

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		<input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER		LOCAL INFORMATION <b>Dom i n o s</b>		<b>E N 2 1 0 0 0 0 1 3 7</b>					
REPORTING AGENCY NAME* <b>ENGLEWOOD POLICE</b>						NCIC* <b>0 5 7 1 8</b>		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS <b>2</b>	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN <b>1</b>		
COUNTY* <b>5 7</b>		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP <b>1</b>		LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Englewood</b>				CRASH DATE / TIME* <b>1 2 0 2 2 0 2 1 1 8 4 4</b>		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY <b>5</b>			
LOCATION ROUTE TYPE <b>U S</b>	ROUTE NUMBER <b>4 0</b>	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME			ROAD TYPE	LATITUDE DECIMAL DEGREES <b>3 9 . 8 6 9 4 9 3</b>		LONGITUDE DECIMAL DEGREES <b>8 4 . 2 9 4 3 1 8</b>				
REFERENCE ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>590</b>			ROAD TYPE							
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>3</b>		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 CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY			INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES				
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS						ROADWAY <input type="checkbox"/> 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 BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDE SWIPE, SAME DIRECTION 8 - SIDE SWIPE, 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, 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 <b>1</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS <b>1</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE <b>2</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN <b>3</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>1</b>											
NARRATIVE Unit one was traveling north on US 40 in the left lane. Unit two was traveling north on US 40 in the right lane. Witness' stated a delivery driver from Domino's turned left from 590 S. Main St to travel south on US 40. At this time, Unit one swerved to the right and collided with unit two.													
CRASH REPORTED DATE / TIME <b>1 2 0 2 2 0 2 1 1 8 4 4</b>		DISPATCH DATE / TIME <b>1 2 0 2 2 0 2 1 1 8 4 4</b>		ARRIVAL DATE / TIME <b>1 2 0 2 2 0 2 1 1 8 5 4</b>		SCENE CLEARED DATE / TIME <b>1 2 0 2 2 0 2 1 2 0 2 4</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED <b>0</b>	OTHER INVESTIGATION TIME <b>0</b>	TOTAL MINUTES <b>1 0 0</b>	OFFICER'S NAME* <b>Ofc. P.J. Wendling</b>		CHECKED BY OFFICER'S NAME* <b>Ofc. R.H. Ridgway</b>		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)						
		OFFICER'S BADGE NUMBER* <b>2 4 3</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>1 6 7</b>									



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**EN210000137**

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> CASANOVA, COLTON LANCE		<b>DATE OF BIRTH</b> 06/25/1974		<b>AGE</b> 47	<b>GENDER</b> M				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 470 N MIAMI ST, WEST MILTON, OH, 45383				<b>CONTACT PHONE - INCLUDE AREA CODE</b> redacted per ORC 149.43(A)(1)(mm)						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> redacted per ORC 4501:1-12		<b>OFFENSE CHARGED</b> 432.08	<b>LOCAL CODE</b> █	<b>OFFENSE DESCRIPTION</b> Driving Lanes, Cont. Lines of Traffic		<b>CITATION NUMBER</b> 209108			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UPTO 2	<b>RESTRICTION</b> SELECT UPTO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UPTO 4	

<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> DOLL, GARY WALTER		<b>DATE OF BIRTH</b> 09/27/1944		<b>AGE</b> 77	<b>GENDER</b> M				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 4900 PHILLIPSBURG UNION RD, ENGLEWOOD, OH, 45322				<b>CONTACT PHONE - INCLUDE AREA CODE</b> redacted per ORC 149.43(A)(1)(mm)						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> redacted per ORC 4501:1-12		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> █	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UPTO 2	<b>RESTRICTION</b> SELECT UPTO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UPTO 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> █	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UPTO 2	<b>RESTRICTION</b> SELECT UPTO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS TYPE VALUE		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UPTO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	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	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & 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	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	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		<b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	<b>OL ENDORSEMENT</b> H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT			<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b> 1 - NONE USED 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		<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						<b>DRUG TEST RESULT(S)</b> 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
EN21000137

<b>OCCUPANT</b>	UNIT # 2	NAME: LAST, FIRST, MIDDLE DOLL, CHERYL MOZELLE			DATE OF BIRTH 02/03/1947	AGE 74	GENDER F			
	ADDRESS: STREET, CITY, STATE, ZIP 4900 PHILLIPSBURG UNION RD, ENGLEWOOD, OH, 45322				CONTACT PHONE - INCLUDE AREA CODE redacted per ORC 149.43(A)(1)(mm)					
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
<b>OCCUPANT</b>	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	TRAPPED
<b>OCCUPANT</b>	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	TRAPPED
<b>OCCUPANT</b>	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	TRAPPED

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
<b>INJURED TAKEN BY</b>	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - HELMET USED	8 - THIRD - MIDDLE	<b>EJECTION</b>
2 - EMS	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED
3 - POLICE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE
		13 - TRAILING UNIT	<b>TRAPPED</b>
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED
		15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS
		99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE TUTTLE JR, EDWARD WALTER	DATE OF BIRTH 02/05/1966	AGE 55	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 9537 DAYTON GREENVILLE PIKE, BROOKVILLE, OH, 45309	CONTACT PHONE - INCLUDE AREA CODE redacted per ORC 149.43(A)(1)(mm)		
<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 53	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

**OWNER**

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**CASANOVA, COLTON LANCE**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**470 MIAMI ST, WEST MILTON, OH, 45383**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)  
**redacted per ORC**

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # GMW3899 VEHICLE IDENTIFICATION # 1GNCT18Z5K8226060 VEHICLE YEAR 1989 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED  INSURANCE COMPANY VIKING INS CO INSURANCE POLICY # 11406419366 COLOR MUL VEHICLE MODEL Blazer

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS 1 VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.

HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # \_\_\_\_\_  PLACARD PLACARD ID # \_\_\_\_\_

UNIT TYPE 3

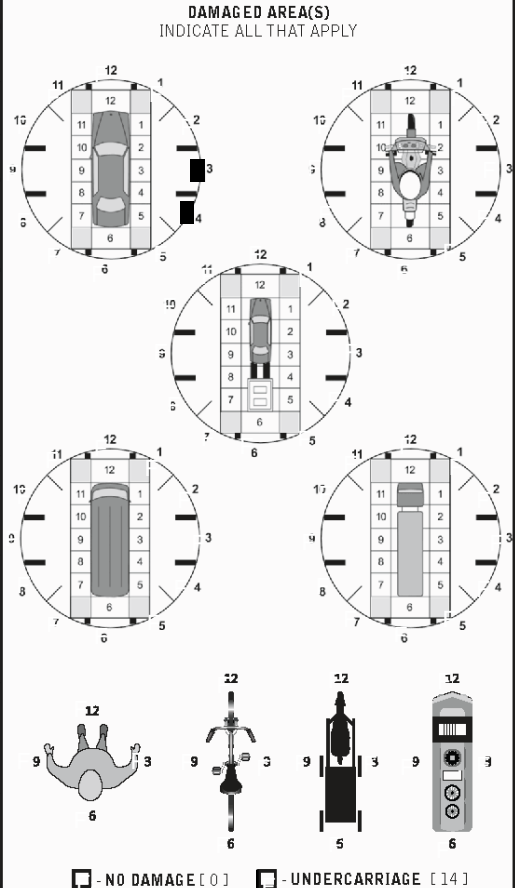
# of TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

SPECIAL FUNCTION 1

CARGO BODY TYPE 1

VEHICLE DEFECTS



NON-MOTORIST LOCATION AT IMPACT 1

ACTION 4

PRE-CRASH ACTIONS 1

**INITIAL POINT OF CONTACT**

4 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**EVENT(S)**

CONTRIBUTING CIRCUMSTANCES 15

SEQUENCE OF EVENTS

13 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

20 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

2 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT

4 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT

5 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

**COLLISION WITH FIXED OBJECT - STRUCK**

4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT

5 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL

6 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING

1 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 48 - TREE 54 - OTHER FIXED OBJECT

30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT 55 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT

**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

# OF THROUGH LANES ON ROAD 4

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 1

1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 35

POSTED SPEED 35

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

**OWNER**

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**DOLL, GARY WALTER**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**4900 PHILLIPSBURG UNION RD, ENGLEWOOD, OH, 45322**

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

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # TIMELRD VEHICLE IDENTIFICATION # 5GZER13718J215840 VEHICLE YEAR 2008 VEHICLE MAKE Saturn

INSURANCE VERIFIED  INSURANCE COMPANY USAA INSURANCE POLICY # 0077036616 COLOR TAN VEHICLE MODEL Outlook

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
US DOT #                      TOWED BY: COMPANY NAME                     

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS 2 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

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

UNIT TYPE 3

# of TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

SPECIAL FUNCTION 1

CARGO BODY TYPE 1

VEHICLE DEFECTS                     

**INITIAL POINT OF CONTACT**

11 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

NON-MOTORIST LOCATION AT IMPACT                     

ACTION 3

PRE-CRASH ACTIONS 1

CONTRIBUTING CIRCUMSTANCES 1

**TRAFFIC**

TRAFFICWAY FLOW 2

TRAFFIC CONTROL 6

# OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING 1

**EVENT(S)**

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 20 - MOTOR VEHICLE IN TRANSPORT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

**COLLISION WITH FIXED OBJECT - STRUCK**

4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
5 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 52 - BUILDING  
5 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 53 - TUNNEL  
6 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 54 - OTHER FIXED OBJECT  
6 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 55 - OTHER / UNKNOWN  
1 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 1

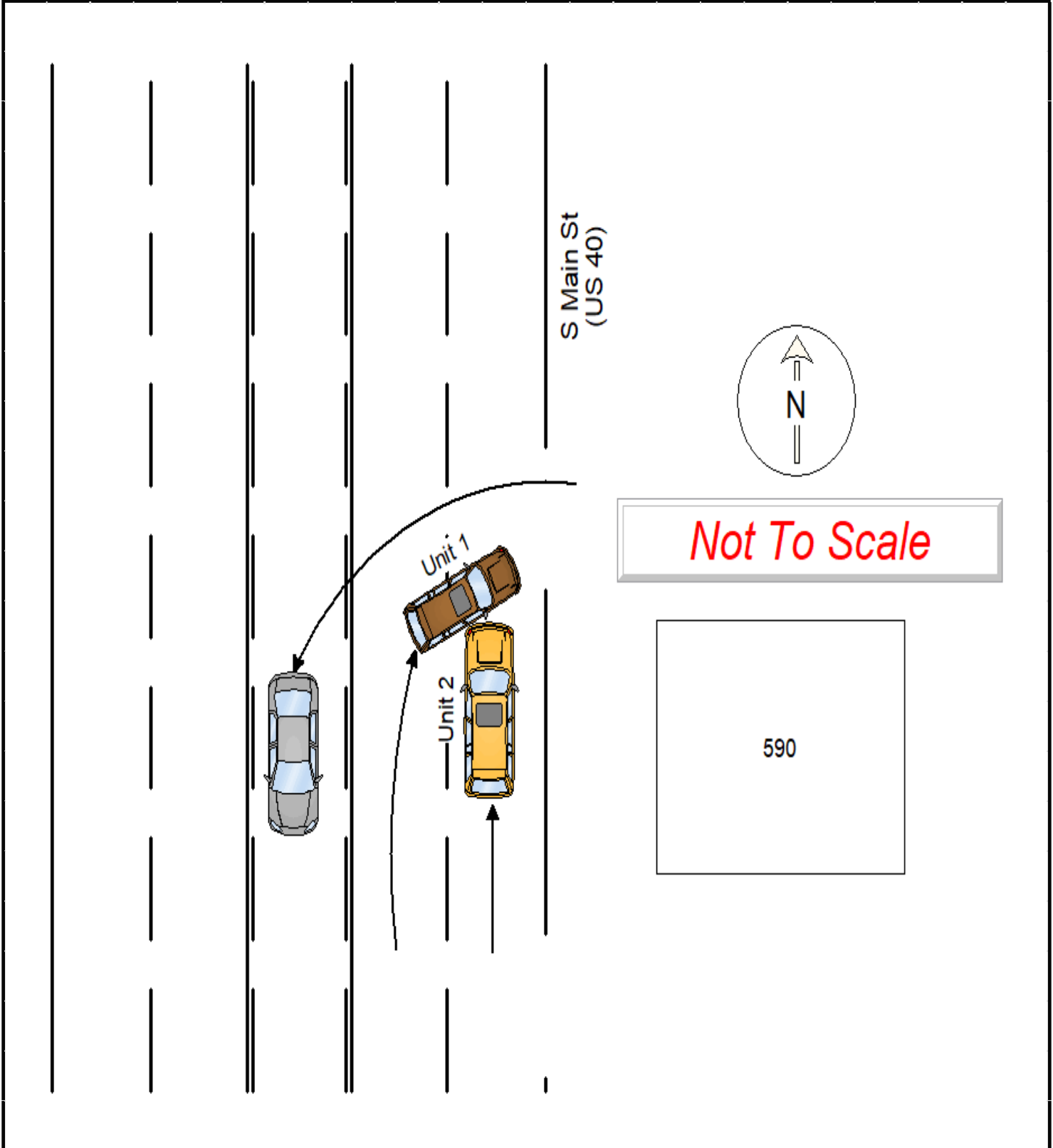
UNIT SPEED 35

POSTED SPEED 35

DETECTED SPEED 1



LOCAL REPORT NUMBER EN210000137	REPORTING AGENCY ENGLEWOOD POLICE	DATE OF CRASH M 12   D 2   Y 2021
IN COUNTY OF MONTGOMERY	CRASH LOCATION 590 40	



OFFICER'S SIGNATURE <input checked="" type="checkbox"/> Ofc. P.J. Wendling	BADGE NUMBER 243
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