


# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|   |  |   |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|--|--|--|--|---|--|--|--|--|--|---|--|---|--|---|--|---|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY  |  | LOCAL INFORMATION<br>OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/><br>OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> |  | REPORTING AGENCY NAME*<br>City of Oxford Police Department  |  | NCIC*<br>00907  |  | LOCAL REPORT NUMBER*<br>24-OPD-0494  |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   |  | NUMBER OF UNITS<br>02   |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN   |  |  |  |   |  |   |  |   |  |   |  |
| COUNTY*<br>09   |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Oxford  |  | CRASH DATE / TIME*<br>05/28/2024 22:20  |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5                    |  | REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3   |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>4   |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES                                   |  |   |  |   |  |   |  |
| ROUTE TYPE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>1   |  | LOCATION ROAD NAME<br>College Corner  |  | ROAD TYPE<br>P 1  |  | LATITUDE DECIMAL DEGREES<br>39.0514564  |  | LONGITUDE DECIMAL DEGREES<br>-84.753001  |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |  | LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>01 |  | MANNER OF CRASH COLLISION / IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>6 |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>1   |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>4 FEET)<br>3 - DIVIDED DEPRESSED MEDIAN (ANY TYPE)<br>4 - DIVIDED RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |  |   |  |   |  |   |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER  |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |  | CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN<br>1 |  | CONDITIONS<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN<br>2 |  | SURFACE<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK / BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN<br>2 |  | LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN / DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>3   |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br>04                                      |  | NARRATIVE<br>Unit #1 was traveling northbound on College Corner Pike when they attempted to make a left-hand turn, failing to yield to unit #2 (traveling southbound on College Corner Pike). Unit #2 then struck unit #1.   |  |  Indicate the north direction with an "N" on the compass diagram.  |  |   |  |   |  |   |  |
| CRASH REPORTED DATE / TIME<br>05/28/2024 22:20  |  | DISPATCH DATE / TIME<br>05/28/2024 22:20  |  | ARRIVAL DATE / TIME<br>05/28/2024 22:37   |  | SCENE CLEARED DATE / TIME<br>05/28/2024 23:09   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |  | TOTAL TIME ROADWAY CLOSED<br>000   |  | OTHER INVESTIGATION TIME<br>000   |  | TOTAL MINUTES<br>049   |  | OFFICER'S NAME*<br>Jeremiah South  |  | CHECKED BY OFFICER'S NAME*<br>Sgt M. Hatfield   |  | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO THE OHIO DEPARTMENT OF PUBLIC SAFETY) |  |   |  |   |  |
| OFFICER'S BADGE NUMBER*<br>44   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>35  |  | CRASH REPORTED DATE / TIME<br>05/28/2024 22:20  |  | DISPATCH DATE / TIME<br>05/28/2024 22:20  |  | ARRIVAL DATE / TIME<br>05/28/2024 22:37  |  | SCENE CLEARED DATE / TIME<br>05/28/2024 23:09  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST   |  | TOTAL TIME ROADWAY CLOSED<br>000   |  | OTHER INVESTIGATION TIME<br>000  |  | TOTAL MINUTES<br>049  |  | OFFICER'S NAME*<br>Jeremiah South   |  | CHECKED BY OFFICER'S NAME*<br>Sgt M. Hatfield |  | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO THE OHIO DEPARTMENT OF PUBLIC SAFETY) |  |

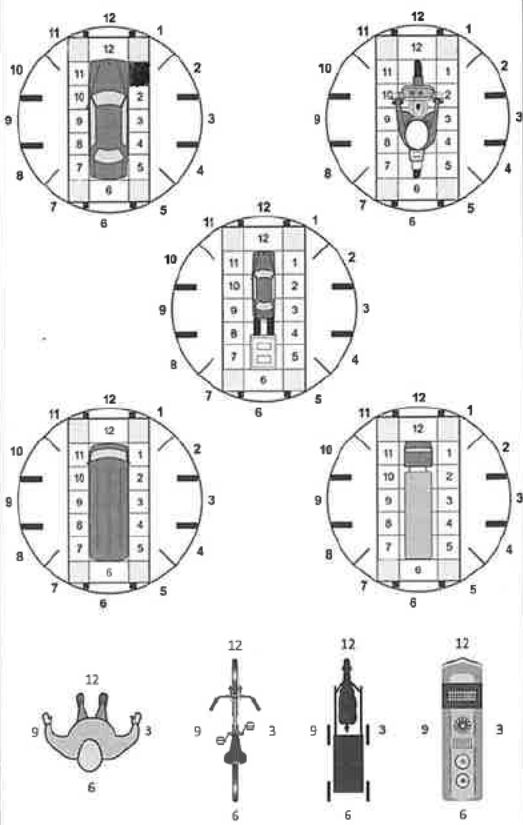
24-OPD-0494

**OWNER**  
 UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
Kohlman, Josette, L  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
1372 Dana Dr. Oxford, OH. 45056  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

**VEHICLE**  
 LP STATE OH LICENSE PLATE # JE A9126 VEHICLE IDENTIFICATION # 2A4G6P54L06R796429 VEHICLE YEAR 2006 VEHICLE MAKE Chrysler  
 INSURANCE VERIFIED INSURANCE COMPANY Auto Owners Insurance INSURANCE POLICY # 51-781553-00 COLOR Dark Green VEHICLE MODEL Town & Country  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS \_\_\_\_\_ VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS.  2 - 10,001 - 26K LBS.  3 - >26K LBS. HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY



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

- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]  
 - TOP [ 13 ]  - ALL AREAS [ 15 ]  
 - UNIT NOT AT SCENE [ 16 ]

**SPECIAL FUNCTION**  
 1 - NONE  6 - BUS - CHARTER/TOUR  11 - FIRE  16 - FARM  21 - MAIL CARRIER  
 2 - TAXI  7 - BUS - INTERCITY  12 - MILITARY  17 - MOWING  19 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING  8 - BUS - SHUTTLE  13 - POLICE  18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT  9 - BUS - OTHER  14 - PUBLIC UTILITY  19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER  10 - AMBULANCE  15 - CONSTRUCTION EQUIPMENT  20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE**  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE  3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  5 - INTERMODAL CONTAINER CHASSIS  8 - POLE  12 - CONCRETE MIXER  
 2 - BUS  4 - LOGGING  6 - CARGO VAN/ENCLOSED BOX  9 - CARGO TANK  13 - AUTO TRANSPORTER  
 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  7 - GRAIN/CHIPS/GRAVEL  10 - FLAT BED  14 - GARBAGE/REFUSE  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE  11 - DUMP  99 - OTHER / UNKNOWN

**VEHICLE DEFECTS**  
 1 - TURN SIGNALS  4 - BRAKES  7 - WORN OR SLICK TIRES  9 - MOTOR TROUBLE  99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS  5 - STEERING  8 - TRAILER EQUIPMENT DEFECTIVE  10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS  6 - TIRE BLOWOUT

**NON-MOTORIST LOCATION AT IMPACT**  
 1 - INTERSECTION - MARKED CROSSWALK  3 - INTERSECTION - OTHER  6 - BICYCLE LANE  9 - MEDIAN/CROSSING ISLAND  12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK  4 - MIDBLOCK - MARKED CROSSWALK  7 - SHOULDER / ROADSIDE  10 - DRIVEWAY ACCESS  14 - GARBAGE/REFUSE  
 3 - INTERSECTION - OTHER  5 - TRAVEL LANE - OTHER LOCATION  8 - SIDEWALK  11 - SHARED USE PATHS OR TRAILS  19 - OTHER / UNKNOWN

**ACTION**  
 1 - NON-CONTACT  1 - STRAIGHT AHEAD  7 - MAKING U-TURN  13 - NEGOTIATING A CURVE  18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION  2 - BACKING  8 - ENTERING TRAFFIC LANE  14 - ENTERING OR CROSSING SPECIFIED LOCATION  19 - STANDING  
 3 - STRIKING  3 - CHANGING LANES  9 - LEAVING TRAFFIC LANE  15 - WALKING, RUNNING, JOGGING, PLAYING  20 - OTHER NON-MOTORIST  
 4 - STRUCK  4 - OVERTAKING/PASSING  10 - PARKED  16 - WORKING  21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK  5 - MAKING RIGHT TURN  11 - SLOWING OR STOPPED IN TRAFFIC  17 - PUSHING VEHICLE  99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN  6 - MAKING LEFT TURN  12 - DRIVERLESS

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

**CONTRIBUTING CIRCUMSTANCES**  
 1 - NONE  7 - LEFT OF CENTER  13 - IMPROPER START FROM A PARKED POSITION  17 - VISION OBSTRUCTION  21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD  8 - FOLLOWING TOO CLOSE / ACDA  14 - STOPPED OR PARKED ILLEGALLY  18 - OPERATING DEFECTIVE EQUIPMENT  22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT  9 - IMPROPER LANE CHANGE  15 - SWERVING TO AVOID  19 - LOAD SHIFTING/FALLING/SPILLING  23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN  10 - IMPROPER PASSING  11 - DROVE OFF ROAD  20 - IMPROPER CROSSING  99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED  11 - DROVE OFF ROAD  12 - IMPROPER BACKING

**TRAFFIC**  
**TRAFFICWAY FLOW**  
 1 - ONE-WAY  2 - TWO-WAY  
**TRAFFIC CONTROL**  
 1 - ROUNDABOUT  4 - STOP SIGN  
 2 - SIGNAL  5 - YIELD SIGN  
 3 - FLASHER  6 - NO CONTROL

**SEQUENCE OF EVENTS**  
 1 20 1 - OVERTURN/ROLLOVER  6 - EQUIPMENT FAILURE  11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL  16 - RAILWAY VEHICLE  22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXPLOSION  7 - SEPARATION OF UNITS  12 - DOWNHILL RUNAWAY  17 - ANIMAL - FARM  23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3 - IMMERSION  8 - RAN OFF ROAD RIGHT  13 - OTHER NON-COLLISION  18 - ANIMAL - DEER  24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE  9 - RAN OFF ROAD LEFT  14 - PEDESTRIAN  19 - ANIMAL - OTHER  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT  10 - CROSS MEDIAN  15 - PEDALCYCLE  20 - MOTOR VEHICLE IN TRANSPORT

**# OF THROUGH LANES ON ROAD**  
 2

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

**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

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

**UNIT SPEED**  
010

**POSTED SPEED**  
35

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

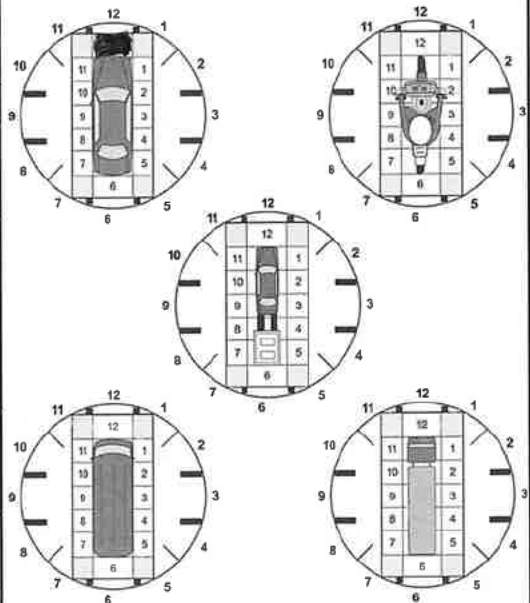
24-OPD-0494

**OWNER**  
 UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
Edwards, Joshua, M  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
814 S Main St APT 18 Oxford, OH. 45056  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

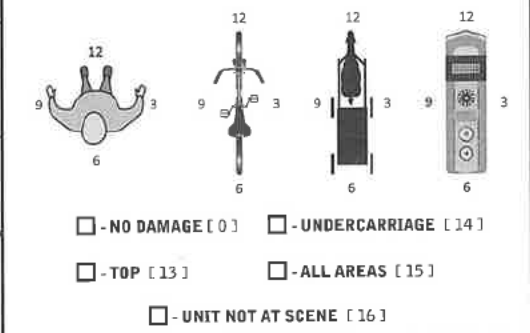
**DAMAGE**  
**DAMAGE SCALE**  
4 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**VEHICLE**  
 LP STATE OH LICENSE PLATE # KFQ2262 VEHICLE IDENTIFICATION # JM1B1K12F481114238 VEHICLE YEAR 2008 VEHICLE MAKE Mazda  
 INSURANCE VERIFIED INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR Maroon VEHICLE MODEL 3  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 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 # \_\_\_\_\_  
 PLACARD

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY



**UNIT TYPE**  
01 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 99 - UNKNOWN OR HIT/SKIP  
 # OF TRAILING UNITS 0



**SPECIAL FUNCTION**  
01 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE**  
01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAINCHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 19 - OTHER / UNKNOWN  
 11 - DUMP

**VEHICLE DEFECTS**  
99 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

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

**ACTION**  
3 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE OR LEAVING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 01 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

**INITIAL POINT OF CONTACT**  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
12 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**  
01 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - IMPROPER TURN 12 - IMPROPER BACKING

**TRAFFIC**  
**TRAFFICWAY FLOW**  
2 1 - ONE-WAY 2 - TWO-WAY  
**TRAFFIC CONTROL**  
6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

**SEQUENCE OF EVENTS**  
1 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTORVEHICLE IN TRANSPORT  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

**# OF THROUGH LANES ON ROAD**  
2  
**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 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

**UNIT SPEED**  
035  
**POSTED SPEED**  
35  
**DETECTED SPEED**  
1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
 24-090-0494

|  |   |                                   |  |   |  |                                  |                           |                      |                     |                              |
|--|---|-----------------------------------|--|---|--|----------------------------------|---------------------------|----------------------|---------------------|------------------------------|
| <b>UNIT #</b><br>01  | <b>NAME: LAST, FIRST, MIDDLE</b><br>Lehman, Nicholas, L |                                   |  | <b>DATE OF BIRTH</b><br>12/18/2006  |  | <b>AGE</b><br>017                | <b>GENDER</b><br>M        |                      |                     |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>3081 Dickson Rd Cedar Grove, IN. 47016 |   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED]  |  |                                  |                           |                      |                     |                              |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b><br>1                            | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>04  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>01    | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |                              |
| <b>OL STATE</b>  | <b>OPERATOR LICENSE NUMBER</b>                          | <b>OFFENSE CHARGED</b><br>4511.42 | <b>LOCAL CODE</b><br><input type="checkbox"/>          | <b>OFFENSE DESCRIPTION</b><br>Right of way rule when turning left   |  | <b>CITATION NUMBER</b><br>391331 |                           |                      |                     |                              |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b><br>SELECT UP TO 2                    | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b><br>9                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>ALCOHOL TEST</b>              |                           | <b>DRUG TEST(S)</b>  |                     |                              |
|  |   |                                   |  | <b>CONDITION</b><br>1   | <b>STATUS</b>                                    | <b>TYPE</b>                      | <b>VALUE</b>              | <b>STATUS</b>        | <b>TYPE</b>         | <b>RESULT</b> SELECT UP TO 4 |

|   |  |                                   |  |   |  |                               |                           |                      |                     |                              |
|---|--|-----------------------------------|--|---|--|-------------------------------|---------------------------|----------------------|---------------------|------------------------------|
| <b>UNIT #</b><br>02   | <b>NAME: LAST, FIRST, MIDDLE</b><br>Edwards, Joshua, M |                                   |  | <b>DATE OF BIRTH</b><br>07/14/1999  |  | <b>AGE</b><br>024             | <b>GENDER</b><br>M        |                      |                     |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>814 S Main St APT 18, Oxford, OH. 45056 |  |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED]  |  |                               |                           |                      |                     |                              |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b><br>1                           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>04  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>01 | <b>AIR BAG USAGE</b><br>2 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |                              |
| <b>OL STATE</b>   | <b>OPERATOR LICENSE NUMBER</b>                         | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b><br><input type="checkbox"/>          | <b>OFFENSE DESCRIPTION</b>  |  | <b>CITATION NUMBER</b>        |                           |                      |                     |                              |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b><br>SELECT UP TO 2                   | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b><br>9                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>ALCOHOL TEST</b>           |                           | <b>DRUG TEST(S)</b>  |                     |                              |
|   |  |                                   |  | <b>CONDITION</b><br>1   | <b>STATUS</b>                                    | <b>TYPE</b>                   | <b>VALUE</b>              | <b>STATUS</b>        | <b>TYPE</b>         | <b>RESULT</b> SELECT UP TO 4 |

|  |                                      |                                   |  |   |  |                         |                      |                     |                |                              |
|--|--------------------------------------|-----------------------------------|--|---|--|-------------------------|----------------------|---------------------|----------------|------------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>     |                                   |  | <b>DATE OF BIRTH</b>  |  | <b>AGE</b>              | <b>GENDER</b>        |                     |                |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                      |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |  |                         |                      |                     |                |                              |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>              | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b>     | <b>TRAPPED</b> |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>       | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b><br><input type="checkbox"/>          | <b>OFFENSE DESCRIPTION</b>  |  | <b>CITATION NUMBER</b>  |                      |                     |                |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b><br>SELECT UP TO 2 | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>ALCOHOL TEST</b>     |                      | <b>DRUG TEST(S)</b> |                |                              |
|  |                                      |                                   |  | <b>CONDITION</b>  | <b>STATUS</b>                                    | <b>TYPE</b>             | <b>VALUE</b>         | <b>STATUS</b>       | <b>TYPE</b>    | <b>RESULT</b> SELECT UP TO 4 |

| INJURIES                                      | SEATING POSITION   | AIR BAG                            | OL CLASS                     | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS                                    |
|---|--|------------------------------------|------------------------------|--|--|--|
| 1 - FATAL                                     | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   | 1 - CLASS A                  | 1 - ALCOHOL INTERLOCK DEVICE   | 1 - NOT DISTRACTED   | 1 - NONE GIVEN                                 |
| 2 - SUSPECTED SERIOUS INJURY                  | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 | 2 - CLASS B                  | 2 - CDL INTRASTATE ONLY  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                               |
| 3 - SUSPECTED MINOR INJURY                    | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  | 3 - CLASS C                  | 3 - CORRECTIVE LENSES  | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY                           | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT / SIDE     | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER  | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  | 4 - TEST GIVEN, RESULTS KNOWN                  |
| 5 - NO APPARENT INJURY                        | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 | 5 - M/C MOPED ONLY           | 5 - EXCEPT CLASS A BUS & CLASS B BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
| <b>INJURED TAKEN BY</b>                       | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 6 - EXCEPT CLASS A & CLASS B BUS   | 6 - PASSENGER  | <b>ALCOHOL TEST TYPE</b>                       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE        | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 1 - NONE                                       |
| 2 - EMS                                       | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    | H - HAZMAT                   | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | 2 - BLOOD                                      |
| 3 - POLICE                                    | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                           | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                | P - PASSENGER                | 10 - LIMITED TO DAYLIGHT ONLY  | <b>CONDITION</b>   | 4 - BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                       | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 | N - TANKER                   | 11 - LIMITED TO EMPLOYMENT   | 1 - APPARENTLY NORMAL  | 5 - OTHER                                      |
| 1 - NONE USED                                 | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     | Q - MOTOR SCOOTER            | 12 - LIMITED - OTHER   | 2 - PHYSICAL IMPAIRMENT  | <b>DRUG TEST TYPE</b>                          |
| 2 - SHOULDER BELT ONLY USED                   | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    | R - THREE-WHEEL MOTORCYCLE   | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    | 1 - NONE                                       |
| 3 - LAP BELT ONLY USED                        | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 14 - MILITARY VEHICLES ONLY  | 4 - ILLNESS  | 2 - BLOOD                                      |
| 4 - SHOULDER & LAP BELT USED                  | 15 - NON-MOTORIST  | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 3 - URINE                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 99 - OTHER / UNKNOWN   | <b>GENDER</b>                      | X - TANKER / HAZMAT          | 16 - OUTSIDE MIRROR  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 4 - OTHER                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  | F - FEMALE                         |                              | 17 - PROSTHETIC AID  | 9 - OTHER / UNKNOWN  | <b>DRUG TEST RESULT(S)</b>                     |
| 7 - BOOSTER SEAT                              |  | M - MALE                           |                              | 18 - OTHER   |  | 1 - AMPHETAMINES                               |
| 8 - HELMET USED                               |  | U - OTHER / UNKNOWN                |                              |  |  | 2 - BARBITURATES                               |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |                                    |                              |  |  | 3 - BENZODIAZEPINES                            |
| 10 - REFLECTIVE CLOTHING                      |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                    |                              |  |  | 5 - COCAINE                                    |
| 99 - OTHER / UNKNOWN                          |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
|   |  |                                    |                              |  |  | 7 - OTHER                                      |
|   |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |