DRIVER		OWNER PHONE: INCLUDE AREACODE (1) SAME AS DRIVER	
	1				
VEHICLE INFORMATION	OWNER ADDRESS: STREET, CITY, STATE, ZIP (1) SAME AS DRIVER				
VEHICLE IDENTIFICATION	COMMERCIAL CARRIER: STREET, CITY, STATE, ZIP (1) SAME AS DRIVER		COMMERCIAL CARRIER PHONE: INCLUDE AREACODE		
VEHICLE MAKE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
			1N4AL3APOGC281577	2016	NISSAN
VEHICLE MODEL	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
				SIL	ALTIMA
VEHICLE TYPE	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE				
VEHICLE WEIGHT	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED		#OCCUPANTS	HAZARDOUS MATERIAL	
	<input checked="" type="checkbox"/> HIT/SKIP UNIT		4	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #	
VEHICLE TYPE	1 - PASSENGER CAR		7 - MOTORCYCLE 2 WHEELED	12 - GOLF CART	
	2 - PASSENGER VAN (MINIVAN)		8 - MOTORCYCLE 3 WHEELED	13 - SNOWMOBILE	
VEHICLE TYPE	3 - SPORT UTILITY VEHICLE		9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	
	4 - PICK UP		10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	
VEHICLE TYPE	5 - CARGO VAN		11 - ALL TERRAIN VEHICLE(ATV/UTV)	16 - FARM EQUIPMENT	
	6 - VAN (9-15 SEATS)			17 - MOTORHOME	
# OF TRAILING UNITS	1		23 - PEDESTRIAN/SKATER		
			24 - WHEELCHAIR (ANY TYPE)		
VEHICLE TYPE	2		25 - OTHER NON-MOTORIST		
			26 - BICYCLE		
VEHICLE TYPE	3		27 - TRAIN		
			99 - UNKNOWN OR HIT/SKIP		
VEHICLE TYPE	4		0 - NO AUTOMATION		
			1 - DRIVER ASSISTANCE		
VEHICLE TYPE	5		3 - CONDITIONAL AUTOMATION		
			4 - HIGH AUTOMATION		
VEHICLE TYPE	6		5 - FULL AUTOMATION		
VEHICLE TYPE	7		16 - FARM		
			17 - MOWING		
VEHICLE TYPE	8		21 - MAIL CARRIER		
			99 - OTHER/UNKNOWN		
VEHICLE TYPE	9		1 - NONE		
			2 - TAXI		
VEHICLE TYPE	10		6 - BUS - CHARTER/TOUR		
			7 - BUS - INTERCITY		
VEHICLE TYPE	11		8 - BUS - SHUTTLE		
			9 - BUS - OTHER		
VEHICLE TYPE	12		10 - AMBULANCE		
			11 - FIRE		
VEHICLE TYPE	13		12 - MILITARY		
			13 - POLICE		
VEHICLE TYPE	14		14 - PUBLIC UTILITY		
			15 - CONSTRUCTION EQUIPMENT		
VEHICLE TYPE	15		1 - NO CARGO BODY TYPE/ NOT APPLICABLE		
			2 - BUS		
VEHICLE TYPE	16		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		
			4 - LOGGING		
VEHICLE TYPE	17		5 - INTERMODAL CONTAINER CHASSIS		
			6 - CARGO VAN/ENCLOSED BOX		
VEHICLE TYPE	18		8 - POLE		
			9 - CARGO TANK		
VEHICLE TYPE	19		10 - FLAT BED		
			11 - DUMP		
VEHICLE TYPE	20		12 - CONCRETE MIXER		
			13 - AUTO TRANSPORTER		
VEHICLE TYPE	21		14 - GARBAGE/REFUSE		
			99 - OTHER/UNKNOWN		
VEHICLE TYPE	22		1 - TURN SIGNALS		
			2 - HEAD LAMPS		
VEHICLE TYPE	23		4 - BRAKES		
			5 - STEERING		
VEHICLE TYPE	24		7 - WORN OR SLICK TIRES		
			8 - TRAILER EQUIPMENT DEFECTIVE		
VEHICLE TYPE	25		9 - MOTOR TROUBLE		
			10 - DISABLED FROM PRIOR ACCIDENT		
VEHICLE TYPE	26		99 - OTHER/UNKNOWN		
VEHICLE TYPE	27		1 - INTERSECTION - MARKED CROSSWALK		
			2 - INTERSECTION - UNMARKED CROSSWALK		
VEHICLE TYPE	28		3 - INTERSECTION - OTHER		
			4 - MIDBLOCK - MARKED CROSSWALK		
VEHICLE TYPE	29		6 - BICYCLE LANE		
			7 - SHOULDER/ROADSIDE		
VEHICLE TYPE	30		8 - SIDEWALK		
			9 - MEDIAN/CROSSING ISLAND		
VEHICLE TYPE	31		10 - DRIVEWAY ACCESS		
			11 - SHARED USE PATHS OR TRAILS		
VEHICLE TYPE	32		12 - FIRST RESPONDER AT INCIDENT SCENE		
			99 - OTHER/UNKNOWN		
VEHICLE TYPE	33		1 - NON-CONTACT		
			2 - NON-COLLISION		
VEHICLE TYPE	34		3 - STRIKING		
			4 - STRUCK		
VEHICLE TYPE	35		5 - BOTH STRIKING AND STRUCK		
			9 - OTHER/UNKNOWN		
VEHICLE TYPE	36		1 - STRAIGHT AHEAD		
			2 - BACKING		
VEHICLE TYPE	37		3 - CHANGING LANES		
			4 - OVERTAKING/PASSING		
VEHICLE TYPE	38		5 - MAKING RIGHT TURN		
			6 - MAKING LEFT TURN		
VEHICLE TYPE	39		7 - MAKING U-TURN		
			8 - ENTERING TRAFFIC LANE		
VEHICLE TYPE	40		9 - LEAVING TRAFFIC LANE		
			10 - PARKED		
VEHICLE TYPE	41		11 - SLOWING OR STOPPED IN TRAFFIC		
			12 - DRIVERLESS		
VEHICLE TYPE	42		13 - NEGOTIATING A CURVE		
			14 - ENTERING OR CROSSING SPECIFIED LOCATION		
VEHICLE TYPE	43		15 - WALKING, RUNNING, JOGGING, PLAYING		
			16 - WORKING		
VEHICLE TYPE	44		17 - PUSHING VEHICLE		
			18 - APPROACHING OR LEAVING VEHICLE		
VEHICLE TYPE	45		19 - STANDING		
			20 - OTHER NON-MOTORIST		
VEHICLE TYPE	46		21 - STANDING OUTSIDE DISABLED VEHICLE		
			99 - OTHER/UNKNOWN		
VEHICLE TYPE	47		1 - LYING IN ROADWAY		
			2 - NOT DISCERNIBLE		
VEHICLE TYPE	48		23 - OPENING DOOR INTO ROADWAY		
			99 - OTHER IMPROPER ACTION		
VEHICLE TYPE	49		1 - NONE		
			2 - FAILURE TO YIELD		
VEHICLE TYPE	50		3 - RAN RED LIGHT		
			4 - RAN STOP SIGN		
VEHICLE TYPE	51		5 - UNSAFE SPEED		
			6 - IMPROPER TURN		
VEHICLE TYPE	52		7 - LEFT OF CENTER		
			8 - FOLLOWING TOO CLOSE / ACDA		
VEHICLE TYPE	53		9 - IMPROPER LANE CHANGE		
			10 - IMPROPER PASSING		
VEHICLE TYPE	54		11 - DROVE OFF ROAD		
			12 - IMPROPER BACKING		
VEHICLE TYPE	55		13 - IMPROPER START FROM A PARKED POSITION		
			14 - STOPPED OR PARKED ILLEGALLY		
VEHICLE TYPE	56		15 - SWERVING TO AVOID		
			16 - WRONG WAY		
VEHICLE TYPE	57		17 - VISION OBSTRUCTION		
			18 - OPERATING DEFECTIVE EQUIPMENT		
VEHICLE TYPE	58		19 - LOAD SHIFTING/ FALLING/SPILLING		
			20 - IMPROPER CROSSING		
VEHICLE TYPE	59		21 - RAILWAY VEHICLE (E.G. TRAIN, ENGINE)		
			17 - ANIMAL - FARM		
VEHICLE TYPE	60		18 - ANIMAL - DEER		
			19 - ANIMAL - OTHER		
VEHICLE TYPE	61		20 - MOTOR VEHICLE IN TRANSPORT		
			21 - PARKED MOTOR VEHICLE		
VEHICLE TYPE	62		22 - WORK ZONE MAINTENANCE EQUIPMENT		
			23 - STRUCK BY FALLING, SHIFTING CAR, OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE		
VEHICLE TYPE	63		24 - OTHER MOVABLE OBJECT COLLISION WITH FIXED OBJECT STRUCK		
VEHICLE TYPE	64		25 - IMPACT ATTENUATOR/ CRASH CUSHION		
			26 - BRIDGE OVERHEAD STRUCTURE		
VEHICLE TYPE	65		31 - GUARDRAIL END		
			32 - PORTABLE BARRIER		
VEHICLE TYPE	66		33 - MEDIAN CABLE BARRIER		
			34 - MEDIAN GUARDRAIL BARRIER		
VEHICLE TYPE	67		35 - MEDIAN CONCRETE BARRIER		
			36 - MEDIAN OTHER BARRIER		
VEHICLE TYPE	68		37 - TRAFFIC SIGN POST		
			38 - OVERHEAD SIGN POST		
VEHICLE TYPE	69		39 - LIGHT/LUMINARIES SUPPORT		
			40 - UTILITY POLE		
VEHICLE TYPE	70		41 - OTHER POST, POLE OR SUPPORT		
			42 - CULVERT		
VEHICLE TYPE	71		43 - CURB		
			44 - DITCH		
VEHICLE TYPE	72		45 - EMBANKMENT		
			46 - FENCE		
VEHICLE TYPE	73		47 - MAILBOX		
			48 - TREE		
VEHICLE TYPE	74		49 - FIRE HYDRANT		
			50 - WORK ZONE MAINTENANCE EQUIPMENT		
VEHICLE TYPE	75		51 - WALL		
			52 - BUILDING		
VEHICLE TYPE	76		53 - TUNNEL		
			54 - OTHER FIXED OBJECT		
VEHICLE TYPE	77		99 - OTHER/UNKNOWN		
VEHICLE TYPE	78		1 - FIRST HARMFUL EVENT		
			1		
VEHICLE TYPE	79		2 - MOST HARMFUL EVENT		
			1		

DAMAGE	
DAMAGE SCALE	
2	1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREAS INDICATE ALL THAT APPLY	
1,2,3,4	
<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	
3	0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP
TRAFFIC	
2	6
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1
UNIT / NON-MOTORIST DIRECTION	
FROM 1	TO 2
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN	
UNIT SPEED	DETECTED SPEED
POSTED SPEED	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
55	



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Local Report #: 21-1026-21

DAMAGE SCALE	
<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto; font-size: 24px; font-weight: bold;">2</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>1 - NONE 2 - MINOR DAMAGE</div> <div>3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE</div> </div> <div style="text-align: center; margin-top: 10px;">9 - UNKNOWN</div>	<div style="text-align: center; margin-bottom: 10px;"> DAMAGED AREAS INDICATE ALL THAT APPLY </div> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 24px; font-weight: bold; margin: 0 auto;">8,9,10</div> <div style="display: grid; grid-template-columns: 1fr 1fr; gap: 10px; margin-top: 10px;">         </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div> <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - TOP [13] </div> <div> <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - ALL AREAS [15] </div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [16] </div>
<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">INITIAL POINT OF CONTACT</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold; margin: 0 auto;">9</div> <div style="margin-top: 5px;"> 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP </div> </div> <div style="width: 45%;"> <div style="margin-top: 5px;"> 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN </div> </div> </div>	
TRAFFIC	
<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">TRAFFICWAY FLOW</div> <div style="margin-top: 5px;"> 1 - ONE-WAY 2 - TWO-WAY </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold; margin: 10px auto;">2</div>	<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">TRAFFIC CONTROL</div> <div style="margin-top: 5px;"> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold; margin: 10px auto;">6</div>
<div style="text-align: center; font-weight: bold; margin-bottom: 5px;"># OF THROUGH LANES ON ROAD</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold; margin: 10px auto;">4</div>	<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">RAIL GRADE CROSSING</div> <div style="margin-top: 5px;"> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold; margin: 10px auto;">1</div>
<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">UNIT / NON-MOTORIST DIRECTION</div> <div style="display: flex; align-items: center; justify-content: space-between;"> <div>FROM</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold;">1</div> <div>TO</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold;">2</div> </div> <div style="margin-top: 5px;"> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN </div>	
<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">UNIT SPEED</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold; margin: 10px auto;">55</div>	<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">DETECTED SPEED</div> <div style="margin-top: 5px;"> 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold; margin: 10px auto;">1</div>
<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">POSTED SPEED</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold; margin: 10px auto;">55</div>	

Motorist/Non-Motorist	UNIT # 1	PERSON TYPE D	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE 32	GENDER F																																																									
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																													
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME) <input type="checkbox"/>	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <input type="checkbox"/>	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSTION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																									
	OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.33A1	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION RULES FOR DRIVING IN MARKED LANES - LANE STRADDLING			CITATION NUMBER OHP210692081720221519																																																										
Motorist/Non-Motorist	OL CLASS 4	ENDORSEMENTS SELECT UP TO 2 <input type="checkbox"/> <input type="checkbox"/>	RESTRICTION: SELECT UP TO 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS: 1 TYPE: 1 VALUE: STATUS: 1 TYPE: 1 RESULT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			DRUG TEST(S) STATUS: 1 TYPE: 1 RESULT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
	UNIT # 2	PERSON TYPE D	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE 72	GENDER M																																																									
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																													
	INJURIES 5	INJURED TAKEN BY 2	EMS AGENCY (NAME) <input type="checkbox"/>	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <input type="checkbox"/>	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSTION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																									
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED <input type="checkbox"/>	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION <input type="checkbox"/>			CITATION NUMBER <input type="checkbox"/>																																																											
OL CLASS 4	ENDORSEMENTS SELECT UP TO 2 <input type="checkbox"/> <input type="checkbox"/>	RESTRICTION: SELECT UP TO 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS: 1 TYPE: 1 VALUE: STATUS: 1 TYPE: 1 RESULT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			DRUG TEST(S) STATUS: 1 TYPE: 1 RESULT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																									
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OCCUPANT/WITNESS ADDENDUM

Document #: 20225151876

Local Report #: 21-1026-21

OCCUPANT	UNIT # 1	PERSON TYPE 0	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE 33	GENDER M																																																							
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																										
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