

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME* <b>City of Kent Police</b>	NCIC* <b>06703</b>	HIT/SKIP 1 - SOLVED 2 - UNSOLVED <b>0 2</b>	NUMBER OF UNITS <b>0 2</b>	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN <b>0 2</b>
--	--	--	---	-----------------------	--	-------------------------------	--

2 0 2 1 - 0 0 0 0 0 6 3 5

COUNTY* <b>6 7</b>	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP <b>1</b>	LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Kent</b>	CRASH DATE / TIME* <b>01152021 / 2027</b>	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY <b>5</b>
-----------------------	--	---	--	--

ROUTE TYPE <b>S R</b>	ROUTE NUMBER <b>43</b>	PREFIX <b>2</b>	LOCATION ROAD NAME <b>WATER</b>	ROAD TYPE <b>S T</b>	LATITUDE DECIMAL DEGREES <b>41.150107</b>
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>SUMMIT</b>	ROAD TYPE <b>S T</b>	LONGITUDE DECIMAL DEGREES <b>-81.358225</b>

REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>1</b>	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE 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 NUMBER OF APPROACHES <b>2</b>
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS					ROADWAY <input type="checkbox"/> ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP <b>0 1</b>	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 <b>6</b>	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN
---	--	--	---	---	--

<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR <b>1</b>	CONDITIONS <b>2</b>	SURFACE <b>2</b>
---	--	---	---------------------	------------------------	---------------------

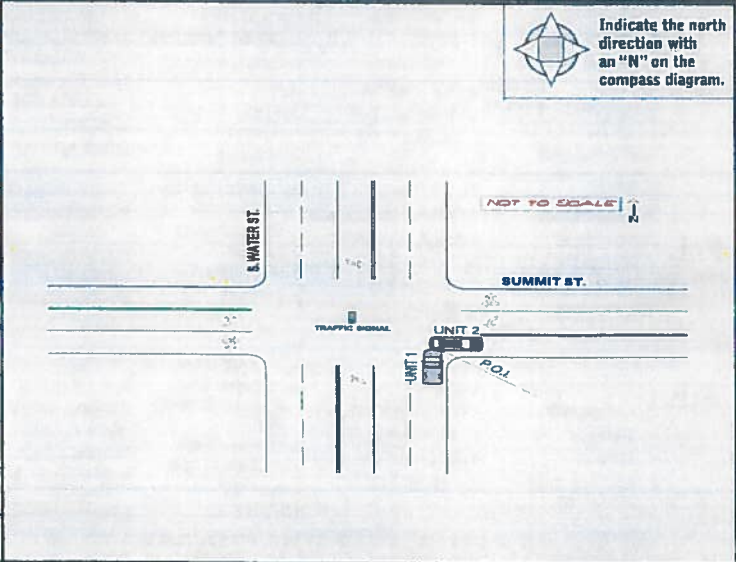
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN <b>3</b>	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL <b>0 1</b>	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
--	---	--	---	---	--

NARRATIVE

Unit 1 was traveling from south to north on Water St.

Unit 2 was turning west from Water St onto E Summit St. While turning, Unit 2 went directly in the path of Unit 1. Unit 1 then struck Unit 2.

No injuries were reported and the driver of Unit 2 was issued a citation for failure to yield (left turn).



CRASH REPORTED DATE / TIME <b>01152021 / 2027</b>	DISPATCH DATE / TIME <b>01152021 / 2028</b>	ARRIVAL DATE / TIME <b>01152021 / 2031</b>	SCENE CLEARED DATE / TIME <b>01152021 / 2053</b>	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 <b>0 0 5</b>	OTHER INVESTIGATION TIME <b>0 3 0</b>	TOTAL MINUTES <b>0 5 5</b>	OFFICER'S NAME* <b>Ellis, Charles</b>	CHECKED BY OFFICER'S NAME* <b>Wheeler, George</b>
			OFFICER'S BADGE NUMBER* <b>2 6 0</b>	CHECKED BY OFFICER'S BADGE NUMBER* <b>2 4 3</b>

LOCAL REPORT NUMBER  
 2, 0, 2, 1 - 0, 0, 0, 0, 6, 3, 5

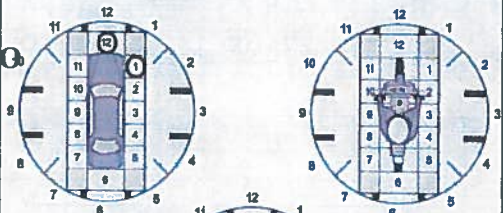
OWNER # **0, 1** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)  
**LOVEJOY, JASON, IRA**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
**430 SCRANTON ST, Ravenna, OH 44266**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

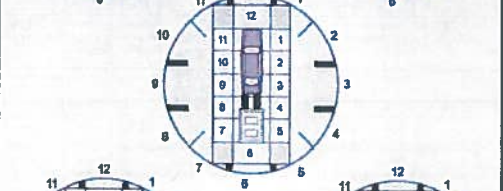
LP STATE **OH** LICENSE PLATE # **JBN8644** VEHICLE IDENTIFICATION # **2GCEK19J871624127** VEHICLE YEAR **2007** VEHICLE MAKE **Chevrolet**  
 INSURANCE VERIFIED  INSURANCE COMPANY **PROGRESSIVE** INSURANCE POLICY # **929619752** COLOR **GRY** VEHICLE MODEL **SILVERADO**

DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY

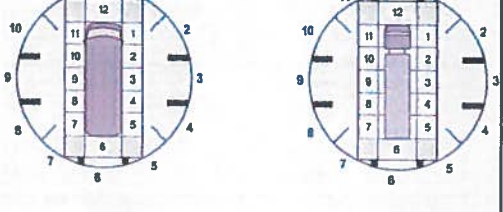
TYPE OF USE  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **0, 2** VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.  
 HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD



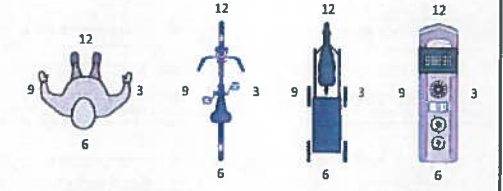
UNIT TYPE **0, 4** # OF TRAILING UNITS **00**  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMQ (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY 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



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 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 MOTORVEHICLE 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 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

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

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 - MEDIA/CROSSING ISLAND AT INCIDENT SCENE 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 19 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

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

INITIAL POINT OF CONTACT  
**0, 1** 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 / ACCA 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 21 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

TRAFFICWAY FLOW **2** TRAFFIC CONTROL **2**  
 1 - ONE-WAY 2 - SIGNAL 5 - YIELD SIGN  
 2 - TWO-WAY 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/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTORVEHICLE IN TRANSPORT  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

# OF THROUGH LANES ON ROAD **2** RAIL GRADE CROSSING **1**  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

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 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

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

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

UNIT SPEED **0, 2, 5** DETECTED SPEED **1**  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED  
 POSTED SPEED **2, 5**

**OWNER**  
 UNIT # **0 2** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)  
**COE, CHRISTOPHER**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
**1344 CHASELEY CT, WESTERVILLE, OH 43081**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**LP STATE** **OH** **LICENSE PLATE #** **HSW5690** **VEHICLE IDENTIFICATION #** **3 GNCJLSB4KL147218** **VEHICLE YEAR** **2019** **VEHICLE MAKE** **Chevrolet**  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** **ERIE INS CO** **INSURANCE POLICY #** **QH1 511 3917** **COLOR** **BLK** **VEHICLE MODEL** **TRAX**

**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 #** \_\_\_\_\_  
 **PLACARD** \_\_\_\_\_

**UNIT TYPE** **0 3**  
 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 (6+ PASSENGERS)  
 20 - OTHER VEHICLE  
 21 - REAVY 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  
**# 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  
 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 EQUIPMENT  
 16 - FARM  
 17 - MOWING  
 18 - SNOW REMOVAL  
 19 - TOWING  
 21 - MAIL CARRIER  
 99 - OTHER / UNKNOWN

**CARGO BODY TYPE** **0 1**  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE  
 2 - BUS  
 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  
 4 - LOGGING  
 5 - INTERMODAL CONTAINER CHASSIS  
 6 - CARGO VAN/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 AT IMPACT**  
 1 - INTERSECTION - MARKED CROSSWALK  
 2 - INTERSECTION - UNMARKED CROSSWALK  
 3 - INTERSECTION - OTHER  
 4 - MIDDLEBLOCK - 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** **PRE-CRASH ACTIONS** **0 6**  
 1 - NON-CONTACT  
 2 - NON-COLLISION  
 3 - STRIKING  
 4 - STRUCK  
 5 - BOTH STRIKING & STRUCK  
 9 - OTHER / UNKNOWN  
 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** **0 2**  
 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 / ACCA  
 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 DISCREIBLIE  
 23 - OPENING DOOR INTO ROADWAY  
 99 - OTHER IMPROPER ACTION

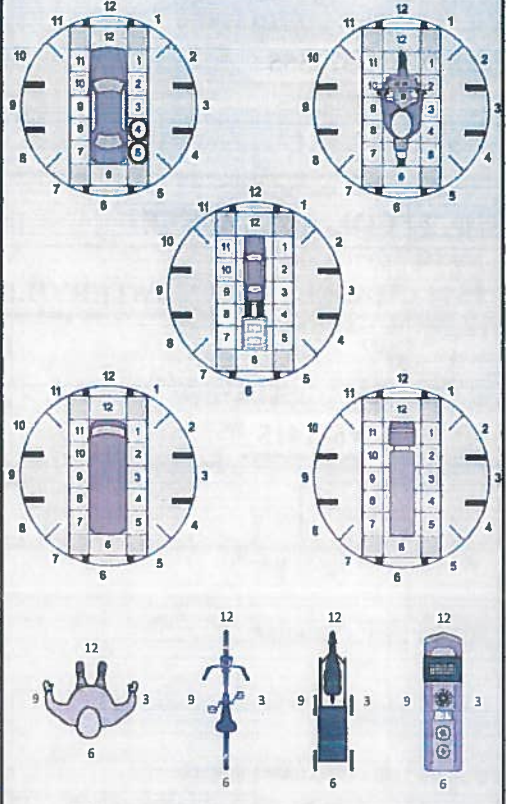
**SEQUENCE OF EVENTS**  
**1 2 0**  
 1 - OVERTURN/ROLLOVER  
 2 - FIRE/EXPLOSION  
 3 - IMMERSION  
 4 - JACKKNIFE  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT  
 6 - EQUIPMENT FAILURE  
 7 - SEPARATION OF UNITS  
 8 - RAN OFF ROAD RIGHT  
 9 - RAN OFF ROAD LEFT  
 10 - CROSS MEDIAN  
**EVENTS**  
 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL  
 12 - DOWNHILL RUNAWAY  
 13 - OTHER NON-COLLISION  
 14 - PEDESTRIAN  
 15 - PEDESTALCYCLE  
 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

**LOCAL REPORT NUMBER**  
**2 0 2 1 - 0 0 0 0 0 6 3 5**

**DAMAGE**  
**DAMAGE SCALE**  
**3**  
 1 - NONE  
 2 - MINOR DAMAGE  
 3 - FUNCTIONAL 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**  
**0 5**  
 0 - NO DAMAGE  
 1-12 - REFER TO UNIT DIAGRAM  
 13 - TOP  
 14 - UNDERCARRIAGE  
 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN

**TRAFFIC**  
**TRAFFICWAY FLOW**  
**2**  
 1 - ONE-WAY  
 2 - TWO-WAY  
**TRAFFIC CONTROL**  
**2**  
 1 - ROUNDABOUT  
 2 - SIGNAL  
 3 - FLASHER  
 4 - STOP SIGN  
 5 - YIELD SIGN  
 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 1 TO 3**  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 5 - NORTH-EAST  
 6 - NORTH-WEST  
 7 - SOUTH-EAST  
 8 - SOUTH-WEST  
 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 1 - 0 0 0 0 0 6 3 5

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> LOVEJOY, JASON, IRA			<b>DATE OF BIRTH</b> 0 1 1 1 2 0 0 1		<b>AGE</b> 2 0	<b>GENDER</b> M		
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 430 S SCRANTON ST, Ravenna, OH 44266				<b>CONTACT PHONE - INCLUDE AREA CODE</b>					
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b>		<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> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		<b>DRUG TEST(S)</b>

<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> COE, ALEXA, RAE			<b>DATE OF BIRTH</b> 0 3 1 1 2 0 0 0		<b>AGE</b> 2 0	<b>GENDER</b> F		
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1344 CHASELEY CT, WESTERVILLE, OH 43081				<b>CONTACT PHONE - INCLUDE AREA CODE</b>					
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b> 331.17	<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Right of Way when Tu			<b>CITATION NUMBER</b> 66421	
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		<b>DRUG TEST(S)</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 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> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>	
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		<b>DRUG TEST(S)</b>

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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 0 2 1 - 0 0 0 0 0 6 3 5

**OCCUPANT**

UNIT # **01** NAME: LAST, FIRST, MIDDLE  
**MAGLEY, SIMON, C**

ADDRESS: STREET, CITY, STATE, ZIP  
**1209 SHADOWLAWN DR, Ravenna, OH 44266**

DATE OF BIRTH  
**0 1 0 9 2 0 0 3**

AGE  
**1 8**

GENDER  
**M**

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**

DOT-COMPLIANT MC HELMET SEATING POSITION **0 4** AIR BAG USAGE **1** EJECTION **1** TRAPPED **1**

UNIT # NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

DATE OF BIRTH AGE GENDER

CONTACT PHONE - INCLUDE AREA CODE

INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED

DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED

UNIT # NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

DATE OF BIRTH AGE GENDER

CONTACT PHONE - INCLUDE AREA CODE

INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED

DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED

UNIT # NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

DATE OF BIRTH AGE GENDER

CONTACT PHONE - INCLUDE AREA CODE

INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED

DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED

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

**WITNESS**

NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

DATE OF BIRTH AGE GENDER

CONTACT PHONE - INCLUDE AREA CODE

NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

DATE OF BIRTH AGE GENDER

CONTACT PHONE - INCLUDE AREA CODE

NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

DATE OF BIRTH AGE GENDER

CONTACT PHONE - INCLUDE AREA CODE