



Ohio Attorney General's Office  
Bureau of Criminal Investigation  
Investigative Report



2023-2008  
Officer Involved Critical Incident – Terminal Road By Dayton  
Airport, OH (L)

**Investigative Activity:** Review of Records  
**Involves:** Rodney D. Helman (S), Elaine M. Helman (S)  
**Date of Activity:** 08/23/2023  
**Activity Location:** – Terminal Road by Dayton Airport, OH  
**Author:** SA Richard Ward, #55

**Narrative:**

On Wednesday, August 23, 2023, Ohio Bureau of Criminal Investigations Special Agent Richard Ward requested and received the following training and personnel records for SRT involved Troopers [REDACTED] and [REDACTED] from Ohio State Highway Patrol Detective Sergeant James Boysel:

**Attachments:**

Attachment # 01: Trooper [REDACTED] firearms qualifications  
Attachment # 02: Trooper [REDACTED] firearms qualifications  
Attachment # 03: Trooper [REDACTED] firearms qualifications  
Attachment # 04: Trooper [REDACTED] Department Record – 2023-08-24T125137.080  
Attachment # 05: Trooper [REDACTED] Department Record  
Attachment # 06: Trooper [REDACTED] Department Record – 2023-08-24T125146.257  
Attachment # 07: Trooper [REDACTED] Department Record – 2023-08-24T125243.819

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law – a statute, an administrative rule, or any rule of procedure.

# **Exhibit 1**



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL



**WEAPONS TRAINING RECORD  
HP-15**

A Component of the Ohio State Highway Patrol

RANK TPR	FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	LAST NAME [REDACTED]
UNIT [REDACTED]	DISTRICT GHQ		POST SRT
DATE 01/26/23	REQUALIFICATION OFFICER TPR MCKENZIE		UNIT 0811

**P 320 HANDGUN QUALIFICATION COURSE – 20/25 NEEDED**

MAKE Sig Sauer	MODEL P 320	SERIAL # [REDACTED]	CALIBER 9 mm	CONDITION GOOD
HOLSTER TYPE <input type="checkbox"/> SERVICE ISSUE <input checked="" type="checkbox"/> TACTICAL <input type="checkbox"/> NOT DIVISION-ISSUE				
DATE OF TEST 01/26/23	UNIT # OF CERTIFYING OFFICER 0811	CERTIFYING OFFICER REQUALIFICATION # REQ 07807	EXPIRATION DATE 03/24/24	

ATTEMPTS	HEAD/GROIN (+1 / -1)	PREFERRED AREA (+1)	OUTSIDE OF PREFERRED AREA (0)	ROUNDS OFF TARGET (-1)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (-1)	TOTAL HITS QUALIFY (Y/N)
1st Attempt	+1	24					Y 25
2nd Attempt							
3rd Attempt							
4th Attempt							

**P 365 HANDGUN QUALIFICATION COURSE – 20/25 NEEDED**

MAKE Sig Sauer	MODEL P 365	SERIAL # [REDACTED]	CALIBER 9 mm	CONDITION GOOD
HOLSTER TYPE <input checked="" type="checkbox"/> BELT <input type="checkbox"/> ANKLE <input type="checkbox"/> SHOULDER <input type="checkbox"/> NOT DIVISION-ISSUE <input type="checkbox"/> OTHER (SPECIFY)				
DATE OF TEST 01/26/23	UNIT # OF CERTIFYING OFFICER 0811	CERTIFYING OFFICER REQUALIFICATION # REQ 07807	EXPIRATION DATE 03/24/24	

ATTEMPTS	HEAD/GROIN (+1 / -1)	PREFERRED AREA (+1)	OUTSIDE OF PREFERRED AREA (0)	ROUNDS OFF TARGET (-1)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (-1)	TOTAL HITS QUALIFY (Y/N)
1st Attempt	+1	+ 24					Y 25
2nd Attempt							
3rd Attempt							
4th Attempt							



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL



**WEAPONS TRAINING RECORD  
HP-15**

A Component of the Ohio State Highway Patrol

RANK <b>TPR</b>	FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	LAST NAME [REDACTED]
UNIT [REDACTED]	DISTRICT <b>6HQ</b>		POST <b>SRT</b>
DATE <b>01/26/23</b>	REQUALIFICATION OFFICER <b>TPR MCKENZIE</b>		UNIT <b>0811</b>

**P 320 HANDGUN QUALIFICATION COURSE – 20/25 NEEDED**

MAKE	MODEL	SERIAL #	CALIBER	CONDITION
Sig Sauer	P 320	[REDACTED]	9 mm	<b>6001</b>

HOLSTER TYPE

SERVICE ISSUE     TACTICAL     NOT DIVISION-ISSUE

DATE OF TEST <b>01/26/23</b>	UNIT # OF CERTIFYING OFFICER <b>0811</b>	CERTIFYING OFFICER REQUALIFICATION # <b>REG 07807</b>	EXPIRATION DATE <b>03/24/24</b>
---------------------------------	---	--	------------------------------------

ATTEMPTS	HEAD/GROIN (+1 / -1)	PREFERRED AREA (+1)	OUTSIDE OF PREFERRED AREA (0)	ROUNDS OFF TARGET (-1)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (-1)	TOTAL HITS QUALIFY (Y/N)
1 <sup>st</sup> Attempt	<b>+1</b>	<b>.24</b>					<b>Y 25</b>
2 <sup>nd</sup> Attempt							
3 <sup>rd</sup> Attempt							
4 <sup>th</sup> Attempt							

**P 365 HANDGUN QUALIFICATION COURSE – 20/25 NEEDED**

MAKE	MODEL	SERIAL #	CALIBER	CONDITION
Sig Sauer	P 365		9 mm	

HOLSTER TYPE

BELT     ANKLE     SHOULDER     NOT DIVISION-ISSUE     OTHER (SPECIFY)

DATE OF TEST	UNIT # OF CERTIFYING OFFICER	CERTIFYING OFFICER REQUALIFICATION #	EXPIRATION DATE
--------------	------------------------------	--------------------------------------	-----------------

ATTEMPTS	HEAD/GROIN (+1 / -1)	PREFERRED AREA (+1)	OUTSIDE OF PREFERRED AREA (0)	ROUNDS OFF TARGET (-1)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (-1)	TOTAL HITS QUALIFY (Y/N)
1 <sup>st</sup> Attempt							
2 <sup>nd</sup> Attempt							
3 <sup>rd</sup> Attempt							
4 <sup>th</sup> Attempt							

RANK TPR	FIRST NAME	MIDDLE NAME	LAST NAME
UNIT	DISTRICT GHQ		POST SRT
DATE 01/26/23	REQUALIFICATION OFFICER TPR MCKENZIE		UNIT 0811

**SECOND WEAPON QUALIFICATION – 16/20 NEEDED**

MAKE	MODEL	SERIAL #	CALIBER	CONDITION
Sig Sauer	P 365		9 mm	GOOD
SECOND WEAPON HOLSTER <input checked="" type="checkbox"/> BELT <input type="checkbox"/> ANKLE <input type="checkbox"/> SHOULDER <input type="checkbox"/> NOT DIVISION-ISSUE <input type="checkbox"/> OTHER (SPECIFY)				
DATE OF TEST 01/26/23	UNIT # OF CERTIFYING OFFICER 0811	CERTIFYING OFFICER REQUALIFICATION # REQ07807	EXPIRATION DATE 03/24/2024	

ATTEMPTS	HEAD/GROIN (+1 / 0)	PREFERRED AREA (+1)	OUTSIDE OF SILHOUETTE (0)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (0)	TOTAL HITS QUALIFY (Y/N)
1st Attempt						
2nd Attempt						
3rd Attempt						
4th Attempt						

**SHOTGUN QUALIFICATION – 8/8 NEEDED**

MAKE	MODEL	SERIAL #	CALIBER	CONDITION
Remington	870P		12 gauge	GOOD
DATE OF TEST 01/26/23	UNIT # OF CERTIFYING OFFICER 0811	CERTIFYING OFFICER REQUALIFICATION # REQ07807	EXPIRATION DATE 03/24/24	

ATTEMPTS	"00" STAGE 1 2 RND. 4 SEC.	QUALIFY (Y/N)	"00" STAGE 2 2 RND. 3 SEC.	QUALIFY (Y/N)	"00" STAGE 3 2 RND. 3 SEC.	QUALIFY (Y/N)	SLUG STAGE 4 2 RND. 20 SEC.	QUALIFY (Y/N)
1st Attempt	2	Y	2	Y	2	Y	2	Y
2nd Attempt								
3rd Attempt								
4th Attempt								

**PATROL RIFLE QUALIFICATION – 16/20 NEEDED**

MAKE	MODEL	SERIAL #	CALIBER	CONDITION			
AERO LITE	M4E1		.223	GOOD			
DIVISION ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO							
ATTEMPTS	HEAD/GROIN (+1 / -1)	PREFERRED AREA (+1)	OUTSIDE OF PREFERRED AREA (0)	ROUNDS OFF TARGET (-1)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (-1)	TOTAL HITS QUALIFY (Y/N)
1st Attempt	+4	16					Y 20
2nd Attempt							
3rd Attempt							
4th Attempt							

## **Exhibit 2**



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL



**WEAPONS TRAINING RECORD  
HP-15**

A Component of the Ohio State Highway Patrol

RANK TPR	FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	LAST NAME [REDACTED]
UNIT [REDACTED]	DISTRICT GHA		POST SRT
DATE 1/26/23	REQUALIFICATION OFFICER TPR A.D. McLENZIE		UNIT 0811

**P 320 HANDGUN QUALIFICATION COURSE – 20/25 NEEDED**

MAKE Sig Sauer	MODEL P 320	SERIAL # [REDACTED]	CALIBER 9 mm	CONDITION GOOD
HOLSTER TYPE <input type="checkbox"/> SERVICE ISSUE <input checked="" type="checkbox"/> TACTICAL <input type="checkbox"/> NOT DIVISION-ISSUE				
DATE OF TEST 1/26/23	UNIT # OF CERTIFYING OFFICER 0811	CERTIFYING OFFICER REQUALIFICATION # REQ 07807	EXPIRATION DATE 3/24/24	

ATTEMPTS	HEAD/GROIN (+1/-1)	PREFERRED AREA (+1)	OUTSIDE OF PREFERRED AREA (0)	ROUNDS OFF TARGET (-1)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (-1)	TOTAL HITS QUALIFY (Y/N)
1st Attempt	+1	+24	-	-	-	-	25
2nd Attempt							
3rd Attempt							
4th Attempt							

**P 365 HANDGUN QUALIFICATION COURSE – 20/25 NEEDED**

MAKE Sig Sauer	MODEL P 365	SERIAL # [REDACTED]	CALIBER 9 mm	CONDITION GOOD
HOLSTER TYPE <input type="checkbox"/> BELT <input checked="" type="checkbox"/> ANKLE <input type="checkbox"/> SHOULDER <input type="checkbox"/> NOT DIVISION-ISSUE <input type="checkbox"/> OTHER (SPECIFY)				
DATE OF TEST 1/26/23	UNIT # OF CERTIFYING OFFICER 0811	CERTIFYING OFFICER REQUALIFICATION # REQ 07807	EXPIRATION DATE 3/24/24	

ATTEMPTS	HEAD/GROIN (+1/-1)	PREFERRED AREA (+1)	OUTSIDE OF PREFERRED AREA (0)	ROUNDS OFF TARGET (-1)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (-1)	TOTAL HITS QUALIFY (Y/N)
1st Attempt	+1	+24	-	-	-	-	25
2nd Attempt							
3rd Attempt							
4th Attempt							



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL



**WEAPONS TRAINING RECORD  
HP-15**

A Component of the Ohio State Highway Patrol

RANK TPR	FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	LAST NAME [REDACTED]
UNIT [REDACTED]	DISTRICT GHQ	POST SRT	
DATE 1/26/23	REQUALIFICATION OFFICER TPR. A.D. MLENZLE	UNIT 0811	

**P 320 HANDGUN QUALIFICATION COURSE – 20/25 NEEDED**

MAKE	MODEL	SERIAL #	CALIBER	CONDITION
Sig Sauer	P 320	[REDACTED]	9 mm	6000
HOLSTER TYPE <input checked="" type="checkbox"/> SERVICE ISSUE <input type="checkbox"/> TACTICAL <input type="checkbox"/> NOT DIVISION-ISSUE				
DATE OF TEST 1/26/23	UNIT # OF CERTIFYING OFFICER 0811	CERTIFYING OFFICER REQUALIFICATION # REQ 07807	EXPIRATION DATE 3/24/24	

ATTEMPTS	HEAD/GROIN (+1 / -1)	PREFERRED AREA (+1)	OUTSIDE OF PREFERRED AREA (0)	ROUNDS OFF TARGET (-1)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (-1)	TOTAL HITS QUALIFY (Y/N)
1st Attempt	+1	+24	-	-	-	-	25
2nd Attempt							
3rd Attempt							
4th Attempt							

**P 365 HANDGUN QUALIFICATION COURSE – 20/25 NEEDED**

MAKE	MODEL	SERIAL #	CALIBER	CONDITION
Sig Sauer	P 365		9 mm	
HOLSTER TYPE <input type="checkbox"/> BELT <input type="checkbox"/> ANKLE <input type="checkbox"/> SHOULDER <input type="checkbox"/> NOT DIVISION-ISSUE <input type="checkbox"/> OTHER (SPECIFY)				
DATE OF TEST	UNIT # OF CERTIFYING OFFICER	CERTIFYING OFFICER REQUALIFICATION #	EXPIRATION DATE	

ATTEMPTS	HEAD/GROIN (+1 / -1)	PREFERRED AREA (+1)	OUTSIDE OF PREFERRED AREA (0)	ROUNDS OFF TARGET (-1)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (-1)	TOTAL HITS QUALIFY (Y/N)
1st Attempt							
2nd Attempt							
3rd Attempt							
4th Attempt							

RANK TPR	FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	LAST NAME [REDACTED]
UNIT [REDACTED]	DISTRICT GHA	POST SRT	
DATE 1/26/23	REQUALIFICATION OFFICER TPR A.P. MALONZIE	UNIT 0811	

### SECOND WEAPON QUALIFICATION – 16/20 NEEDED

MAKE Sig Sauer	MODEL P 365	SERIAL # [REDACTED]	CALIBER 9 mm	CONDITION 6000
SECOND WEAPON HOLSTER <input type="checkbox"/> BELT <input checked="" type="checkbox"/> ANKLE <input type="checkbox"/> SHOULDER <input type="checkbox"/> NOT DIVISION-ISSUE <input type="checkbox"/> OTHER (SPECIFY)				
DATE OF TEST 1/26/23	UNIT # OF CERTIFYING OFFICER 0811	CERTIFYING OFFICER REQUALIFICATION # REQ 07807	EXPIRATION DATE 3-24-24	

ATTEMPTS	HEAD/GROIN (+1 / 0)	PREFERRED AREA (+1)	OUTSIDE OF SILHOUETTE (0)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (0)	TOTAL HITS QUALIFY (Y/N)
1st Attempt						
2nd Attempt						
3rd Attempt						
4th Attempt						

### SHOTGUN QUALIFICATION – 8/8 NEEDED

MAKE Remington	MODEL 870P	SERIAL # [REDACTED]	CALIBER 12 gauge	CONDITION 6000
DATE OF TEST 1/26/23	UNIT # OF CERTIFYING OFFICER 0811	CERTIFYING OFFICER REQUALIFICATION # REQ 07807	EXPIRATION DATE 3/24/24	

ATTEMPTS	"OO" STAGE 1 2 RND. 4 SEC.	QUALIFY (Y/N)	"OO" STAGE 2 2 RND. 3 SEC.	QUALIFY (Y/N)	"OO" STAGE 3 2 RND. 3 SEC.	QUALIFY (Y/N)	SLUG STAGE 4 2 RND. 20 SEC.	QUALIFY (Y/N)
1st Attempt	2	Y	2	Y	2	Y	2	Y
2nd Attempt								
3rd Attempt								
4th Attempt								

### PATROL RIFLE QUALIFICATION – 16/20 NEEDED

MAKE AERO PRECISION	MODEL M4E1	SERIAL # [REDACTED]	CALIBER .223	CONDITION 6000			
DIVISION ISSUED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
ATTEMPTS	HEAD/GROIN (+1 / -1)	PREFERRED AREA (+1)	OUTSIDE OF PREFERRED AREA (0)	ROUNDS OFF TARGET (-1)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (-1)	TOTAL HITS QUALIFY (Y/N)
1st Attempt	+4	+15	1	-	-	-	19
2nd Attempt							
3rd Attempt							
4th Attempt							

## **Exhibit 3**



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL



**WEAPONS TRAINING RECORD  
HP-15**

A Component of the Ohio State Highway Patrol

RANK TPR	FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	LAST NAME [REDACTED]
UNIT [REDACTED]	DISTRICT GHQ	POST SRT	
DATE 1-26-23	REQUALIFICATION OFFICER TPR MCKENZIE	UNIT 0811	

**P 320 HANDGUN QUALIFICATION COURSE – 20/25 NEEDED**

MAKE	MODEL	SERIAL #	CALIBER	CONDITION
Sig Sauer	P 320	[REDACTED]	9 mm	Good
HOLSTER TYPE <input type="checkbox"/> SERVICE ISSUE <input checked="" type="checkbox"/> TACTICAL <input type="checkbox"/> NOT DIVISION-ISSUE				
DATE OF TEST 1-26-23	UNIT # OF CERTIFYING OFFICER 0811	CERTIFYING OFFICER REQUALIFICATION # REQ07807	EXPIRATION DATE 3-24-24	

ATTEMPTS	HEAD/GROIN (+1/-1)	PREFERRED AREA (+1)	OUTSIDE OF PREFERRED AREA (0)	ROUNDS OFF TARGET (-1)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (-1)	TOTAL HITS QUALIFY (Y/N)
1st Attempt	+1	+24					Y 25
2nd Attempt							
3rd Attempt							
4th Attempt							

**P 365 HANDGUN QUALIFICATION COURSE – 20/25 NEEDED**

MAKE	MODEL	SERIAL #	CALIBER	CONDITION
Sig Sauer	P 365	[REDACTED]	9 mm	Good
HOLSTER TYPE <input checked="" type="checkbox"/> BELT <input type="checkbox"/> ANKLE <input type="checkbox"/> SHOULDER <input type="checkbox"/> NOT DIVISION-ISSUE <input type="checkbox"/> OTHER (SPECIFY)				
DATE OF TEST 1-26-23	UNIT # OF CERTIFYING OFFICER 0811	CERTIFYING OFFICER REQUALIFICATION # REQ07807	EXPIRATION DATE 3-24-24	

ATTEMPTS	HEAD/GROIN (+1/-1)	PREFERRED AREA (+1)	OUTSIDE OF PREFERRED AREA (0)	ROUNDS OFF TARGET (-1)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (-1)	TOTAL HITS QUALIFY (Y/N)
1st Attempt	+1	+24					Y 25
2nd Attempt							
3rd Attempt							
4th Attempt							



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL



A Component of the Ohio State Highway Patrol

**WEAPONS TRAINING RECORD  
HP-15**

RANK TPR	FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	LAST NAME [REDACTED]
UNIT 1705	DISTRICT 644	POST SRT	
DATE 1-26-23	REQUALIFICATION OFFICER TPR MCKENZIE		UNIT 0811

**P 320 HANDGUN QUALIFICATION COURSE – 20/25 NEEDED**

MAKE Sig Sauer	MODEL P 320	SERIAL # [REDACTED]	CALIBER 9 mm	CONDITION Good
HOLSTER TYPE <input checked="" type="checkbox"/> SERVICE ISSUE <input type="checkbox"/> TACTICAL <input type="checkbox"/> NOT DIVISION-ISSUE				
DATE OF TEST 1-26-23	UNIT # OF CERTIFYING OFFICER 0811	CERTIFYING OFFICER REQUALIFICATION # REQ07807	EXPIRATION DATE 3-24-24	

ATTEMPTS	HEAD/GROIN (+1 / -1)	PREFERRED AREA (+1)	OUTSIDE OF PREFERRED AREA (0)	ROUNDS OFF TARGET (-1)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (-1)	TOTAL HITS QUALIFY (Y/N)
1 <sup>st</sup> Attempt	+1	+24					Y 25
2 <sup>nd</sup> Attempt							
3 <sup>rd</sup> Attempt							
4 <sup>th</sup> Attempt							

**P 365 HANDGUN QUALIFICATION COURSE – 20/25 NEEDED**

MAKE Sig Sauer	MODEL P 365	SERIAL #	CALIBER 9 mm	CONDITION
HOLSTER TYPE <input type="checkbox"/> BELT <input type="checkbox"/> ANKLE <input type="checkbox"/> SHOULDER <input type="checkbox"/> NOT DIVISION-ISSUE <input type="checkbox"/> OTHER (SPECIFY)				
DATE OF TEST	UNIT # OF CERTIFYING OFFICER	CERTIFYING OFFICER REQUALIFICATION #	EXPIRATION DATE	

ATTEMPTS	HEAD/GROIN (+1 / -1)	PREFERRED AREA (+1)	OUTSIDE OF PREFERRED AREA (0)	ROUNDS OFF TARGET (-1)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (-1)	TOTAL HITS QUALIFY (Y/N)
1 <sup>st</sup> Attempt							
2 <sup>nd</sup> Attempt							
3 <sup>rd</sup> Attempt							
4 <sup>th</sup> Attempt							

RANK TPR	FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	LAST NAME [REDACTED]
UNIT [REDACTED]	DISTRICT GH 9	POST SRT	
DATE 1-26-23	REQUALIFICATION OFFICER TPR MCKENZIE		UNIT 0811

**SECOND WEAPON QUALIFICATION – 16/20 NEEDED**

MAKE Sig Sauer	MODEL P 365	SERIAL #	CALIBER 9 mm	CONDITION
SECOND WEAPON HOLSTER <input type="checkbox"/> BELT <input type="checkbox"/> ANKLE <input type="checkbox"/> SHOULDER <input type="checkbox"/> NOT DIVISION-ISSUE <input type="checkbox"/> OTHER (SPECIFY)				
DATE OF TEST	UNIT # OF CERTIFYING OFFICER	CERTIFYING OFFICER REQUALIFICATION #	EXPIRATION DATE	

ATTEMPTS	HEAD/GROIN (+1 / 0)	PREFERRED AREA (+1)	OUTSIDE OF SILHOUETTE (0)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (0)	TOTAL HITS QUALIFY (Y/N)
1st Attempt						
2nd Attempt						
3rd Attempt						
4th Attempt						

**SHOTGUN QUALIFICATION – 8/8 NEEDED**

MAKE Remington	MODEL 870P	SERIAL # [REDACTED]	CALIBER 12 gauge	CONDITION Good
DATE OF TEST 1-26-23	UNIT # OF CERTIFYING OFFICER 0811	CERTIFYING OFFICER REQUALIFICATION # RFG078e7	EXPIRATION DATE 3-24-24	

ATTEMPTS	"OO" STAGE 1 2 RND. 4 SEC.	QUALIFY (Y/N)	"OO" STAGE 2 2 RND. 3 SEC.	QUALIFY (Y/N)	"OO" STAGE 3 2 RND. 3 SEC.	QUALIFY (Y/N)	SLUG STAGE 4 2 RND. 20 SEC.	QUALIFY (Y/N)
1st Attempt	2	Y	2	Y	2	Y	2	Y
2nd Attempt								
3rd Attempt								
4th Attempt								

**PATROL RIFLE QUALIFICATION – 16/20 NEEDED**

MAKE AGRO	MODEL M4E1	SERIAL # [REDACTED]	CALIBER .223	CONDITION Good			
DIVISION ISSUED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
ATTEMPTS	HEAD/GROIN (+1 / -1)	PREFERRED AREA (+1)	OUTSIDE OF PREFERRED AREA (0)	ROUNDS OFF TARGET (-1)	ROUNDS NOT FIRED (0)	EXTRA ROUNDS FIRED (-1)	TOTAL HITS QUALIFY (Y/N)
1st Attempt	+4	+16					Y 20
2nd Attempt							
3rd Attempt							
4th Attempt							

RANK TOR	FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	LAST NAME [REDACTED]
UNIT [REDACTED]	DISTRICT 6HQ	POST SRT	
DATE 1-26-23	REQUALIFICATION OFFICER TPR MCKENZIE		UNIT 0811

**OFF-DUTY CARRY WEAPON QUALIFICATION – 8/8 NEEDED**

MAKE Glock	MODEL 19	SERIAL # [REDACTED]	CALIBER 9mm	CONDITION GOOD
OFF-DUTY WEAPON HOLSTER <input type="checkbox"/> BELT <input type="checkbox"/> ANKLE <input type="checkbox"/> SHOULDER <input checked="" type="checkbox"/> NOT DIVISION-ISSUE <input type="checkbox"/> OTHER (SPECIFY)				
DATE OF TEST 1-26-23	UNIT # OF CERTIFYING OFFICER 0811	CERTIFYING OFFICER REQUALIFICATION # REQ07807	EXPIRATION DATE 3-24-24	

ATTEMPTS	STAGE 1 2 Rounds - 3 Sec. Dominant Hand Only	STAGE 2A 2 Rounds - 5 Sec. Dominant Hand Only	STAGE 2B 2 Rounds - 4 Sec. Non-Dominant Hand Only	STAGE 3 2 Rounds - 5 Sec. Two-Hand Dominant	TOTAL HITS
1st Attempt	+2	+2	+2	+2	8
2nd Attempt					
3rd Attempt					
4th Attempt					

**OFF-DUTY CARRY WEAPON QUALIFICATION – 8/8 NEEDED**

MAKE S&W	MODEL BODYGUARD	SERIAL # [REDACTED]	CALIBER .380	CONDITION GOOD
OFF-DUTY WEAPON HOLSTER <input type="checkbox"/> BELT <input type="checkbox"/> ANKLE <input type="checkbox"/> SHOULDER <input checked="" type="checkbox"/> NOT DIVISION-ISSUE <input type="checkbox"/> OTHER (SPECIFY)				
DATE OF TEST 1-26-23	UNIT # OF CERTIFYING OFFICER 0811	CERTIFYING OFFICER REQUALIFICATION # REQ07807	EXPIRATION DATE 3-24-24	

ATTEMPTS	STAGE 1 2 Rounds - 3 Sec. Dominant Hand Only	STAGE 2A 2 Rounds - 5 Sec. Dominant Hand Only	STAGE 2B 2 Rounds - 4 Sec. Non-Dominant Hand Only	STAGE 3 2 Rounds - 5 Sec. Two-Hand Dominant	TOTAL HITS
1st Attempt	+2	+2	+2	+2	8
2nd Attempt					
3rd Attempt					
4th Attempt					

**PERSONAL PROTECTION EQUIPMENT (PPE) FIT TESTING**

DATE OF TEST	UNIT # OF CERTIFYING OFFICER	CERTIFYING OFFICER REQUALIFICATION #	EXPIRATION DATE
--------------	------------------------------	--------------------------------------	-----------------

**TASER RECERTIFICATION SERIAL #**

DATE OF TEST	UNIT # OF CERTIFYING OFFICER	CERTIFYING OFFICER REQUALIFICATION #	EXPIRATION DATE
--------------	------------------------------	--------------------------------------	-----------------

## **Exhibit 4**

## DEPARTMENT RECORD



Employee Name [REDACTED]	Unit Number [REDACTED]	Hire Date 09/21/2011
Job Description Trooper	Division OSP	Department SRT

**No Department Record Found**

## **Exhibit 5**

## DEPARTMENT RECORD



<b>Employee Name</b> [REDACTED]	<b>Unit Number</b> [REDACTED]	<b>Hire Date</b> 09/21/2011
<b>Job Description</b> Trooper	<b>Division</b> OSP	<b>Department</b> D2 Post 17 Bucyrus

**No Department Record Found**

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

87-0419-87

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH -2 <input checked="" type="checkbox"/> OH -1P <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION P21111800001663 REPORTING AGENCY NAME * Ohio State Highway Patrol		NCIC * OHP87		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 3		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 1	
COUNTY* 87 LOCALITY* 3 <small>1 - CITY 2 - VILLAGE 3 - TOWNSHIP</small>		LOCATION: CITY, VILLAGE, TOWNSHIP* Center (Township of)				CRASH DATE / TIME* 11/18/2021 14:06		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5					
ROUTE TYPE IR ROUTE NUMBER 75 PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 179 ROAD TYPE MP				LATITUDE DECIMAL DEGREES 41.352804		LONGITUDE DECIMAL DEGREES -83.623660					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 2		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY				INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE 0.90		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 1		ROADWAY <input checked="" 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 8				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 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 2				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		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 4			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN 4		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN 1		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN 2			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1				WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 1									
NARRATIVE Unit #2 was stopped on the shoulder of the deceleration ramp from southbound IR 75 to US 6. Unit #3 was southwest bound on the ramp and had stopped in the roadway to check on the driver of Unit #2. As Unit #3 was starting to pull away, Unit #1, who was also southwest bound on the ramp, failed to stop within an assured clear distance and struck Unit #2 and Unit #3.													
CRASH REPORTED DATE / TIME 11/18/2021 14:09		DISPATCH DATE / TIME 11/18/2021 14:09		ARRIVAL DATE / TIME 11/18/2021 14:09		SCENE CLEARED DATE / TIME 11/18/2021 15:25		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 45		TOTAL MINUTES 121		OFFICER'S NAME* Purpura, Ryan		CHECKED BY OFFICER'S NAME* Skaggs, Ty		<input type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</small>			
				OFFICER'S BADGE NUMBER* 1630		CHECKED BY OFFICER'S BADGE NUMBER* 0330							

<b>UNIT #</b> 1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) CONLEY, JAMELA, A	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) [REDACTED]
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 4417 DOUGLAS ROAD, TOLEDO, OH, 43613		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> HYY4197	<b>VEHICLE IDENTIFICATION #</b> JT8BF28G6Y5102100	<b>VEHICLE YEAR</b> 2000	<b>VEHICLE MAKE</b> LEXUS
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> PROGRESSIVE	<b>INSURANCE POLICY #</b> 946199339	<b>COLOR</b> SIL	<b>VEHICLE MODEL</b> ES
<b>TYPE OF USE</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME PAT & SON TOWING & RECOVERY	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 1	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD PLACARD ID #	

<b>UNIT TYPE</b> 1	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
<b># OF TRAILING UNITS</b>					

<b>2</b>	<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 1 - YES 2 - NO 9 - OTHER / UNKNOWN	<b>AUTONOMOUS MODE LEVEL</b> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN
----------	--	---

<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 EQUIP.	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
----------	---	---	--	--	---

<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 - CARGOVAN /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
----------	--	---	---	--	----------------------

<b>4</b>	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
----------	--	--	--	--	----------------------

<b>NON-MOTORIST LOCATION</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
------------------------------	--	---	---	---	----------------------

<b>3</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	13 <b>PRE-CRASH ACTIONS</b> 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
----------	---	--	--	--	--

<b>8</b>	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER	8 - FOLLOWING TOO CLOSE /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
----------	---	--	---	---	--

<b>SEQUENCE OF EVENTS</b>	1 [20] 2 [21] 3 [ ] 4 [ ] 5 [ ] 6 [ ]	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 CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	<b>EVENTS</b> 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 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 MOVABLE OBJECT
---------------------------	--	---	---	--	---	--

<b>COLLISION WITH FIXED OBJECT - STRUCK</b>	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH	45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL	52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
---	--	--	--	--	---

<b>1</b>	<b>FIRST HARMFUL EVENT</b>	<b>2</b>	<b>MOST HARMFUL EVENT</b>
----------	----------------------------	----------	---------------------------

LOCAL REPORT NUMBER

87-0419-87

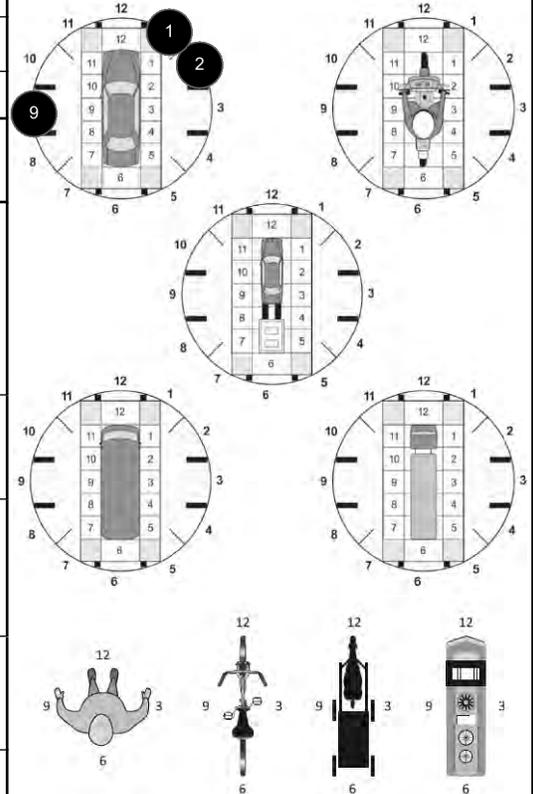
**DAMAGE**

**DAMAGE SCALE**

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

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY



<input type="checkbox"/> NO DAMAGE [ 0 ]	<input type="checkbox"/> UNDERCARRIAGE [ 14 ]
<input type="checkbox"/> TOP [ 13 ]	<input type="checkbox"/> ALL AREAS [ 15 ]
<input type="checkbox"/> UNIT NOT AT SCENE [ 16 ]	

**INITIAL POINT OF CONTACT**

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

**TRAFFIC**

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

<b># OF THROUGH LANES ON ROAD</b> 1	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
--	---

**UNIT / NON-MOTORIST DIRECTION**

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

**UNIT SPEED**

[ 35 ]

**POSTED SPEED**

[ 70 ]

**DETECTED SPEED**

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

<b>OWNER</b>	<b>UNIT #</b> 2	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) JIM PALMER EXCAVATING LEASING CO,	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) 419-353-4692
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 12701 S. DIXIE HWY, BOWLING GREEN, OH, 43402		
	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

**DAMAGE**

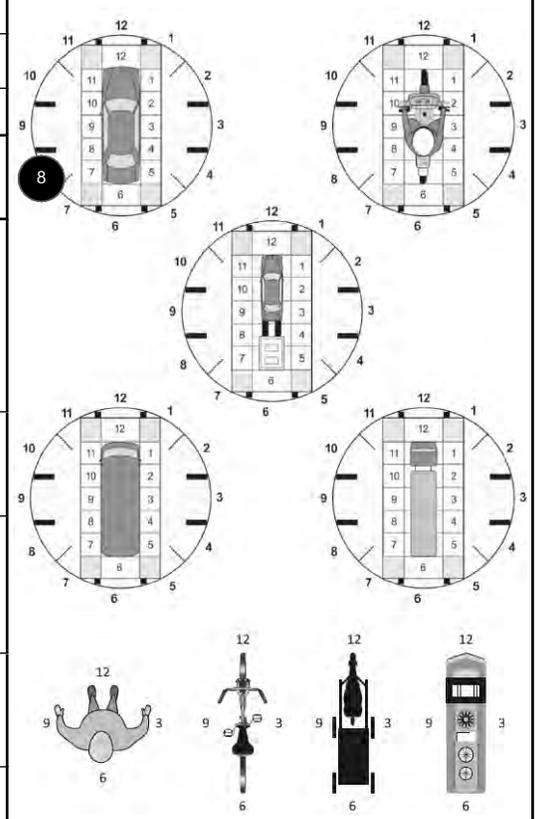
**DAMAGE SCALE**

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

2

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> PMM7667	<b>VEHICLE IDENTIFICATION #</b> 1GC4KVCY8KF189586	<b>VEHICLE YEAR</b> 2019	<b>VEHICLE MAKE</b> CHEVROLET
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> NATIONWIDE MUTUAL	<b>INSURANCE POLICY #</b> ACP7186242481	<b>COLOR</b> BRO	<b>VEHICLE MODEL</b> SILVERADO HD
<b>TYPE OF USE</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 1	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	

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



<b>UNIT TYPE</b> 4	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
-----------------------	---	--	---	---	---

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**

2 - 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 - OTHER/UNKNOWN

**SPECIAL FUNCTION**

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 EQUIP.

16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL

21 - MAIL CARRIER 99 - OTHER / UNKNOWN

**CARGO BODY TYPE**

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE

4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN /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**

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER

4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE

7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND

10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE

99 - OTHER / UNKNOWN

**ACTION**

4 - 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

10 - 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE

9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION

15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST

21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**

1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER

8 - FOLLOWING TOO CLOSE /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**

1 - 20

**EVENTS**

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 CENTERLINE - OPPOSITE DIRECTION OF TRAVEL

12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 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 MOVABLE OBJECT

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE

31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST

38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH

45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL

52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**TRAFFIC**

**TRAFFICWAY FLOW**  
1 - ONE-WAY  
2 - TWO-WAY

1

**TRAFFIC CONTROL**  
1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER  
4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

6

**# OF THROUGH LANES ON ROAD**

1

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

1

**UNIT / NON-MOTORIST DIRECTION**

FROM 5 TO 8

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

**UNIT SPEED**

0

**POSTED SPEED**

70

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

1

<b>OWNER</b>	<b>UNIT #</b> 3	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) OHIO DEPARTMENT OF PUBLIC SAFETY,	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) 614-466-2550
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 1970 WEST BROAD STREET, COLUMBUS, OH, 43223		
	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

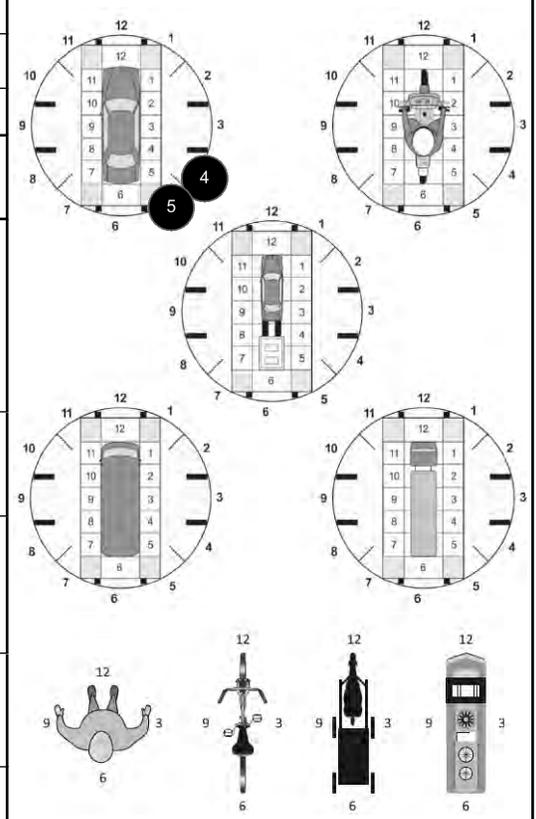
**DAMAGE**

**DAMAGE SCALE**

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

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> SP0636	<b>VEHICLE IDENTIFICATION #</b> 1GNSKDEC6JR217411	<b>VEHICLE YEAR</b> 2018	<b>VEHICLE MAKE</b> CHEVROLET
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> SELF-FLEET	<b>INSURANCE POLICY #</b> CERT-0061	<b>COLOR</b> SIL	<b>VEHICLE MODEL</b> TAHOE
<b>TYPE OF USE</b> <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 1	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤ 10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.				

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



**UNIT TYPE**

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 - MOPEL OR MOTORIZED BICYCLE  
11 - ALL TERRAIN VEHICLE (ATV/UTV)

12 - GOLF CART  
13 - SNOWMOBILE  
14 - SINGLE UNIT TRUCK  
15 - SEMI-TRACTOR  
16 - FARM EQUIPMENT  
17 - MOTORHOME

18 - LIMO (LIVERY VEHICLE)  
19 - BUS (16+ PASSENGERS)  
20 - OTHER VEHICLE  
21 - HEAVY EQUIPMENT  
22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE

23 - PEDESTRIAN/SKATER  
24 - WHEELCHAIR (ANY TYPE)  
25 - OTHER NON-MOTORIST  
26 - BICYCLE  
27 - TRAIN  
99 - UNKNOWN OR HIT/SKIP

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**

0 - NO AUTOMATION  
1 - DRIVER ASSISTANCE  
2 - PARTIAL AUTOMATION  
3 - CONDITIONAL AUTOMATION  
4 - HIGH AUTOMATION  
5 - FULL AUTOMATION  
9 - OTHER/UNKNOWN

NO DAMAGE [ 0 ]

UNDERCARRIAGE [ 14 ]

TOP [ 13 ]

ALL AREAS [ 15 ]

UNIT NOT AT SCENE [ 16 ]

**NON-MOTORIST LOCATION**

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**

1 - NON-CONTACT  
2 - NON-COLLISION  
3 - STRIKING  
4 - STRUCK  
5 - BOTH STRIKING & STRUCK  
9 - OTHER / UNKNOWN

11 - PRE-CRASH ACTIONS

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

**INITIAL POINT OF CONTACT**

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

**CONTRIBUTING CIRCUMSTANCES**

1 - NONE  
2 - FAILURE TO YIELD  
3 - RAN RED LIGHT  
4 - RAN STOP SIGN  
5 - UNSAFE SPEED  
6 - IMPROPER TURN  
7 - LEFT OF CENTER  
8 - FOLLOWING TOO CLOSE /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

**TRAFFIC**

**TRAFFICWAY FLOW**

1 - ONE-WAY  
2 - TWO-WAY

**TRAFFIC CONTROL**

1 - ROUNDABOUT  
2 - SIGNAL  
3 - FLASHER  
4 - STOP SIGN  
5 - YIELD SIGN  
6 - NO CONTROL

**SEQUENCE OF EVENTS**

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 CENTERLINE - OPPOSITE DIRECTION OF TRAVEL

12 - DOWNHILL RUNAWAY  
13 - OTHER NON-COLLISION  
14 - PEDESTRIAN  
15 - PEDALCYCLE  
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 MOVABLE OBJECT

**COLLISION WITH FIXED OBJECT - STRUCK**

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

**FIRST HARMFUL EVENT**  **MOST HARMFUL EVENT**

**# OF THROUGH LANES ON ROAD**

**RAIL GRADE CROSSING**

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

**UNIT / NON-MOTORIST DIRECTION**

FROM  TO

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

**UNIT SPEED**

**POSTED SPEED**

**DETECTED SPEED**

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

# MOTORIST / Non-MOTORIST

**LOCAL REPORT NUMBER**  
87-0419-87

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> CONLEY, JAMELA, A				<b>DATE OF BIRTH</b> 09/30/1989		<b>AGE</b> 32	<b>GENDER</b> F			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 4417 DOUGLAS ROAD, TOLEDO, OH, 43613					<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [1]	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 1	<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]		<b>OFFENSE CHARGED</b> 4511.21A		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> NO PERSON SHALL OPERATE A MOTO			<b>CITATION NUMBER</b> P21111800001663		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<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>		<b>DRUG TEST(S)</b>		
						<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b> .	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULTS SELECT UP TO 4</b>

<b>UNIT #</b> 3	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]				<b>DATE OF BIRTH</b> 07/07/1982		<b>AGE</b> 39	<b>GENDER</b> M			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED] OH, 44820					<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [1]	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 1	<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]		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<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>		<b>DRUG TEST(S)</b>		
						<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b> .	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULTS SELECT UP TO 4</b>

<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 <input type="checkbox"/> 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>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>		
						<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS SELECT UP TO 4</b>

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>INJURIES TAKEN BY</b>		<b>EJECTION</b>	<b>OL ENDORSEMENT</b>		<b>CONDITION</b>	<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	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		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	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b>		<b>TRAPPED</b>	<b>GENDER</b>			<b>DRUG TEST TYPE</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 (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN			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  
87-0419-87

<b>OCCUPANT</b>	<b>UNIT #</b> 2	<b>NAME:</b> LAST, FIRST, MIDDLE PALMER, BRETT, JAMES			<b>DATE OF BIRTH</b> 08/01/1970		<b>AGE</b> 51	<b>GENDER</b> M	
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP 9301 KRAMER ROAD, BOWLING GREEN, OH, 43402				<b>CONTACT PHONE</b> - INCLUDE AREA CODE [REDACTED]				
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT</b> 1	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME:</b> LAST, FIRST, MIDDLE			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP				<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
<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</b>	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>

<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME:</b> LAST, FIRST, MIDDLE			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP				<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
<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</b>	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>

<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME:</b> LAST, FIRST, MIDDLE			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP				<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
<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</b>	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	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 SUCH AS A 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
INJURED TAKEN BY			EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE
GENDER			TRAPPED
F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

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

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

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

LOCAL REPORT NUMBER <b>87-0419-87</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF CRASH <b>11/18/2021</b>
IN COUNTY OF <b>Wood County</b>	ACCIDENT LOCATION <b>75</b>	

**Vehicle Damage:**

Unit #1: Damage to left front passenger door, front left fender, front right fender, front bumper and front right headlight.

Unit #2: Damage to left rear fender.

Unit #3: Damage to right rear bumper.

**Other:**

- Driver of Unit #1 was found to have a suspended license and cited for non-compliance.
- Unit #1 had a lot of old damage from previous crashes on her vehicle.
- Driver of Unit #1 said her brakes did not feel right when she applied them to avoid Unit #3 and that she had a hard time stopping for a light earlier that day after leaving home.
- Unit #3 did not have emergency lights activated at the time of the crash.
- Trooper N. L. Palmer, Unit 43, and Trooper A. J. Scherley, Unit 1852, came upon the crash shortly after it happened.
- Trooper J. T. Selders, Unit 1241, obtained a witness statement from the driver of Unit #1.
- Trooper M. J. Born, Unit 1060, obtained a witness statement from the diver of Unit #2.
- Field sketch was completed by Trooper N. L. Palmer, Unit 43.
- Photos were taken by Trooper A. J. Scherley, Unit 1852.
- There is a large gravel area between the paved shoulder and the guardrail where Unit #2 pulled over.
- A review of the dashcam showed Unit #1 just released the brake and began to move forward when the impact occurred. Speed was estimated at 1 MPH for Unit #3 on the OH-1.

**Field Sketch Information:**

RP #1: I-75 Next Rest Area 27 Miles traffic sign

RP #2: Fremont, Napoleon, Sheriff traffic sign

RP #1 to RP #2: 762'4"

Measurement taken with Laser 87-23

	RP #1	RP #2	Description
A	462'6"	669'4"	Unit #1 right front tire mark
B	461'5"	666'6"	Unit #2 left rear tire at final rest
C	466'1"	653'4"	Unit #2 left front tire at final rest
D	472'9"	627'	Unit #1 left rear tire at controlled final rest
E	474'7"	618'1"	Unit #1 left front tire at controlled final rest

OFFICERS SIGNATURE	BADGE NO. <b>1630</b>
--------------------	--------------------------

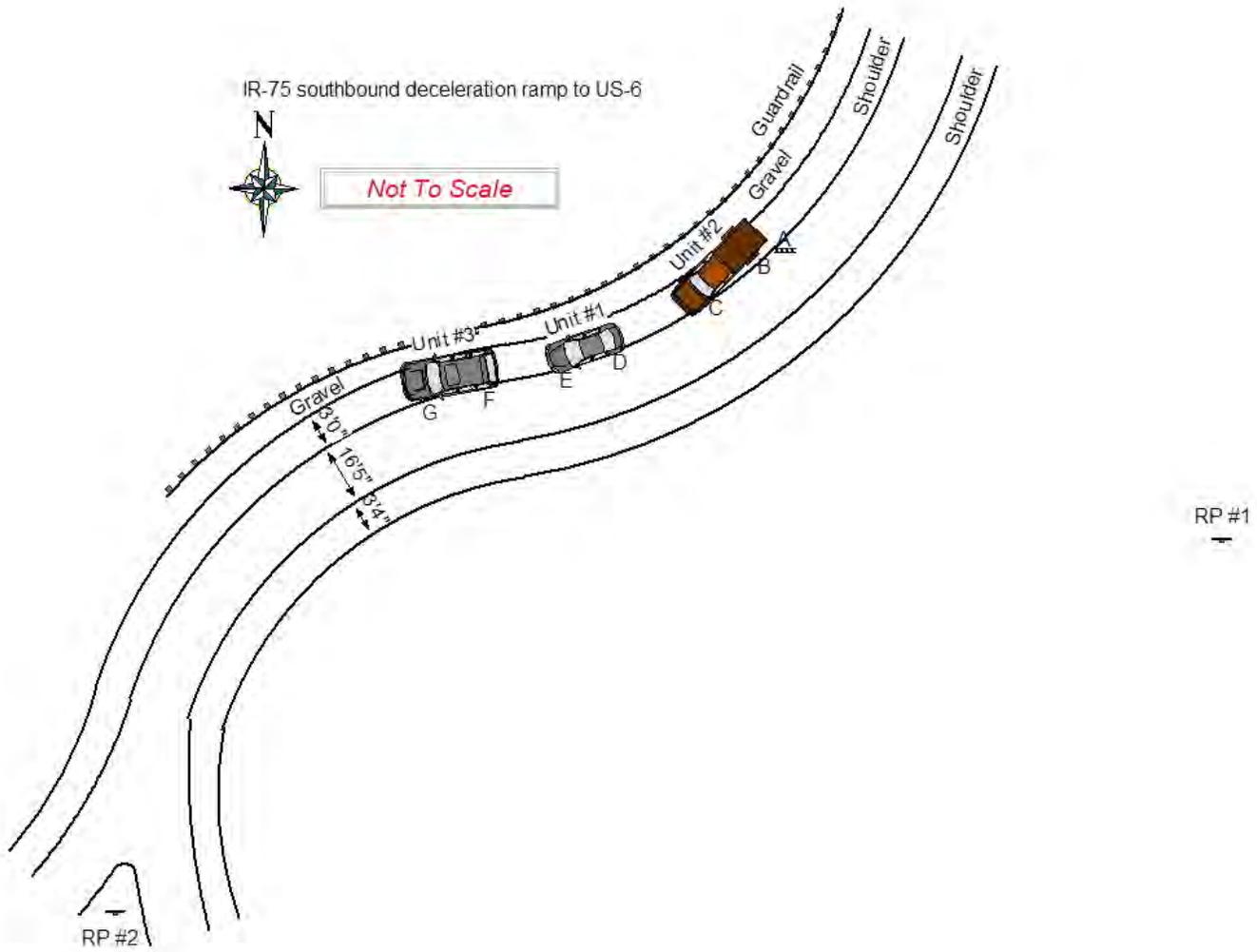
**OHIO TRAFFIC ACCIDENT - OH2 NARRATIVE**

LOCAL REPORT NUMBER <b>87-0419-87</b>			REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF CRASH <b>11/18/2021</b>
IN COUNTY OF <b>Wood County</b>			ACCIDENT LOCATION <b>75</b>	
F	479'8"	603'3"	Unit #3 left rear tire at controlled final rest	
G	483'9"	594'3"	Unit #3 left front tire at controlled final rest	

OFFICERS SIGNATURE	BADGE NO. <b>1630</b>
--------------------	--------------------------

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER <b>87-0419-87</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF CRASH <b>11/18/2021</b>
IN COUNTY OF <b>Wood County</b>	ACCIDENT LOCATION <b>75</b>	



OFFICERS SIGNATURE

BADGE NO.

**1630**

1 OF 2

LOCAL REPORT NUMBER 87-0419-87	REPORTING AGENCY STATE HWY. PATROL	DATE OF CRASH M 11   D 18   Y 21
-----------------------------------	---------------------------------------	-------------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Conley, James HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

TRT. J. T. SEWERS AT ETS / USB  
OFFICER'S NAME LOCATION

Q. CAN YOU TELL ME WHAT HAPPENED

A. Driving & trooper truck # [redacted] was sitting next to another SUV truck in the middle of road & I honked the horn & tried to stop & hit both ~~cars~~ cars.

Q. ARE YOU INJURED? A. No

Q. DID YOU HAVE A SEATBELT ON? A. YES

Q. HOW FAST WERE YOU GOING? A. ABOUT 35 MPH

Q. WERE YOU DISTRACTED IN ANY WAY? A. No, THE SUN WAS COMING THROUGH THE WINDOW AND HE WAS SETTING IN THE MIDDLE OF THE ROAD.

Q. WERE YOU ON A CELL PHONE? A. No.

Q. DID THE HIGHWAY PATROL VEHICLE HAVE RED & EMERGENCY LIGHTS ACTIVATED? A. IT HAPPENED SO FAST, I DON'T REMEMBER

Q. DID THE PICK-UP HAVE FLASHERS ON? A. No HE DID NOT

Q. WAS THE PICK-UP PARKED WHERE HE IS NOW? A. YES

Q. WAS THE HIGHWAY PATROL VEHICLE PARTIALLY OVER THE YELLOW EDGE LINE? A. HE WAS IN THE MIDDLE OF THE LANE.

ADDRESS OF WITNESS <u>4417 Douglas Rd Toledo, OH 43613</u>	SIGNATURE OF WITNESS <u>X [Signature]</u>	OFFICER'S SIGNATURE <u>X TRT. [Signature]</u>
---	--	--



TRAFFIC CRASH WITNESS STATEMENT

2 of 2

LOCAL REPORT NUMBER 87-0419-87	REPORTING AGENCY STATE HWY. PATROL	DATE OF CRASH M 11   D 18   Y 21
-----------------------------------	---------------------------------------	-------------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Conley, Dimple A PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
TPO J.T. SEWERS AT I-75/US6  
OFFICER'S NAME LOCATION

Q. WHERE WERE YOU GOING TO AND COMING FROM?

A. FROM HOLLAND, OH TO BOWLING GREEN, OH

Q. HOW MUCH SLEEP HAVE YOU HAD AND WHEN?

A. 3 AM TO 10 AM TODAY.

Q. HAVE YOU HAD ANY MEDICAL ISSUES WITH YOUR CAR?

A. IT WAS KINDA HARD TO BRAKE TODAY.

Q. DID YOU JUST NOTICE THIS TODAY?

A. JUST TODAY WHEN I GOT HOME, I HAD A HARD TIME STOPPING FOR A LIGHT.

Q. ARE YOU ON ANY MEDICATION THAT WOULD IMPACT YOU?

A. No.

Q. DID YOU TALK TO ANYONE PRIOR TO OUR ARRIVAL?

A. JUST THE TROOPERS, TPO HANNUM GAVE ME A STATEMENT TO FILL OUT TELL A SERGEANT ARRIVES. NOTHING WAS SAID ABOUT CRASH.

Q. DO YOU THINK THE CRASH WAS PREVENTABLE?

A. No, NOT WITH HON BEING IN THE MIDDLE OF THE ROAD.

Q. WHOSE FAULT DO YOU THINK THE CRASH IS?

A. I THINK IT WAS BOTH OUR FAULT, I THINK HE SHOULD HAVE BEEN PULLED OFF THE SIDE OF THE ROAD AND I WAS OVERSIGHT.

4417 DOUGLAS, TOLEDO, OHIO 43613  
 ADDRESS OF WITNESS  
 4417 DOUGLAS RD. TOLEDO, OHIO 43613

SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X
---------------------------	--------------------------

LOCAL REPORT NUMBER 87-0419-87	REPORTING AGENCY STATE HWY PATROL	DATE OF CRASH M 11 D 18 Y 21
-----------------------------------	--------------------------------------	---------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Brett Palmer HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

TRC Berman AT Scene  
OFFICER'S NAME LOCATION

rolled over on Rt 75 off ramp to  
right hand in back of truck got  
back in truck and officer pulled up asked  
if I was all good and busy car  
slammed into back of officers truck  
then slid into my pickup

Q: ARE YOU HURT?

A: NO

Q: WERE YOU COMPLETELY STOPPED?

A: YES

Q: DID YOU SEE THE OTHER CAR PRIOR TO IMPACT?

A: DID SEE HER COMING & HEARD Tires SCREECHING

Q: WAS YOUR SEAT BELT ON?

A: YES

[Large diagonal scribbles covering the bottom section of the form]

ADDRESS OF WITNESS  
9301 KRAMER RD BOWLING GREEN OHIO 43402

SIGNATURE OF WITNESS  
X [Signature]

OFFICER'S SIGNATURE  
X [Signature]



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 87-0419-87	REPORTING AGENCY STATE HWY PATROL	DATE OF CRASH M 11   D 8   Y 21
-----------------------------------	--------------------------------------	------------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO

PRINTED  
Sgt. R.E. Purpura AT SCENE  
OFFICER'S NAME LOCATION

I WAS ON SR 75, SOUTHBOUND, EXIT RAMP TO US 6. THERE WAS A PICKUP TRUCK ON THE RIGHT SIDE OF THE ROAD WITH ITS HAZARDS ON. I PULLED ALONG SIDE OF THE TRUCK TO MAKE SURE HE WAS OK. AS I ROOLLED MY WINDOW DOWN I HEARD BRAKES OR TIRES SQUEALING AND A CAR STRUCK MY PATROL CAR AND THE PICKUP TRUCK.

Q ARE YOU INJURED? WAS YOUR SEATBELT ON?  
A NO YES

Q HOW FAST WERE YOU GOING? WERE YOU STOPPED?  
A 0-3 MPH JUST STOPPING

Q WERE YOUR OVERHEAD EMERGENCY LIGHTS ACTIVATED?  
A No

Q HOW LONG WERE YOU STOPPED BEFORE THE CRASH OCCURRED?  
A JUST A FEW SECONDS

Q DID YOU TALK TO THE OTHER DRIVERS PRIOR TO MY ARRIVAL?  
IF SO, WHAT WAS SAID?  
A I ASKED IF HE WAS OK, BUT HE WASNT ABLE TO RESPOND

Q DID YOU TAKE ANY EVASIVE ACTION TO AVOID BEING STRUCK?  
A NO

ADDRESS OF WITNESS  
[REDACTED] OHIO 44820

SIGNATURE OF WITNESS [REDACTED] OFFICER'S SIGNATURE X Sgt. R.E. Purpura



## PATROL VEHICLE CRASH ROUTING GUIDE

87-0419-87

### Post Traffic Crash Package

#### Steps for follow-up with Central Records

- Utilize the EIR system to automatically create and send a completed crash template. Click on the "Template 12" button on the crash entry screen and then click on "Generate Template 12".
- Entered into Employee Incident Reporting System (OSP-801-06).
- Ensure administrative crash report number is recorded using the Web based HP54A for any crash handled by another agency.
- The eOH-1 is loaded to the server and checked by supervisor, then approved and transmitted to ODPS database.
- When report is in "Approved" status, a bar code sheet is printed and attached to any hard copies associated with the report (OH-2's, OH-3's, etc.). The hard copy of documents and associated bar code sheet is forwarded to Central Records.
- N/A* BMV 3303 Crash Report – Submit to BMV if determined other driver involved was not insured at the time of the crash and there was no personal injury and property damage in excess of \$400. Destroy if not used after six months from the date of crash. See (OSP-200-.01).

#### Upload the following documents as "Artifacts" in EIR

- Complete crash report (including OH-1, OH-2, OH-3, etc).
- N/A* Other law enforcement agency's complete crash report, if applicable.
- N/A* BMV 3303 Crash Report (if applicable).
- HP-3C stapled to a second photocopy of the three page OH-1 only.
- Traffic crash computer message and other correspondence.

### DHQ Traffic Crash Package

- DHQ Review Committee decision entered into EIR (OSP-801-06).



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

INFORMAL COUNSELING OR TRAINING

NAME (RANK, FIRST, MI, LAST) Trooper [REDACTED]		
UNIT [REDACTED]	DISTRICT / OIU Bucyrus	POST / SECTION / OIU DISTRICT 17
DATE 11/22/2021	INFORMAL COUNSELING <input type="checkbox"/>	INFORMAL TRAINING <input checked="" type="checkbox"/>

Brief summary of the counseling or training session  
(include the reason for the counseling or training and the corrective action taken)

I reviewed the in car video of the crash involving Trooper [REDACTED]. It was discovered that Trooper [REDACTED] stopped his patrol vehicle in the lane of travel on an exit ramp along side of a disabled vehicle instead of pulling off to the side of the roadway behind the disabled vehicle. Trooper [REDACTED] also did not activate his emergency lights prior to or while stopped in the roadway. Shortly after stopping, Trooper [REDACTED] was struck in the rear by a vehicle that was traveling behind him on the exit ramp.

Per OSP Policy 200.06 PATROL CAR / MOTOR VEHICLE OPERATION BY SWORN OFFICERS, "emergency warning equipment shall be used in any situation where there is a need to warn other highway users of a potential or existing hazard. When an officer is stopped with a motorist, emergency / pursuit lights should remain on for safety, when practical." In addition, pulling to the right shoulder instead of stopping in the lane of travel would have prevented unnecessarily blocking a lane of travel and would have been better for officer safety in the event the occupant of the disabled vehicle posed a threat to Trooper [REDACTED]. Per OSP Policy 200.06 PATROL CAR / MOTOR VEHICLE OPERATION BY SWORN OFFICERS, "It is recommended that the officer stop the patrol vehicle a minimum of 15 feet behind the stopped vehicle, offset approximately 1.5 to 2 feet to the left in order to create a safety lane from traffic, and keep the front wheels pointed straight ahead."

The above policy was reviewed with Trooper [REDACTED]

I acknowledge that I have been counseled or trained on the issue noted above. I understand the performance expectations of my supervisor and do not need further clarification. I understand that this counseling or training session is not discipline but this session may be used to justify additional corrective action in the future, including an administrative investigation and discipline.

EMPLOYEE (PRINT NAME) [REDACTED]	EMPLOYEE SIGNATURE X [REDACTED]	DATE 11/26/2021
SUPERVISOR (PRINT NAME) MATTHEW T. STAHL	SUPERVISOR SIGNATURE X [REDACTED]	DATE 11/26/2021

# INTER-OFFICE COMMUNICATION



Date December 20, 2021 File 2-ADM

To Captain Jerrod A. Savidge Attention Staff Lieutenant Douglas A. Hamman

From Lieutenant Ty W. Skaggs, Bucyrus Post Commander

Subject AI # 2021-11433, Trooper [REDACTED], Unit [REDACTED] District 2, Bucyrus Post 17

On November 18, 2021, Trooper [REDACTED] Unit [REDACTED] District Two, Bucyrus Post 17, was issued a Written Reprimand for violation of the Ohio State Highway Patrol Work Rule 4501:2-6-05(D)(1) Motor Vehicle and Aircraft Operation. To wit: Trooper [REDACTED] stopped in the lane of travel on an exit ramp adjacent to an apparent disabled motorist on the berm. Trooper [REDACTED] stopped without his emergency lights activated, which caused him to be struck from behind by another motorist.

TPC [REDACTED] 1/2-20-21 LT Ty W. Skaggs 1/2-20-21  
Trooper [REDACTED] Date Lieutenant Ty W. Skaggs Date

## DHQ REVIEW REMARKS AND/OR RECOMMENDATIONS

Capt. J.A. Savidge 12/20/21  
Signature Date

## GHQ REVIEW REMARKS AND/OR RECOMMENDATIONS

Capt. J.D. Pyles 12/21/21  
Signature Date



Employee Name	[REDACTED]	Unit Number	[REDACTED]	Hire Date	09/21/2011
Job Description	Trooper	Division	OSP	Department	D2 Post 17 Bucyrus

**202111433**

**Case Summary**

While operating SP [REDACTED] Trooper [REDACTED] stopped on an exit ramp without his emergency lights activated, which caused him to be struck from behind by another motorist. Preventable patrol car crash # 87-419-87.

**Violation Code(s)**

- 4501:2-6-05(D)(1) - Motor Vehicle and Aircraft Operation

Discipline Imposed	Discipline Days	Effective Date	Abeyance Days
Written Reprimand	-	12/20/2021	-

## **Exhibit 6**



<b>Employee Name</b> [REDACTED]	<b>Unit Number</b> [REDACTED]	<b>Hire Date</b> 09/21/2011
<b>Job Description</b> Trooper	<b>Division</b> OSP	<b>Department</b> SRT

**202111433**

**Case Summary**

While operating SP [REDACTED] Trooper [REDACTED] stopped on an exit ramp without his emergency lights activated, which caused him to be struck from behind by another motorist. Preventable patrol car crash # 87-419-87.

**Violation Code(s)**

- 4501:2-6-05(D)(1) - Motor Vehicle and Aircraft Operation

<b>Discipline Imposed</b>	<b>Discipline Days</b>	<b>Effective Date</b>	<b>Abeyance Days</b>
Written Reprimand	-	12/20/2021	-

## **Exhibit 7**

## DEPARTMENT RECORD



Employee Name [REDACTED]	Unit Number [REDACTED]	Hire Date 06/04/2001
Job Description Trooper	Division OSP	Department SRT

**No Department Record Found**