| OHIO DEPARTMENT TRAFFIC CRASH | LOCAL REPORT NUMBER* | | | | | | |
|--|--|---|--------------|---|---|---|--|
| PHOTOS TAKEN OH-2 OH-3 | REPORT | 2,0,2,1,-,0,0,0,1,6,9,9,8, | | | | | |
| SECONDARY CRASH OH-1P OTHER | REPORTING AGENCY NAME* | NCIC | C* | HIT/SKIP NUMBER OF UNITS UNIT IN ERROR | | | |
| PRIVATE PROPERTY | City of Kent Police | 0 6 7 | 0 3 | 1 - SOLVED L 2 - UNSOLVED | 0 2 0 | 2 98-ANIMAL 99-UNKNOWN | |
| 1-LIIY | Y, VILLAGE, TOWNSHIP* | | | CRASH DATE / T | IME* CRA | SH SEVERITY FATAL | |
| 3-TOWNSHIP | | | | $1_{1}0_{1}1_{1}2_{1}2_{1}0_{1}2_{1}1_{1}$ | / ₁ 1 ₁ 4 ₁ 5 ₁ 8 ₁ 5 ₂ | SERIOUS INJURY | |
| ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST E - EAST W - WFST | LOCATION ROAD NAME | ROAI | DTYPE | LATITUDE DEC | IMAL DEGREES | SUSPECTED | |
| | HAYMAKER WY | <u>P</u> | | (4 ₁ 1 ₁₀ (1 ₁ 5 ₁ 3 ₁ | 7 9 8 | MINOR INJURY SUSPECTED | |
| ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HO | | DTYPE | LONGITUDE DE | | INJURY POSSIBLE | |
| | STOW | S | T | 811 0 3 6 5 | 6 8 2 | PROPERTY DAMAGE ONLY | |
| REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE N - NORTH IR | ROUTE TYPE - INTERSTATE ROUTE(TP) AL - ALLEY | ROAD TYPE IW-HIGHWAY RD - RO | nan l | 57 | NTERSECTION RELATED | | |
| 4 2-MILE POST S SOUTH | -FEDERAL US ROUTE AV - AVENUE L | A - LANE SQ - SQ | | X WITHIN INTER | RSECTION OR ON APPROA | СН . 4 . | |
| W-WEST SR | - STATE ROUTE BL - BOULEVARD M | MP - MILEPOST ST - ST DV - OVAL TE - TE | 112770-112 | WITHIN INTER | RCHANGE AREA NUM | BER OF APPROACHES | |
| FRUM REFERENCE UNIT OF MEASURE | NUMBERED COUNTY ROUTE CT - COURT P | PK - PARKWAY TL - TR | deposits and | | ROADWAY | | |
| 2-FEET 3-YARDS | ROUTE DR - DRIVE P | PI - PIKE WA - WA PL - PLACE | AY | ROADWAY DIV | IDED | | |
| LOCATION OF FIRST HARMFUL EVER | | | | DIRECTION OF TRAVEL | MEDIA | LTVDC | |
| 1 - ON ROADWAY 9 - CROSSOVE 2 - ON SHOULDER 10 - DRIVEWAY | 1 - NOT COLLISION 4 - | REAR-TO-REAR | ŀ | N - NORTH | 1 - DIVIDED F | LUSH MEDIAN | |
| 3-IN MEDIAN 11-RAILWAY | RADE CROSSING WHICLES IN 6- | BACKING ANGLE | | S - SOUTH E - EAST | 2 - DIVIDED F |) LUSH MEDIAN | |
| 4 - ON ROADSIDE 12-SHARED U 5 - ON GORE TRAILS | SE PATHS OR TRANSPORT 7 - | SIDESWIPE, SAME DIRECT SIDESWIPE, OPPOSITE DI | | W-WEST | { ≥4 FEET | | |
| 6 - OUTSIDE TRAFFIC WAY 13-BIKE LAND | 3 - HEAD-ON 9 - | OTHER / UNKNOWN | INCUITOR | | 4 - DIVIDED, R | AISED MEDIAN | |
| 7 - ON RAMP 14 - TOLL BOOT 8 - OFF RAMP 99 - OTHER / U | | | | | 9 - OTHER/UN | 1 | |
| WORK ZONE RELATED | WORK ZONE TYPE LOCATION | OF CRASH IN WORK ZO | DNE | CONTOUR | CONDITIONS | SURFACE | |
| 1. | | 1 - BEFORE THE 1ST WORK ZONE MARNING SIGN | | | | | |
| - | WORK ON SHOULDER 2-A | DVANCE WARNING ARE | EA | | 1 - DRY | 1 - CONCRETE | |
| | | RANSITION AREA | | 2 - STRAIGHT GRADE | 2 - WET | 2 - BLACKTOP, | |
| | | ERMINATION AREA | - 1 | | 3 - SNOW | BITUMINOUS, ASPHALT | |
| LIGHT CONDITION | WEATHER | | | | 4 - ICE 5 - SAND, MUD, DIRT, | 3 - BRICK/BLOCK | |
| 1 - DAYLIGHT 1 2 - DAWN/DUSK | 1-CLEAR 6-SNOW | | | | OIL, GRAVEL | 4 - SLAG, GRAVEL, STONE | |
| 3 - DARK - LIGHTED ROADWAY | 2 - CLOUDY 7 - SEVERE CI 3 - FOG, SMOG, SMOKE 8 - BLOWING | | v | | 6 - WATER (STANDING, MOVING) | 5 - DIRT | |
| 4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING | | RAIN OR FREEZING DR | | 1 | 7 - SLUSH | 9 - OTHER/UNKNOWN | |
| 9 - OTHER / UNKNOWN | J-SEEL, HALL 77-OTHER/C | DIAKIAGAAIA | | | 9 - OTHER/UNKNOWN | | |
| NARRATIVE | | | | | | Indicate the north | |
| Unit 1 was traveling from east | to west on Haymaker | | | | | direction with an "N" on the compass diagram. | |
| Pkwy (STHY 59) in the numl | per two lane. Unit 2 was | | | | | | |
| traveling from east to west or | Haymaker Pkwy in the | | 1 | PEARL S | | | |
| turning lane. Unit 2 attempte | | | | | Not T | o Scale | |
| westbound traffic from the to | | LINVAMANCE | B Black | | | | |
| 1 | | HAYMAKE | | UNIT 1 | | | |
| | | | _ | ONIT 1 | , | | |
| No injuries were reported and | the driver of Unit 2 | | | 2 No. 2 | | | |
| was issued a citation for driv | | | | | | | |
| | and an antaract ratios. | | | | | | |
| The state of the s | 200 THE ST. | | | sto | w st | | |
| CRASH REPORTED DATE / TIME | DIPDATOH DATE / TIME | | | | | | |
| | | VAL DATE / TIME | | SCENE CLEARED D | 152 | PORT TAKEN BY POLICE AGENCY | |
| TOTAL TIME OTHER TOTAL | | | | | / 1 5 4 4 | MOTORIST | |
| ROADWAY CLOSED INVESTIGATION TIME MINUT | | Gayd | | er's name* Ryan | 一 | SUPPLEMENT | |
| | OFFICER'S BADGE NUMBER* | | - | OFFICER'S BADGE N | | (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS) | |
| 0,0,0,0,3,0,0,6 | 1 2 6 0 | 2 | 1 | 3 | | | |

| | | | | | LOCAL F | REPORT N | UMBER | |
|------|--------------------|------------------------------|----------|----------------|------------------|-----------|-----------|-----------|
| | | | 2 | ₁ 0 | 2 1 - 0 | 0,0 | 1,6,9 | 9,9,8 |
| OWNE | R PHONE: INCLUSE A | REA SODE (X) SAME AS DRIVER) | | | | AMAGE | | |
|) | | | | | DAN | MAGE SCA | LE | |
| - | | | | 2 | 1 - NONE | 3 - | FUNCTION | AL DAMAGE |
| | | | <u> </u> | 3 | L 2 - MINOR DAMA | AGE 4- | DISABLING | DAMAGE |
| Com | MERCIAL CARRIER PH | DNE: INCLUDE AREA CODE | | | 9- | UNKNOWN | J | |
| | | | | | DAMA | AGED ARE | A(S) | |
| | VEHICLE YEAR | VEHICLE MAKE | | | INDICATE | E ALL THA | T APPLY | |
| 0,3 | 2 0 1 6 | Lincoln-Contine | ntal | | 12 | | | 12 |
| | COLOR | VEHICLE MODEL | | 11 | 12 | | 11 | 12 |

| | UNIT# | IT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) | | | | | LUCE AREA GODE (X SAME AS DR | IVER) | DAMAGE | | | | | |
|----------|--|--|--|---|-------------------------|---|--|----------|---|----------------------|---|--|--|--|
| <u>د</u> | | KETCHUM, BETS | | | | _' | | | DAMAGE SCALE | | | | | |
| OWNE | | R ADDRESS: STREET, CITY, STATE, ZIP (MSAME AS DRIVER) 15TH ST NE , EAST CANTON , OH 44730 | | | | | | | 3 - NONE 3 - FUNCTIONAL DAMAGE | | | | | |
| ò | | CIAL CARRIER: NAME, ADD | | | Co | COMMERCIAL CARRIER PHONE; INCLUDE AREA CODE | | | 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | | | | | |
| | | .* | , , , , , , , , , | | | COMMERCIAL GARRIER PHUNE; INCLUDE AREA CODE | | | DAMAGED AREA(S) | | | | | |
| | LP STATE | LICENSE PLATE # | | E IDENTIFICATION # | | VEHICLE YEAR VEHICLE MAKE | | | | | ALL THAT APPLY | | | |
| | OH | DZK5491 | | $L_1 R_1 6_1 G_1 B_1 L_1 7_1 0_1$ | 4 10 13 | 2 0 1 COLOR | | | al 12 | | 12 | | | |
| | X INSURA | INSURANCE OMPANY INSURANCE POLICY # VERIFIED MOTORIST MUTUAL INS 6628-06-538679-02A | | | | | VEHICLE MODE | | 12 | ξ | 12 | | | |
| | | TYPE OF USE | OTOALING | US DOT # | TOW | BGE ED BY: COMPAN | | | 11 1 | 2 | 10 1 2 | | | |
| | COMME | COMMERCIAL GOVERNMENT RESPONSE | | | | | | | 9 3 3 | | | | | |
| | THITEPLACE #DCCHPANTS VEHICLE WEIGHT GVWR/GCWR | | | 1 – | HAZARDOUS MATERIAL | | | 0 1 - | 7 | ⊢ • • • • • • | | | | |
| | DEVIC | E HIT/SKIP UNI | 1 1 | 1 - ≤10K LBS 2 - 10,001 - 26K LBS | | RELEASED | CLASS # PLACARDID | " | 6 7 5 Y | /4 | B 7 7 5 4 | | | |
| | 0 2 3 - >26K LBS | | | | | PLACARD | | | 0 5 | 11 - | 12 7 6 | | | |
| | | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED | 12-GOLF CART 13-SNOWMOBILE | | (VERY VEHICLE) + PASSENGERS) | 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TY) | (F) | 10 | / | 12 | | | |
| | 0 3 | 3 - SPORT LITTLETY VEHICLE | 9 - AUTOCYCLE | 14-SINGLE UNIT TRUCK | 20-OTHER | | 25 - OTHER NON-MOTORIST | - | 7 | 10 | 2 _ | | | |
| | UNIT TYPE | 4 - PICK UP 5 - CARGO VAN | 10 - MOPED OR MOTORIZED BICYCLE | 15-SEMI-TRACTOR | 21 - HEAVY | | 26 - BICYCLE | | 9 (| 0 | 3 3 | | | |
| | | 6 - VAN (9-15 SEATS) | 11 - ALL TERRAIN VEHICLE | 16 - FARM EQUIPMENT 17 - MOTORHOME | | WITH RIDER OR -Drawn vehicle | 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP | | 7. | - a | 自 1. 7. | | | |
| , E | T 1 | # OF TRAILING UNITS | (ATV / UTV) | | | | | | 40 | X. | 1 | | | |
| VEHICL | | MAC VEHICLE OBERATING IN AL | ITANAMANA | D. NO AUTOMATON | | | | \dashv | 11 12 | | 5 11 12 1 | | | |
| × | 2 | WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRE | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE | 4 - HIGH AU | ONAL AUTOMATION TOMATION | 9 - UNKNOWN | - [- | 0 15 1 | 2 | 10 | | | |
| | 2 | 1-YES 2-NO 9-OTHER/UNK | MOTORUNG | 5 0.07(1) 10701147100 | 5 - FULL AU | | | | 10 2 | 4 | 10 2 | | | |
| ł | | 1 - NONE | 6 - BUS - CHARTER/TOUR | 11 -FIRE | 16-FARM | | 21 MAII CARRIER | 9 | 9 3 | 3 | 9 9 3 | | | |
| | 1011 | 7 TAVI | | | | 6-FARM 21-MAIL CARRIER 7-MOWING 99-OTHER/UNKNOWN | | | B 7 5 | 7 5 74 | | | | |
| | SPECIAL | 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE | | | | | | | 7 6 5 | | 7 6 5 | | | |
| | FUNCTION | | | | 19-TOWING | | | | 6 | | 6 | | | |
| | | | | | | SERVICE PAIRUL | 30 001/00555 110/50 | \dashv | | 12 | 12 12 | | | |
| | 0 1 /NOT APPLICABLE MOTOR | | MOTOR VEHICLE | CHASSIS | 8 - POLE 9 - CARGOT | ANK | 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER | | 12 | 1 | | | | |
| | BODY | ARGU 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 1 | | 10-FLAT BE | | 14-GARBAGE/REFUSE | | A MAR | 7 | } | | | | |
| | TYPE | | | 11-DUMP | | 99-OTHER/UNKNOWN | | ,603, | 9 | - 3 9 T 3 9 🔮 3 | | | | |
| | | 1 - TURN SIGNALS | 4 - BRAKES | 7 - WORN OR SLICKTIRES | 9 - MOTORT | | 99-OTHER/UNKNOWN | | 6 | 1 | | | | |
| | VEHICLE DEFECTS | 2 - HEAD LAMPS 3 - TAIL LAMPS | 5 - STEERING 6 - TIRE BLOWOUT | 8 - TRAILER EQUIPMENT DEFECTIVE | 10 - DISABLE ACCIDE | D FROM PRIOR | | | | 6 | 6 6 | | | |
| | | | | | | | | | - NO DAMAG | E[0] | - UNDERCARRIAGE [14] | | | |
| | LIE | 1 - INTERSECTION – MARKED CROSSWALK | 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED | 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE | | CROSSING ISLAND | 12-FIRST RESPONDER AT INCIDENT SCENE | | [] TOD [12] | | C ALL ADDAG CASA | | | |
| | HON-MOTORIST LOCATION | 2 - INTERSECTION - UNMARKED | CROSSWALK | 8 - SIDEWALK | | 0 - DRIVEWAY ACCESS AT INCIDENT SCENE 2 - SHARED USE PATHS OR 99 - OTHER / UNKNOWN | | | □-TOP [13] | - ALL AREAS [15] | | | | |
| | AT IMPACT | CROSSWALK | 5 - TRAVEL LANE - OTHER LOCATION | | TRAILS | | | | | NIT NO | TAT SCENE [16] | | | |
| | | 1 - NON-CONTACT | 1 - STRAIGHT AHEAD | 7 - MAKING U-TURN | | - NEGOTIATING A CURVE 18 - APPROACHING | | | INIT | TAL PO | INT OF CONTACT | | | |
| | 4 | 2-NON-COLLISION 3-STRIKING 0 1 1 | 2 - BACKING 3 - CHANGING LANES | 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE | | IG OR CROSSING Ed Location | OR LEAVING VEHICLE 19-Standing | | 0 - NO DAM | | 14 - UNDERCARRIAGE | | | |
| | ACTION | 4 - STRUCK PRE-CRASH | 4 - OVERTAKING/PASSING | | 15 - WALKIN | -WALKING, RUNNING, 20-OTHER NON- | | RIST | | ERTOU Gram | INIT 15 - VEHICLE NOT AT SCENE | | | |
| | | 5 - BOTH STRIKING ACTIONS & STRUCK | | 11 - SLOWING OR STOPPED IN TRAFFIC | JUGGING 16 - WORKIN | , PLAYING S | 21 - STANDING OUTSIDE Disabled vehicle | | 13 - TOP | IMMIN | 99 - UNKNOWN | | | |
| | | 9-OTHER/UNKNOWN | 6 - MAKING LEFT TURN | IN LIMITING | | 7 - PUSHING VEHICLE 99 - OTHER / UNKNOWN | | | TRAFFIC | | | | | |
| | | 1 - NONE | 7-LEFT OF CENTER | 13 - IMPROPER START FROM A | 17 - VISION (| BSTRUCTION | 21 -LYING IN ROADWAY | | TRAFFICIUAY FLOW | IK | | | | |
| | | 2 - FAILURE TO YIELD | 8 - FOLLOWING TOO CLOSE / ACDA | PARKED POSITION 14-STOPPED OR PARKED | | NG DEFECTIVE | 22 - NOT DISCERNIBLE | | TRAFFICWAY FLOW 1 - ONE-WAY | | TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN | | | |
| | 0,1 | 3 - RAN RED LIGHT 4 - RAN STOP SIGN | 9-IMPROPER LANE CHANGE 10-IMPROPER PASSING | HICCALIN | EQUIPM 19 - LOAD SH | :NI IFTING/FALLING/ | 23 - OPENING DOOR INTO ROADWAY | | . 2 - TWO-WAY | 1 . : | 2 , 2 SIGNAL 5 - YIELD SIGN | | | |
| S) | CONTRIBUTING | 5 - UNSAFE SPEED | 11 - DROVE OFF ROAD | 15-SWERVING TO AVOID | SPILLIN | ; | 99 - OTHER IMPROPER ACTIO | ON L | | | 3 - FLASHER 6 - NO CONTROL | | | |
| ENT(s | | 6 - IMPROPER TURN | 12-IMPROPER BACKING | 10 - WRUNG WAY | 20 - IM PROP | ER CROSSING | | | OF THROUGH LANES | | RAIL GRADE CROSSING | | | |
| EVE | SEQUENCE | OF EVENTS | | | | | | | | | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING | | | |
| ш | 1 <u>.</u> 2 1 0 1 | 1 - OVERTURN/ROLLCVER | 6 - EQUIPMENT FAILURE | NON-COLLISION 11-CROSS CENTERLINE — | 16 - RAILWAY | VEHICLE | 22 - WORK ZONE MAINTENA | NCF | _4 | 🗀 | 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING | | | |
| | 1(2)0 | 2 - FIRE/EXPLOSION | 7 - SEPARATION OF UNITS | TRAVEL | 17 - ANIMAL | | EQUIPMENT | ···· | HMTT (A | LON M | TABLET BIDEATION | | | |
| | 21 1 1 | 3 - IMMERSION 4 - JACKKNIFE | B - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT | 12 DOWNHILL BUNAWAY | 18-ANIMAL 19-ANIMAL | | 23 - STRUCK BY FALLING, SHIFTING CARGO OR | | UNITY | יוטא-אוט | TORIST DIRECTION 1 - NORTH 5 - NORTHEAST | | | |
| | | 5 - CARGO / EQUIPMENT | 10 - CROSS MEDIAN | 13_BTHED MAN COLLICION | 20 - MOTOR V | EHICLE IN | ANYTHING SET IN MOTI BY A MOTOR VEHICLE | ON | 2 | 4 | 2 - SOUTH 6 - NORTHWEST | | | |
| | 3 | LOSS OR SHIFT | | 15 05311 01015 | TRANSP | IRT Mator Vehicle | 24-OTHER MOVABLE OBJEC | ⊺ | FROM 3 TO | 4 | | | | |
| | | OP MANAGEMENT | | N WITH FIXED OBJECT | - STRU | | | | | | 4 - WEST B - SOUTHWEST 9 - OTHER / UNKNOWN | | | |
| | 4 | 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END 32 - PORTABLE BARRIER | | 43 - CURB 44 - DITCH | | 50 - WORK ZONE MAINTENA EQUIPMENT | ACE | 11177 0000 | | | | | |
| | | 26 - BRIDGE OVERHEAD STRUCTURE | 33 - MEDIAN CABLE BARRIER | 39-LIGHT/LUMINARIES | 45 - EMBANK | MENT | 51 - WALL | | UNIT SPEED | | DETECTED SPEED | | | |
| | 51 | 27 - BRIDGE PIER OR ABUTMENT | 34 - MEDIAN GUARDRAIL Barrier | AD DITHUTTY BOLD | 46 - FENCE | , | 52-BUILDING 53-TUNNEL | | 0 3 0 | | 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR | | | |
| | | 28 - BRIDGE PARAPET | 35 - MEDIAN CONCRETE | 41 - OTHER POST, POLE | 47 - MAILBO | -MAILBOX 53 - TUNNEL -TREE 54 - OTHER FIXED OBJECT | | | DOCTED COCCO | \dashv | 3 - UNDETERMINED | | | |
| | | 29-BRIDGE RAIL 30-GUARDRAIL FACE | BARRIER 36-MEDIAN OTHER BARRIER | OR SUPPORT | 49-FIRE HY | DRANT | 99 - OTHER / UNKNOWN | | POSTED SPEED | | 3 - DINDE I ERMINEU | | | |
| | 1 | FIRST HARMFUL EVEN | 1 | ARMFUL EVENT | | | | | 3 5 | | | | | |
| | | · | | WWILL OF EASIL! | | | | - 1 | | - 1 | | | | |



2,0,2,1,-,0,0,0,1,6,9,9,8, OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS ORIVER) UNIT # OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) WHITE, CORTNEY, ELAINE DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 400 HERMS CT 9 ,Barberton ,OH 44203 J 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME ADDRESS, CITY STATE ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE | LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE $5 + F_1 N_1 R_1 L_1 1_1 8_1 6_1 X_1 4_1 B_1 0_1 0_1 8_1 6_1 7_1 5_1$ O H JHP5626 2 0 0 4 Honda **INSURANCE COMPANY** INSURANCE POLICY # INSURANCE COLOR VEHICLE MODEL VERIFIED SIL ODYSSEY TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #DCCUPANTS INTERLOCK MATERIAL CLASS # PLACARD ID # 1 - <10K LBS HIT/SKIP UNIT RELEASED DEVICE 2 - 10,001 - 26K LBS PLACARD 10 11 J 3 - >26K LBS 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) 0 2 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14-SINGLE UNITTRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15-SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26-BICYCLE BICYCLE 5 - CARGO VAN 16-FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE 6 - VAN (9-15 SEATS) ANIMAL-DRAWN VEHICLE 17.MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV / IITV) # OFTRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 0 4 - HIGH AUTOMATION 1 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16-FARM 21 - MAIL CARRIER 0 1 2 - TAXI 7 - PUS_INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13-POLICE 18-SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19-TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15-CONSTRUCTION EQUIPMENT 20-SAFETY SERVICE PATROL 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTOTRANSPORTER CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14 - GARBAGE/REFILSE RODY * 7 - GRAIN/CHIPS/GRAVEL TYPE 11 - DUMP 99-OTHER/UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99-OTHER/UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS DEFECTIVE 6 - TIRE BLOWOUT -NO DAMAGE [0] - UNDERCARRIAGE [141 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER CROSSWALK 4 - MIDBLOCK - MARKED AT INCIDENT SCENE 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS T-TOP | 13 | - ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 8 - STOFWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS - UNIT NOT AT SCENE [16] 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING **INITIAL POINT OF CONTACT** 2 - NON-COLUSION 2 - BACKING 8 - ENTERING TRAFFIC LANE OR LEAVING VEHICLE 14 - ENTERING OR CROSSING . 3 . 0 - NO DAMAGE 0 3 - CHANGING LANES 14 - UNDERCARRIAGE SPECIFIED LOCATION 3 - STRIKING 19-STANDING 9 - LEAVING TRAFFIC LANE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 1-12 - REFERTO UNIT 15 - VEHICLE NOT AT SCENE 20 - OTHER NON-MOTORIST 10-PARKED DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN JOGGING, PLAYING 11 - SLOWING OR STOPPED 21 - STANDING OUTSIDE 99 - UNKNOWN 16 - WORKING 13 - TOP & STRUCK IN TRAFFIC DISABLED VEHICLE 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9-OTHER/UNKNOWN 12 - DRIVERLESS TRAFFIC 1-NONE 7 - LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14-STOPPED OR PARKED EQUIPMENT 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 0 9 23 - OPENING DOOR INTO ILLEGALLY 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN 19 - LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY CIRCUMSTANCES 5 - UNSAFE SPEED CONTRIBUTING 15 - SWERVING TO AVOID 3 - FLASHER 6 - NO CONTROL SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IN PROPER CROSSING 6-IMPROPERTURN 12 - IMPROPER BACKING # of THROUGH LANES RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 4 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION 1 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -3 - INVOLVED-PASSIVE CROSSING 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION OPPOSITE DIRECTION OF 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM TRAVEL 23 - STRUCK BY FALLING. UNIT / NON-MOTORIST DIRECTION 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 19-ANIMAL - OTHER 1 - NORTH 5 - NORTHEAST 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION ANYTHING SET IN MOTION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT 10-CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT FROM 3 TO 4 LOSS OR SHIFT 3 - EAST 7 - SOUTHEAST 24-OTHER MOVABLE CBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 8 - SOUTHWEST 4 - WEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 50 - WORK ZONE MAINTENANCE 43 - CURB / CRASH CUSHION 32 - PORTABLE BARRIER 38-OVERHEAD SIGN POST EQUIPMENT 44 - DITCH **UNIT SPEED** DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT STRUCTURE 1 - STATED / ESTIMATED SPEED 34 - MEDIAN GUARDRAIL SUPPORT 52 - RUILDING 46 - FENCE 27 - BRIDGE PIER OR ABUTMENT $\begin{bmatrix} 0 & 3 & 0 \end{bmatrix}$ 40 - UTILITY POLE 53-TUNNEL ┙2-CALCULATED/EDR 47 - MAIL BOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 48-TREE 3 - UNDETERMINED 29 - BRIDGE RAIL POSTED SPEED BARRIER 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 30-GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 3 5 1 MOST HARMFUL EVENT FIRST HARMFUL EVENT

LOCAL REPORT NUMBER

| OF PUBLIS BAFETY MOTORIST / NON-MOTORIST | | | | | | | LOCAL REPORT NUMBER | | | | | | | |
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| UNIT# | NAME: LAST, | | ANIC | ON | | | | | | DATE OF BIRTH | | AGE | GENDER | |
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| 6185 1 | 5TH ST | NE ,EAST CAN | TON, | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| INJURIES | INJURED I TAKEN BY | EMS AGENCY (NAME) | | INJUREDT | AKEN TO | : MEDICAL FACILITY | (NAME, CITY | USED | I DOT C | SEATING POSITI | ON AIR BAG U | SAGE EJECTION | N TRAPPED | |
| OL STATE | | ICENSE NUMBER | | OFFENSE CHARGED LOC | | | | 0 4 | MC HE | LMET 0 1 | 1 | 1 1 1 | | |
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| | STREET, CITY, ST. | ATE, ZIP | | | | | | · | - | PHONE - INCLUDE AREA | | 1 - 5 | | |
| 400 H | | ,Barberton , | OH 44 | 203 | | | | | | | | | | |
| 400 H | INJURED I TAKEN BY | EMS AGENCY (NAME) | | INJUREDT | AKEN TO | : MEDICAL FACILITY | (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | DOT-CO | | ON AIR BAG U | AIR BAG USAGE EJECTION TRAPPED | | |
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| ADDRESS: | STREET, CITY, ST | ATE, ZIP | | | | | | | CONTACT | PHONE - INCLUDE AREA | CODE | | | |
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| | TAKEN | EMS AGENCY (NAME) | | INJURED T | AKEN 10 | MEDICAL FACILITY | NAME, CITY) | SAFETY EQUIPMENT | DOT-Co | SEATING POSITION | N AIR BAG US | AGE EJECTION | TRAPPED | |
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| 6 | ENDORSEMENT | RESTRICTION SELECT | UPT03 DRIN | /FD | AL CO | DHOL / DRUG SUSPE | CTED | CONDITION | ALC | OHOL TEST | | RUG TEST(S | | |
| | SELECT UP 102 | | | RACTED | | 323.2 | RIJUANA | CONDITION | STATUS T | YPE VALUE | | | T SELECT UP ID 4 | |
| | | | <u> _</u> | | 01 | THER DRUG | | <u></u> | | | | | اا | |
| INJU 1-FATAL | RIES | SEATING POSITION 1-FRONT-LEFT SIDE | A 1 - NOT DEP | IR BAG | 60,000 | OL CLASS 1-CLASS A | | OL RESTRIC | DV Perfectly 18 but a | DRIVER DISTRAC | Colombia Service Services | TEST ST | ATUS | |
| 2 - SUSPECTED S | SERIOUS INJURY | (MOTORCYCLE DRIVER) | 2 - DEPLOYE | | | 2 - CLASS B | | 1 - ALCOHOL INTER | | 1 - NOT DISTRACTED 2 - MANUALLY OPERATION | IGAN 2 | - NONE GIVEN -TEST REFUSED | | |
| 3 - SUSPECTED A 4 - POSSIBLE IN. | | 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE | 3 - DEPLOYE | CERTIFICATION TO A STATE OF THE | T/CIDE | 3 - CLASS C | | 3 - CORRECTIVE LE | NSES | ELECTRONIC COMMUNICATION OF THE PROPERTY OF T | | TEST GIVEN, COL | | |
| 5 - NO APPARENT | | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 5 - NOT APPI | D BOTH FRON Licable | II \ 2INF | 4 - REGULAR CLASS (OHIO = D) | | 4 - FARM WAIVER 5 - EXCEPT CLASS A | BUS | DIALING) 3 - TALKING ON HANDS-F | DCC 4. | TEST GIVEN, RE | | |
| INJURED | TAKEN BY | 5 - SECOND - MIDDLE | 9-DEPLOYN | JENT UNKNO | WN | 5 - M/C MOPED ONLY 6 - NO VALID OL | | 6 - EXCEPT CLASS A | 1 | COMMUNICATION DEV | ICE 5 | TEST GIVEN, RE | SULTS | |
| 1 - NOT TRANSPO | RTED | 6 - SECOND - RIGHT SIDE | | | Gl ₇ | | | & CLASS B BUS 7 - EXCEPT TRACTO | R-TRAILER | 4 -TALKING ON HAND-HE COMMUNICATION DEV | TOF | ALCOHOL TE | STIVE | |
| 2-EMS | OCINE | 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 1 - NOT EJEC | | | | 8 - INTERMEDIATE RESTRICTIONS | LICENSE | 5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE | I AN | - NONE | | | |
| 3 - POLICE | | 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE | 2 - PARTIALI | LY EJECTED M - MOTORCYCLE | | | 9-LEARNER'S PER | MIT | 6 - PASSENGER | | 2 - BLOOD | | | |
| 9-OTHER/UNK! | WO WIN | 10 - SLEEPER SECTION | 3 - TOTALLY 4 - NOT APPI | | | | | RESTRICTIONS 10 - LIMITED TO DAY | LIGHT ONLY | 7 - OTHER DISTRACTION IT ONLY INSIDE THE VEHICLE | | 3 - URINE 4 - BREATH | | |
| SAFETY EG | UIPMENT | OF TRUCK CAB 11 - PASSENGER IN OTHER | | | | Q - MOTOR SCOOTER | | 11 - LIMITED TO EMP | | 8 - OTHER DISTRACTION | OUTSIDE 5 | -OTHER | | |
| 2 - SHOULDER BE | ELT ONLY USED | ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, | 1 - NOTTRAF | PED | | R - THREE WHEEL MOT S - SCHOOL BUS | TORCYCLE | 12 - LIMITED - OTHE 13 - MECHANICAL DE | | 9-OTHER/UNKNOWN | | DRUG TEST | TTYPE | |
| 3 - LAP BELT ONL | | PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED | 2 - EXTRICAT | TED BY ICAL MEANS | | T DOUBLE & TRIPLE 1 | RAILERS | (SPECIAL BRAKE CONTROLS, OR OT | S, HAND | | 200 | 1 - NONE 2 - BLOOD | | |
| 5 - CHILD RESTRAINT SYSTEM - CARGO AREA 3 - FREED B' | | | ý « | ANC | X - TANKER / HAZMAT | | ADAPTIVE DEVIC | | 1 - APPARENTLY NORMAL | Total Miles | 3 - URINE | | | |
| FORWARD FAC 6 - CHILD RESTR | | 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR | NO N-MEG | HANICAL ME | ANS | GENDER | | 15 - MOTOR VEHICLE | | E-1111 atom: Imi minimilit | | OTHER | | |
| REAR FACING | | (NON-TRAILING UNIT) 15 - NON-MOTORIST | | | | P-FEMALE M-MALE | | AIR BRAKES 16 - OUTSIDE MIRROI | R | AHCRY DISTURBED) 4 - ILLNESS | MARKET STATES | RUG TEST RI Amphetamines | tet de la company de la compan | |
| 7 - BOOSTER SEA 8 - HELMET USE | | 99 - OTHER / UNKNOWN | | | | U - OTHER / UNKNOWN | | 17 - PROSTHETIC AID | | 5 - FELL ASLEEP, FAINTER | | BARBITURATES | | |
| 9 - PROTECTIVE I | | | | | | | | 18-OTHER | | FATIGUED, ETC. 6 - UNDER THE INFLUENCE | E | BENZODIAZEPIN | VES | |
| 10 - REFLECTIVE | | | | | | | | | | OF MEDICATIONS / DRU / ALCOHOL | 169 | CANNABINOIDS COCAINE | | |
| 11 - LIGHTING - P / BICYCLE ON | | | | | | | | | | 9-OTHER/UNKNOWN | | OPIATES / OPION | DS | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | | OTHER Negative resu | ILTS | |

| OCCUPANT / WITNESS ADDENDUM | | | | | | | LOCAL REPORT NUMBER | | | | | | | |
|-----------------------------------|-----------------------------------|---------------------------------|--|----------------------------|--|---|-----------------------------------|---|---------------------------------|---------------|---------------|--------------|--|--|
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| | UNIT# | l . | T, FIRST, MIDDLE | V DITTEN | - | | · · | DATE OF BIRTH AGE GENDER | | | | | | |
| Ė | 01_ | STREET, CITY | CHUM, BETS | Y, ELLEN | | | | 1 1 / 0 1 / 1 9 4 4 7 6 F | | | | | | |
| CCUPAN | | | T NE ,EAST (| | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| 000 | | INJURED | EMS Agency (NAME) | CANTON, | INJURED TAKEN TO: MEDICAL FACE | LITY (NAME CITY) | SAFETY EQUIPMENT | T SEATING POSITION AIR BAG USAGE EJECTION TRAPPED | | | | | | |
| | . 5 . | BY 1. | · | | THE THE PARTY OF T | eri i timme, ci i i | USED 0 4 | DOT-COMPLIANT | . 0 . 4 . | 1 1 | EJECTION 1 | TRAPPED 1 | | |
| 2 | UNIT# | NAME: LAS | T, FIRST, MIDDLE | | | <u> </u> | [0]4] | DAT | E OF BIRTH | 1 | AGE | GENDER | | |
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| PANT | ADDRESS: | DRESS: STREET, CITY, STATE, ZIP | | | | | | | - INCLUDE AREA CO | DE | | | | |
| OCCUPAN | | | | | | | | | | | | | | |
| ٥ | INJURIES | INJURED TAKEN | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACI | LITY (NAME, CITY) | SAFETY EQUIPMENT | DOT-COMPLIANT | EJECTION | TRAPPED | | | | |
| 5 | ш | ВҮ | | | | MC HELMET | | | | | | | | |
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| Ę | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | / | | | | | |
| OCCUPAN | ADDILLOO. | , JIRELI, 6/1 1, | STATE, EIF | | | | | CONTACT PHONE | INCLUDE AREA CO | DE | | | | |
| 3 | INJURIES | INJURED | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACIL | LITY (NAME, CITY) | SAFETY EQUIPMENT | | SEATING POSITION | AIR BAG HSACE | EJECTION | TRADOCO | | |
| | | TAKEN BY | | | | | USED | DOT-COMPLIANT | | | Location | INAFFED | | |
| j | UNIT # | NAME: LAS | T, FIRST, MIDDLE | | <u> </u> | DAT | E OF BIRTH | | AGE | GENDER | | | | |
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| | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: Medical Facil | LITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| ۷ | | | RIES | SAFFTY | ' EQUIPMENT USED | | SEATING POS | MC HELMET | | ALD DAG H | 0.405 | | | |
| I | 1 - FATA | (L | | 1 - NONE US | | A 10 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15 | T - LEFT SIDE | | 1 - NOT DE | AIR BAG U | SAGE | | | |
| | 2 - SUSF | PECTED SE | RIOUS INJURY | | VEHICLE OCCUPANT (MOTORCYCLE DRIV | | | | | | | | | |
| | | | NOR INJURY | | 2 - SHOULDER BELT ONLY USED 2 - FRONT - MIDDLE 3 - LAP BELT ONLY USED 3 - FRONT - RIGHT SID | | | E 3 - DEPLOYED SIDE | | | | | | |
| | | SIBLE INJU PPARENT I | | | OULDER & LAP BELT USED 4 - SECOND - LEFT SID (MOTORCYCLE PASS | | | | 4 - DEPLOYED BOTH FRONT/SIDE | | | | | |
| | Same Alex | A CONTRACTOR | | | CHILD RESTRAINT SYSTEM - 5 - SECOND - MIDDLE | | | | 5 - NOT APPLICABLE | | | | | |
| ı | Viscolation of | TRANSPOR | TAKEN BY | | | | ND – RIGHT SID O – LEFT SIDE | Ε | 9 - DEPLOYMENT UNKNOWN | | | | | |
| ı | | ATED AT S | ACCURATION STREET, STR | REAR FAC | | DRCYCLE SIDE | CAR) | | EJECTI |) N | | | | |
| | 2 - EMS | | | | 7 - BOOSTER SEAT 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SI | | | | 1 - NOT EJI | ECTED | | | | |
| ı | 3 - POLI | CE Er/Unkno | wai | 8 - HELMET | | | PER SECTION O | | 2 - PARTIA 3 - TOTALL | LLY EJECTE | D | | | |
| ı | 9 - UINE | | | | IVE PADS USED KNEES, ETC.) | | ENGER IN OTHE O AREA (NON-TR | | | | | | | |
| | F-FEMA | CHARLES OF THE PARTY OF THE | DER | | IVE CLOTHING | BUS, P | ICK UP WITH CAP |) | 4 - NOT AP | | D | | | |
| | M - MALE | | | 11 - LIGHTING / BICYCLE | - PEDESTRIAN ONLY | CARG | ENGER IN UNE! O AREA | IENCLOSED TRAPPED 1 - NOTTRAPPED | | | | | | |
| | U - OTHE | R/UNKNOV | VN | 99- OTHER/U | | 13 - TRAIL | ING UNIT G ON VEHICLE | FYTEDIAD | CAL | | | | | |
| ı | | | | | | (NON- | TRAILING UNIT) | MEANS MEANS | | | | | | |
| ı | | | | | | 15 - NON-/ 99 - OTHE | MOTORIST R/UNKNOWN | | 3 - FREED MEANS | BY NON-ME | CHANICA | ٩L | | |
| ٦ | NAME: LAS | T, FIRST, MIDDL | .E | | | | | DATE | OF BIRTH | | AGE | GENDER | | |
| NE S | | | | | | | | | 1/1 | | | | | |
| 3 | ADDRESS: | STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE | - INCLUDE AREA COD | E | | | | |
| NAME-LAST FIRST HIDD F | | | | | | | | | | | | | | |
| NAME: LAST, FIRST, MIDDLE | | | | | | | OF BIRTH | | AGE | GENDER | | | | |
| Z - | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | CONTACT PHONE | - INCLUDE AREA COD | E E | | | | | |
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| ဂ္ဂ | NAME: LAS | T, FIRST, MIDDL | E | | | | | DATE | OF BIRTH | | AGE | GENDER | | |
| ű | ADDRESS: | STREET, CITY 9 | STATE 71P | | · · · · · · · · · · · · · · · · · · · | | | CONTROL | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
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