

TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |  |  |   |   |  |  |  |   |  |   |  |  |  |
|--|--|--|---|---|--|--|--|---|--|---|--|--|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY   |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER   |   | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br><b>City of Kent Police</b>   |  | NCIC*<br><b>06703</b>  |  | <b>2 0 2 1 - 0 0 0 1 5 1 6 1</b>  |  |   |  |  |  |
| COUNTY*<br><b>6 7</b>  |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br><b>1</b>   |   | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>Kent</b>   |  | CRASH DATE / TIME*<br><b>09/14/2021 / 18:09</b>  |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED<br><b>0 2</b>  |  | NUMBER OF UNITS<br><b>0 2</b>   |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN<br><b>0 2</b>   |  |
| ROUTE TYPE<br><input type="checkbox"/> N - NORTH<br><input type="checkbox"/> S - SOUTH<br><input type="checkbox"/> E - EAST<br><input type="checkbox"/> W - WEST   |  | ROUTE NUMBER<br><b>3</b>   |   | PREFIX<br><b>3</b>  |  | LOCATION ROAD NAME<br><b>SUMMIT</b>  |  | ROAD TYPE<br><b>S T</b>   |  | LATITUDE DECIMAL DEGREES<br><b>41.142880</b>  |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br><b>5</b>   |  |
| ROUTE TYPE<br><input type="checkbox"/> N - NORTH<br><input type="checkbox"/> S - SOUTH<br><input type="checkbox"/> E - EAST<br><input type="checkbox"/> W - WEST   |  | ROUTE NUMBER<br><b>3</b>   |   | PREFIX<br><b>3</b>  |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>TED BOYD</b>   |  | ROAD TYPE<br><b>D R</b>   |  | LONGITUDE DECIMAL DEGREES<br><b>81.342167</b>   |  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br><b>1</b>  |  | DIRECTION FROM REFERENCE<br><input type="checkbox"/> N - NORTH<br><input type="checkbox"/> S - SOUTH<br><input type="checkbox"/> E - EAST<br><input type="checkbox"/> W - WEST |   | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES                       |  | ROADWAY<br><input checked="" type="checkbox"/> ROADWAY DIVIDED  |  |  |  |
| DISTANCE FROM REFERENCE<br><b>1</b>  |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br><b>1</b>   |   |   |  |  |  |   |  |   |  |  |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br><b>0 1</b>  |  |  |   | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br><b>4</b> |  |  |  | DIRECTION OF TRAVEL<br><input type="checkbox"/> N - NORTH<br><input type="checkbox"/> S - SOUTH<br><input type="checkbox"/> E - EAST<br><input type="checkbox"/> W - WEST<br><b>4</b> |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN<br><b>4</b> |  |  |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                               |   | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA   |  | CONTOUR<br><b>1</b><br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN   |  | CONDITIONS<br><b>1</b><br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN             |  | SURFACE<br><b>1</b><br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN   |  |  |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br><b>1</b>   |  |  |   | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br><b>0 1</b>                                   |  |  |  |   |  |   |  |  |  |
| NARRATIVE<br><b>Unit 1 and Unit 2 were traveling west bound on E. Summit St. approaching a pedestrian crosswalk. Unit 1 stopped in the roadway at the crosswalk for a crossing pedestrian. Unit 2 failed the stop in time striking Unit 1 in the rear causing damage to both vehicles.</b> |  |  |   |   |  |  |  |   |  |   |  | <p>Indicate the north direction with an "N" on the compass diagram.</p>  |  |
| <p>Summit St</p>   |  |  |   |   |  |  |  |   |  |   |  |  |  |
| CRASH REPORTED DATE / TIME<br><b>09/14/2021 / 18:09</b>  |  |  | DISPATCH DATE / TIME<br><b>09/14/2021 / 18:12</b> |   |  | ARRIVAL DATE / TIME<br><b>09/14/2021 / 18:15</b>   |  |   | SCENE CLEARED DATE / TIME<br><b>09/14/2021 / 19:17</b> |   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS) |  |
| TOTAL TIME ROADWAY CLOSED<br><b>0 0 0</b>  |  | OTHER INVESTIGATION TIME<br><b>0 0 0</b>   |   | TOTAL MINUTES<br><b>0 6 5</b>   |  | OFFICER'S NAME*<br><b>Allen, Lee W</b>   |  |   | CHECKED BY OFFICER'S NAME*<br><b>Short, Jason M</b>    |   |  |  |  |
|  |  |  |   | OFFICER'S BADGE NUMBER*<br><b>2 5 9</b>   |  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>2 2 8</b> |   |  |   |  |  |  |

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)  
**FORSYTH, MICHELLE, M**

OWNER PHONE: INCLUDE AREA CODE (197) CAMP OR HOME#

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  
**1941 MARHOFER AVE, Stow, OH 44224**

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

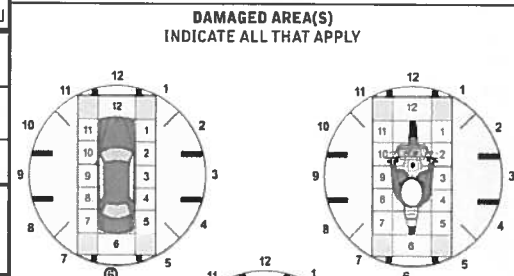
**DAMAGE SCALE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # HZS6728 VEHICLE IDENTIFICATION # 5N1A1Z2C5S1LN121399 VEHICLE YEAR 2020 VEHICLE MAKE Nissan

INSURANCE VERIFIED  INSURANCE COMPANY Home-Owners Ins. INSURANCE POLICY # 52-069-477-00 COLOR BLU VEHICLE MODEL MURANO



TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

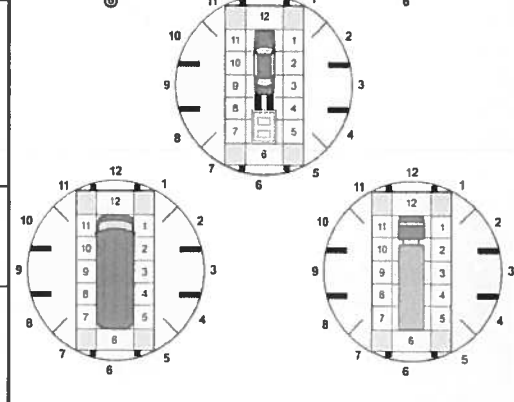
US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

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

UNIT TYPE 01

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

# OF TRAILING UNITS \_\_\_\_\_



WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

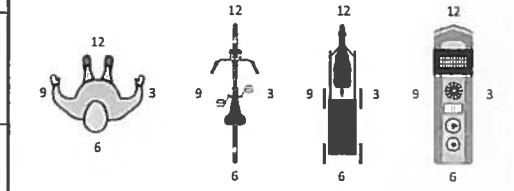
1 - YES 2 - NO 9 - OTHER / UNKNOWN

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 01

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 23 - SAFETY SERVICE PATROL



CARGO BODY TYPE 01

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

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

NON-MOTORIST LOCATION AT IMPACT

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

ACTION 4

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 PRE-CRASH ACTIONS 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

06 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 01

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

TRAFFICWAY FLOW 1 TRAFFIC CONTROL 6

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

SEQUENCE OF EVENTS

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

# OF THROUGH LANES ON ROAD 1 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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

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 000 DETECTED SPEED 1

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

POSTED SPEED 35

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) **ABBASSI, MAZEN, J** OWNER PHONE: INCLUDE AREA CODE (☑ SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER)  
**1048 CANTERBURY WAY DR, Ravenna, OH 44266**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # FXQ1304 VEHICLE IDENTIFICATION # 4T1B1F1FK0D1U256168 VEHICLE YEAR 2013 VEHICLE MAKE Toyota

INSURANCE VERIFIED  INSURANCE COMPANY Progressive Ins INSURANCE POLICY # 903861564 COLOR GRY VEHICLE MODEL CAMRY

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

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

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS 02 VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS, 2 - 10,001 - 26K LBS, 3 - >26K LBS

HAZARDOUS MATERIAL:  MATERIAL RELEASED,  PLACARD

UNIT TYPE 01

|                             |                                      |                        |  |                             |
|-----------------------------|--------------------------------------|------------------------|--|-----------------------------|
| 1 - PASSENGER CAR           | 7 - MOTORCYCLE 2-WHEELED             | 12 - GOLF CART         | 18 - LIMO (LIVERY VEHICLE)                     | 23 - PEDESTRIAN / SKATER    |
| 2 - PASSENGER VAN (MINIVAN) | 8 - MOTORCYCLE 3-WHEELED             | 13 - SNOWMOBILE        | 19 - BUS (16+ PASSENGERS)                      | 24 - WHEEL CHAIR (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 HITS/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 01

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

CARGO BODY TYPE 01

|   |  |                                  |                |                       |
|---|--|----------------------------------|----------------|-----------------------|
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 5 - INTERMODAL CONTAINER CHASSIS | 8 - POLE       | 12 - CONCRETE MIXER   |
| 2 - BUS                                 | 4 - LOGGING                              | 6 - CARGO VAN/ENCLOSED BOX       | 9 - CARGO TANK | 13 - AUTO TRANSPORTER |
|   |  | 7 - 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 CROSSWALK | 6 - BICYCLE LANE        | 9 - MEDIAN/CROSSING ISLAND      | 12 - FIRST RESPONDER AT INCIDENT SCENE |
| 2 - INTERSECTION - UNMARKED CROSSWALK | 4 - MIDBLOCK - MARKED CROSSWALK    | 7 - SHOULDER / ROADSIDE | 10 - DRIVEWAY ACCESS            | 99 - OTHER / UNKNOWN                   |
|                                       | 5 - TRAVEL LANE - OTHER LOCATION   | 8 - SIDEWALK            | 11 - SHARED USE PATHS OR TRAILS |  |

ACTION 3

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

CONTRIBUTING CIRCUMSTANCES 08

|                      |                                |  |                                     |                                |
|----------------------|--------------------------------|--|-------------------------------------|--------------------------------|
| 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 <u>20</u> | 1 - OVERTURN/ROLLOVER               | 6 - EQUIPMENT FAILURE   | <b>NON-COLLISION</b> | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE            | 22 - WORK ZONE MAINTENANCE EQUIPMENT  |
| 2 <u>1</u>  | 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 <u>1</u>  | 3 - IMMERSION                       | 8 - RAN OFF ROAD RIGHT  |                      | 13 - OTHER NON-COLLISION                             | 18 - ANIMAL - DEER              | 24 - OTHER MOVABLE OBJECT   |
| 4 <u>1</u>  | 4 - JACKKNIFE                       | 9 - RAN OFF ROAD LEFT   |                      | 14 - PEDESTRIAN                                      | 19 - ANIMAL - OTHER             |   |
| 5 <u>1</u>  | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN       |                      | 15 - PEDESTAL CYCLE                                  | 20 - MOTOR VEHICLE IN TRANSPORT |   |
| 6 <u>1</u>  |                                     |                         |                      |  | 21 - PARKED MOTOR VEHICLE       |   |

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 |                                      |

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER  
**2021-00015161**

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

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

TRAFFIC

TRAFFICWAY FLOW 1

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 1

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 - NORTH-EAST  
2 - SOUTH 6 - NORTH-WEST  
3 - EAST 7 - SOUTH-EAST  
4 - WEST 8 - SOUTH-WEST  
9 - OTHER / UNKNOWN

UNIT SPEED 015

POSTED SPEED 35

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 1 5 1 6 1

|  |   |                            |   |  |  |                         |  |               |   |
|--|---|----------------------------|---|--|--|-------------------------|--|---------------|---|
| UNIT #<br>0 1  | NAME: LAST, FIRST, MIDDLE<br>FORSYTH, MICHELLE, M |                            |   | DATE OF BIRTH<br>0 6 / 2 2 / 1 9 6 0   |  | AGE<br>6 1              | GENDER<br>F                                  |               |   |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1941 MARHOFER AVE, Stow, OH 44224 |   |                            |   | CONTACT PHONE - INCLUDE AREA CODE  |  |                         |  |               |   |
| INJURIES<br>5  | INJURED TAKEN BY                                  | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1                           | EJECTION<br>1 | TRAPPED<br>1  |
| OL STATE<br>O, H   | OPERATOR LICENSE NUMBER                           |                            | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER                              |               |   |
| OL CLASS<br>4  | ENDORSEMENT SELECT UP TO 2                        | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS: 1, TYPE: 1, VALUE: . |               | DRUG TEST(S)<br>STATUS: 1, TYPE: 1, RESULT SELECT UP TO 4 |

|  |  |                            |   |  |  |                         |  |               |   |
|--|--|----------------------------|---|--|--|-------------------------|--|---------------|---|
| UNIT #<br>0 2  | NAME: LAST, FIRST, MIDDLE<br>ABBASSI, MAZEN, J |                            |   | DATE OF BIRTH<br>0 1 / 1 5 / 1 9 7 3   |  | AGE<br>4 8              | GENDER<br>M                                  |               |   |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1048 CANTERBURY WAY DR, Ravenna, OH 44266 |  |                            |   | CONTACT PHONE - INCLUDE AREA CODE  |  |                         |  |               |   |
| INJURIES<br>5  | INJURED TAKEN BY                               | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1                           | EJECTION<br>1 | TRAPPED<br>1  |
| OL STATE<br>O, H   | OPERATOR LICENSE NUMBER                        |                            | OFFENSE CHARGED<br>333.03                       | LOCAL CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br>Maximum Speed Limits      |                         | CITATION NUMBER<br>23104                     |               |   |
| OL CLASS<br>4  | ENDORSEMENT SELECT UP TO 2                     | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS: 1, TYPE: 1, VALUE: . |               | DRUG TEST(S)<br>STATUS: 1, TYPE: 1, RESULT SELECT UP TO 4 |

|                                   |                            |                            |   |  |  |                  |  |          |   |
|-----------------------------------|----------------------------|----------------------------|---|--|--|------------------|--|----------|---|
| 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<br><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<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION        | ALCOHOL TEST<br>STATUS: , TYPE: , VALUE: . |          | DRUG TEST(S)<br>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 - M/C MOPEL ONLY           | 5 - EXCEPT CLASS A BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
| <b>INJURED TAKEN BY</b>                       |  |                                    | <b>EJECTION</b>              |  |  | <b>ALCOHOL TEST TYPE</b>                       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE        | 6 - SECOND - RIGHT SIDE  | 1 - NOT EJECTED                    | H - HAZMAT                   | 7 - EXCEPT TRACTOR-TRAILER   | 6 - PASSENGER  | 1 - NONE                                       |
| 2 - EMS                                       | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 2 - BLOOD                                      |
| 3 - POLICE                                    | 8 - THIRD - MIDDLE   | 3 - TOTALLY EJECTED                | P - PASSENGER                | 9 - LEARNER'S PERMIT RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                           | 9 - THIRD - RIGHT SIDE   | 4 - NOT APPLICABLE                 | N - TANKER                   | 10 - LIMITED TO DAYLIGHT ONLY  | 9 - OTHER / UNKNOWN  | 4 - BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                       |  |                                    | <b>TRAPPED</b>               |  |  | <b>DRUG TEST TYPE</b>                          |
| 1 - NONE USED                                 | 10 - SLEEPER SECTION OF TRUCK CAB  | 1 - NOT TRAPPED                    | Q - MOTOR SCOOTER            | 11 - LIMITED TO EMPLOYMENT   | 5 - OTHER  | 1 - NONE                                       |
| 2 - SHOULDER BELT ONLY USED                   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 2 - EXTRICATED BY MECHANICAL MEANS | R - THREE-WHEEL MOTORCYCLE   | 12 - LIMITED - OTHER   |  | 2 - BLOOD                                      |
| 3 - LAP BELT ONLY USED                        | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 3 - FREED BY NON-MECHANICAL MEANS  | S - SCHOOL BUS               | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | <b>CONDITION</b>   |  |
| 4 - SHOULDER & LAP BELT USED                  | 13 - TRAILING UNIT   |                                    | T - DOUBLE & TRIPLE TRAILERS | 14 - MILITARY VEHICLES ONLY  | 1 - APPARENTLY NORMAL  | 3 - URINE                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                                    | X - TANKER / HAZMAT          | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 2 - PHYSICAL IMPAIRMENT  | 4 - OTHER                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 15 - NON-MOTORIST  |                                    |                              | 16 - OUTSIDE MIRROR  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    |  |
| 7 - BOOSTER SEAT                              | 99 - OTHER / UNKNOWN   |                                    |                              | 17 - PROSTHETIC AID  | 4 - ILLNESS  |  |
| 8 - HELMET USED                               |  |                                    |                              | 18 - OTHER   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   |  |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |                                    |                              |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             |  |
| 10 - REFLECTIVE CLOTHING                      |  |                                    |                              |  | 9 - OTHER / UNKNOWN  |  |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                    |                              |  |  | <b>DRUG TEST RESULT(S)</b>                     |
| 99 - OTHER / UNKNOWN                          |  |                                    |                              |  |  | 1 - AMPHETAMINES                               |
|   |  |                                    |                              |  |  | 2 - BARBITURATES                               |
|   |  |                                    |                              |  |  | 3 - BENZODIAZEPINES                            |
|   |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
|   |  |                                    |                              |  |  | 5 - COCAINE                                    |
|   |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
|   |  |                                    |                              |  |  | 7 - OTHER                                      |
|   |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |



# OCCUPANT / WITNESS ADDENDUM

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

|                 |   |   |  |                                   |                    |
|-----------------|---|---|--|-----------------------------------|--------------------|
| <b>OCCUPANT</b> | UNIT #<br><b>02</b>   | NAME: LAST, FIRST, MIDDLE<br><b>ABBASSI, TALEEN</b> | DATE OF BIRTH<br><b>09 / 05 / 2014</b> | AGE<br><b>07</b>                  | GENDER<br><b>F</b> |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br><b>1048 CANTERBURY WAY DR ,Ravenna ,OH 44266</b> |   |  | CONTACT PHONE - INCLUDE AREA CODE |                    |

|                      |                  |                   |   |                                     |  |                                |                             |                      |                     |
|----------------------|------------------|-------------------|---|-------------------------------------|--|--------------------------------|-----------------------------|----------------------|---------------------|
| INJURIES<br><b>5</b> | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br><b>0,4</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br><b>0 6</b> | AIR BAG USAGE<br><b>1 1</b> | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b> |
|----------------------|------------------|-------------------|---|-------------------------------------|--|--------------------------------|-----------------------------|----------------------|---------------------|

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

|          |                  |                   |   |                       |  |                  |               |          |         |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

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

|          |                  |                   |   |                       |  |                  |               |          |         |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

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

|          |                  |                   |   |                       |  |                  |               |          |         |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

| INJURIES                     | SAFETY EQUIPMENT USED                         | SEATING POSITION   | AIR BAG USAGE                |
|------------------------------|---|--|------------------------------|
| 1 - FATAL                    | 1 - NONE USED - VEHICLE OCCUPANT              | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED             |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED                   | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT           |
| 3 - SUSPECTED MINOR INJURY   | 3 - LAP BELT ONLY USED                        | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE            |
| 4 - POSSIBLE INJURY          | 4 - SHOULDER & LAP BELT USED                  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT/SIDE |
| 5 - NO APPARENT INJURY       | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE           |
|                              | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN       |
|                              | 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   |                              |

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

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

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