

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

| | | |
|--|--|---|
| <input type="checkbox"/> PHOTOSTAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY | LOCAL INFORMATION REPORTING AGENCY NAME* City of Kent Police NCIC* 06703 | 2020-00012410 HIT/SKIP 1 - SOLVED 2 - UNSOLVED NUMBER OF UNITS 02 UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 02 |
|--|--|---|

| | | | | |
|----------------------|--|---|--|--|
| COUNTY* 67 | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1 | LOCATION: CITY, VILLAGE, TOWNSHIP* Kent | CRASH DATE / TIME* 08072020/1617 | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 4 |
|----------------------|--|---|--|--|


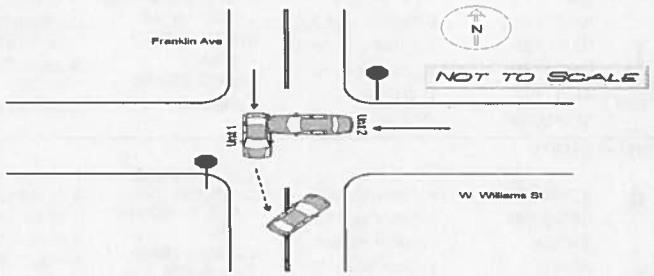
| | | | | | | |
|------------|--------------|--------|--|--|-------------------------|--|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME FRANKLIN | ROAD TYPE A V | LATITUDE DECIMAL DEGREES 41.148285 |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Williams | ROAD TYPE S T | LONGITUDE DECIMAL DEGREES -81.360496 |

| | | | | |
|---|--|--|--|---|
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1 | 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 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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA 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 01 | 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN | 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 | 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 2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN |
|---|--|---|--|---|---|

| | |
|--|--|
| 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 02 |
|--|--|

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|---|--|
| NARRATIVE Unit #1 was driving South on Franklin Ave. approaching the W. Williams St. intersection. Unit #2 was driving Westbound on W. Williams St. stopped for the stop sign at Franklin Ave. Unit #2 failed to yield while attempting to cross over Franklin Ave. and struck Unit #1. |  <p>Indicate the north direction with an "N" on the compass diagram.</p>  <p>NOT TO SCALE</p> |
|---|--|

| | | | | |
|--|--|---|--|--|
| CRASH REPORTED DATE / TIME 08072020/1617 | DISPATCH DATE / TIME 08072020/1617 | ARRIVAL DATE / TIME 08072020/1629 | SCENE CLEARED DATE / TIME 08072020/1718 | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS) |
| TOTAL TIME ROADWAY CLOSED 020 | OTHER INVESTIGATION TIME 020 | TOTAL MINUTES 081 | OFFICER'S NAME* Cole, Timothy OFFICER'S BADGE NUMBER* 248 | CHECKED BY OFFICER'S NAME* Gaydos, Ryan CHECKED BY OFFICER'S BADGE NUMBER* 213 |

OWNER

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER)
Turner, Bridgette, B

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)
551 SANDY LAKE RD, Brimfield Twp, OH 44240

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 # **FFN8932** VEHICLE IDENTIFICATION # **2 T 1 B R 3 2 E 7 7 C 7 9 1 9 6 1** VEHICLE YEAR **2 0 0 7** VEHICLE MAKE **Toyota**

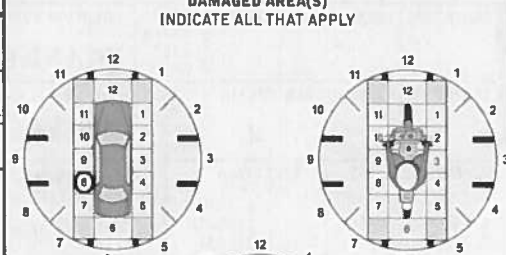
INSURANCE VERIFIED INSURANCE COMPANY **AARP** INSURANCE POLICY # **55PHL826053** COLOR **BGE** VEHICLE MODEL **COROLLA**

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS **0 1** VEHICLE WEIGHT GVWR/GCWR
1 - <10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # _____ PLACARD ID # _____

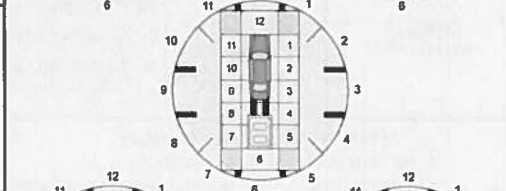


UNIT TYPE

0 1

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

OF TRAILING UNITS _____



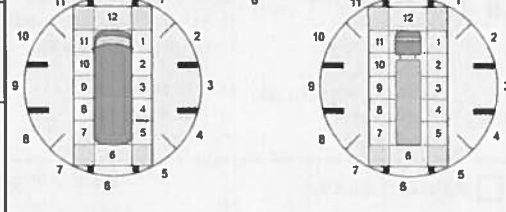
VEHICLE DEFECTS

2

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: **0**

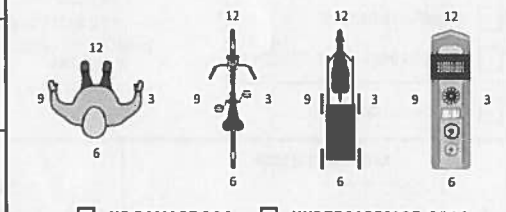
0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION



SPECIAL FUNCTION

0 1

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



CARGO BODY TYPE

0 1

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

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

VEHICLE DEFECTS

1

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

NON-MOTORIST LOCATION AT IMPACT

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

ACTION

4

PRE-CRASH ACTIONS

0 1

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

INITIAL POINT OF CONTACT

0 8

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

CONTRIBUTING CIRCUMSTANCES

0 1

| | | | | |
|----------------------|--------------------------------|--|--------------------------------------|--------------------------------|
| 1 - NONE | 7 - LEFT OF CENTER | 13 - IMPROPER START FROM A PARKED POSITION | 17 - VISION OBSTRUCTION | 21 - LYING IN ROADWAY |
| 2 - FAILURE TO YIELD | 8 - FOLLOWING TOO CLOSE / ACDA | 14 - STOPPED OR PARKED ILLEGALLY | 18 - OPERATING DEFECTIVE EQUIPMENT | 22 - NOT DISCERNIBLE |
| 3 - RAN RED LIGHT | 9 - IMPROPER LANE CHANGE | 15 - SWERVING TO AVOID | 19 - LOAD SHIFTING/FALLING/ SPILLING | 23 - OPENING DOOR INTO ROADWAY |
| 4 - RAN STOP SIGN | 10 - IMPROPER PASSING | 16 - WRONG WAY | 20 - IMPROPER CROSSING | 99 - OTHER IMPROPER ACTION |
| 5 - UNSAFE SPEED | 11 - DROVE OFF ROAD | | | |
| 6 - IMPROPER TURN | 12 - IMPROPER BACKING | | | |

TRAFFIC

TRAFFICWAY FLOW

2

1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL

6

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

SEQUENCE OF EVENTS

1 2 0

| | | | | |
|-------------------------------------|-------------------------|--|---------------------------------|---|
| 1 - OVERTURN/ROLLOVER | 6 - EQUIPMENT FAILURE | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT |
| 2 - FIRE/EXP. OSION | 7 - SEPARATION OF UNITS | 12 - DOWNHILL RUNAWAY | 17 - ANIMAL - FARM | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 3 - IMMERSION | 8 - RAN OFF ROAD RIGHT | 13 - OTHER NON-COLLISION | 18 - ANIMAL - DEER | 24 - OTHER MOVABLE OBJECT |
| 4 - JACKKNIFE | 9 - RAN OFF ROAD LEFT | 14 - PEDESTRIAN | 19 - ANIMAL - OTHER | |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 20 - MOTOR VEHICLE IN TRANSPORT | |
| | | | 21 - PARKED MOTOR VEHICLE | |

OF THROUGH LANES ON ROAD

2

RAIL GRADE CROSSING

1

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

COLLISION WITH FIXED OBJECT - STRUCK

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

UNIT / NON-MOTORIST DIRECTION

FROM **1** TO **2**

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

UNIT SPEED

0 2 5

POSTED SPEED

2 5

DETECTED SPEED

1

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

OWNER

UNIT # **0 2** OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER
Wang, Yiwei

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER
721 MAE ST, Kent, OH 44240

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

OWNED DAMAGE

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE **OH** LICENSE PLATE # **HVK1885** VEHICLE IDENTIFICATION # **YS3FB49Y281155877** VEHICLE YEAR **2008** VEHICLE MAKE **Saab**

INSURANCE VERIFIED INSURANCE COMPANY **Progressive** INSURANCE POLICY # **931938519** COLOR **BLK** VEHICLE MODEL **93**

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS **0 1** US DOT #

HAZARDOUS MATERIAL MATERIAL RELEASED CLASS # PLACARD ID #

UNIT TYPE **0 1**

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

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL **0**

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

SPECIAL FUNCTION **0 1**

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

CARGO BODY TYPE **0 1**

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

VEHICLE DEFECTS

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

NON-MOTORIST LOCATION AT IMPACT

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

ACTION **3** PRE-CRASH ACTIONS **0 1**

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

CONTRIBUTING CIRCUMSTANCES **0 2**

| | | | | |
|----------------------|--------------------------------|--|--------------------------------------|--------------------------------|
| 1 - NONE | 7 - LEFT OF CENTER | 13 - IMPROPER START FROM A PARKED POSITION | 17 - VISION OBSTRUCTION | 21 - LYING IN ROADWAY |
| 2 - FAILURE TO YIELD | 8 - FOLLOWING TOO CLOSE / ACDA | 14 - STOPPED OR PARKED ILLEGALLY | 18 - OPERATING DEFECTIVE EQUIPMENT | 22 - NOT DISCERNIBLE |
| 3 - RAN RED LIGHT | 9 - IMPROPER LANE CHANGE | 15 - SWERVING TO AVOID | 19 - LOAD SHIFTING/FALLING/ SPILLING | 23 - OPENING DOOR INTO ROADWAY |
| 4 - RAN STOP SIGN | 10 - IMPROPER PASSING | 16 - WRONG WAY | 20 - IMPROPER CROSSING | 99 - OTHER IMPROPER ACTION |
| 5 - UNSAFE SPEED | 11 - DROVE OFF ROAD | | | |
| 6 - IMPROPER TURN | 12 - IMPROPER BACKING | | | |

SEQUENCE OF EVENTS

1 2 0

| | | | | |
|-------------------------------------|-------------------------|--|---------------------------------|---|
| 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 - ARM | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 3 - IMMERSION | 8 - RAN OFF ROAD RIGHT | 13 - OTHER NON-COLLISION | 18 - ANIMAL - DEER | 24 - OTHER MOVABLE OBJECT |
| 4 - JACKKNIFE | 9 - RAN OFF ROAD LEFT | 14 - PEDESTRIAN | 19 - ANIMAL - OTHER | |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 20 - MOTOR VEHICLE IN TRANSPORT | |

COLLISION WITH FIXED OBJECT - STRUCK

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

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

LOCAL REPORT NUMBER
2 0 2 0 - 0 0 0 1 2 4 1 0

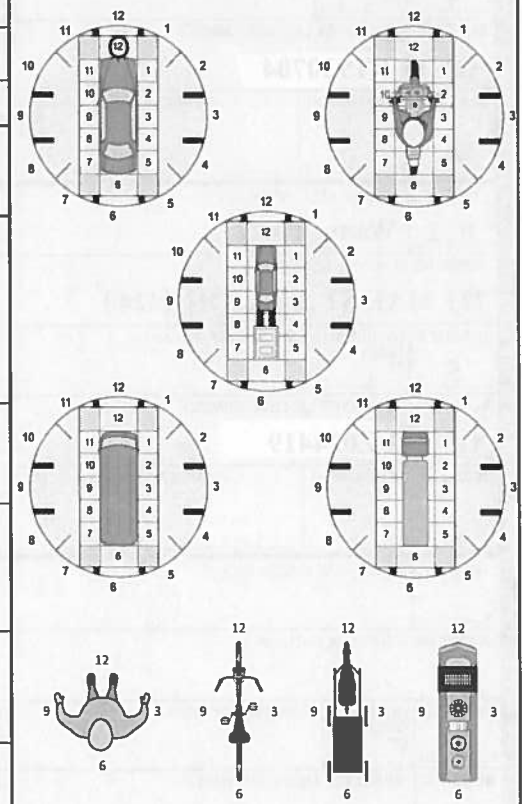
DAMAGE

DAMAGE SCALE

3

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



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

INITIAL POINT OF CONTACT

1 2

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

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 **2**

RAIL GRADE CROSSING **1**

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

UNIT / NON-MOTORIST DIRECTION

FROM **3** TO **4**

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

UNIT SPEED **0 0 5**

POSTED SPEED **2 5**

DETECTED SPEED **1**

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

MOTORIST / NON-MOTORIST

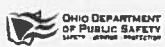
LOCAL REPORT NUMBER
2 0 2 0 - 0 0 0 1 2 4 1 0

| | | | | | | | | | | |
|---|---|----------------------------|---|--|-----------------------------------|--|--|--------------------|---------------|--|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE Turner, Bridgette, B | | | | DATE OF BIRTH 0 3 2 7 1 9 6 2 | | AGE 5 8 | GENDER F | | |
| ADDRESS: STREET, CITY, STATE, ZIP 551 SANDY LAKE RD ,Brimfield Twp ,OH 44240 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| INJURIES 4 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 . | | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 |

| | | | | | | | | | | |
|---|--|----------------------------|---|--|---|--|--|--------------------------|---------------|--|
| UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE Wang, Yiwei | | | | DATE OF BIRTH 0 8 1 7 1 9 9 5 | | AGE 2 4 | GENDER F | | |
| ADDRESS: STREET, CITY, STATE, ZIP 721 MAE ST ,Kent ,OH 44240 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED 331.19 | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Operation of Vehicle | | | CITATION NUMBER 62027 | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 . | | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 |

| | | | | | | | | | | |
|-----------------------------------|----------------------------|----------------------------|---|--|-----------------------------------|--|-----------------------------------|-----------------|----------|---|
| 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 |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST STATUS TYPE VALUE | | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 |

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



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
 2 0 2 0 - 0 0 0 1 2 4 1 0

| | | | | | | | |
|-----------------|-----------------------------------|---------------------------|-------------------|---|-----------------------------------|--|--|
| OCCUPANT | 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 |
| OCCUPANT | 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 |
| OCCUPANT | 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 |
| OCCUPANT | 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 |
| INJURED TAKEN BY | | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION |
| 2 - EMS | 7 - BOOSTER SEAT | 8 - THIRD - MIDDLE | 1 - NOT EJECTED |
| 3 - POLICE | 8 - HELMET USED | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED |
| 9 - OTHER / UNKNOWN | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED |
| GENDER | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK UP WITH CAP) | 4 - NOT APPLICABLE |
| F - FEMALE | 10 - REFLECTIVE CLOTHING | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED |
| M - MALE | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 13 - TRAILING UNIT | 1 - NOT TRAPPED |
| U - OTHER / UNKNOWN | 99 - OTHER / UNKNOWN | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS |
| | | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS |
| | | 99 - OTHER / UNKNOWN | |

| | | | | |
|---|--|---|-----------------------------------|--------------------|
| WITNESS | NAME: LAST, FIRST, MIDDLE McLaughlin, Michelle, M | DATE OF BIRTH 0 4 0 1 1 9 8 0 | AGE 4 0 | GENDER F |
| | ADDRESS: STREET, CITY, STATE, ZIP 539 FRANKLIN AVE, Kent, OH 44240 | | CONTACT PHONE - INCLUDE AREA CODE | |
| | NAME: LAST, FIRST, MIDDLE Brandon, Neva, G | DATE OF BIRTH 1 1 1 9 1 9 6 4 | AGE 5 5 | GENDER F |
| ADDRESS: STREET, CITY, STATE, ZIP 421 HARRIS ST, Kent, OH 44240 | | CONTACT PHONE - INCLUDE AREA CODE | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | |

