

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2 0 2 3 - 0 0 0 0 6 2 6 0

PHOTOS TAKEN  
 SECONDARY CRASH  
 OH-2  
 OH-1P  
 PRIVATE PROPERTY  
 OH-3  
 OTHER

LOCAL INFORMATION  
 REPORTING AGENCY NAME\*  
**City of Kent Police**  
 NCIC\*  
**0 6 7 0 3**

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS  
**0 2**  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
**0 1**

COUNTY\* **6 7** LOCALITY\* **1** LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**Kent**

CRASH DATE / TIME\*  
**04222023 / 2357**  
 CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
**5**

LOCATION  
 ROUTE TYPE  
 ROUTE NUMBER  
 PREFIX  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
**3**  
 LOCATION ROAD NAME  
**SUMMIT**  
 ROAD TYPE  
**S T**

LATITUDE DECIMAL DEGREES  
**41.150107**

REFERENCE  
 ROUTE TYPE  
 ROUTE NUMBER  
 PREFIX  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
**S R 43**  
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**WATER**  
 ROAD TYPE  
**S T**

LONGITUDE DECIMAL DEGREES  
**-81.358223**

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
**1**  
 DIRECTION FROM REFERENCE  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
 ROUTE TYPE  
 IR - INTERSTATE ROUTE (TP)  
 US - FEDERAL US ROUTE  
 SR - STATE ROUTE  
 CR - NUMBERED COUNTY ROUTE  
 TR - NUMBERED TOWNSHIP ROUTE  
 ROAD TYPE  
 AL - ALLEY  
 AV - AVENUE  
 BL - BOULEVARD  
 CR - CIRCLE  
 CT - COURT  
 DR - DRIVE  
 HE - HEIGHTS  
 HW - HIGHWAY  
 LA - LANE  
 MP - MILEPOST  
 OV - OVAL  
 PK - PARKWAY  
 PI - PIKE  
 PL - PLACE  
 RD - ROAD  
 SQ - SQUARE  
 ST - STREET  
 TE - TERRACE  
 TL - TRAIL  
 WA - WAY

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
 NUMBER OF APPROACHES  
**4**  
 ROADWAY  
 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  
 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  
**0 1**

MANNER OF CRASH COLLISION/IMPACT  
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
 2 - REAR-END  
 3 - HEAD-ON  
 4 - REAR-TO-REAR  
 5 - BACKING  
 6 - ANGLE  
 7 - SIDESWIPE, SAME DIRECTION  
 8 - SIDESWIPE, OPPOSITE DIRECTION  
 9 - OTHER / UNKNOWN  
**6**

DIRECTION OF TRAVEL  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - 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

WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE  
 1 - LANE CLOSURE  
 2 - LANE SHIFT/CROSSOVER  
 3 - WORK ON SHOULDER OR MEDIAN  
 4 - INTERMITTENT OR MOVING WORK  
 5 - OTHER

LOCATION OF CRASH IN WORK ZONE  
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN  
 2 - ADVANCE WARNING AREA  
 3 - TRANSITION AREA  
 4 - ACTIVITY AREA  
 5 - TERMINATION AREA

CONTOUR  
**1**  
 1 - STRAIGHT LEVEL  
 2 - STRAIGHT GRADE  
 3 - CURVE LEVEL  
 4 - CURVE GRADE  
 9 - OTHER/UNKNOWN

CONDITIONS  
**1**  
 1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN

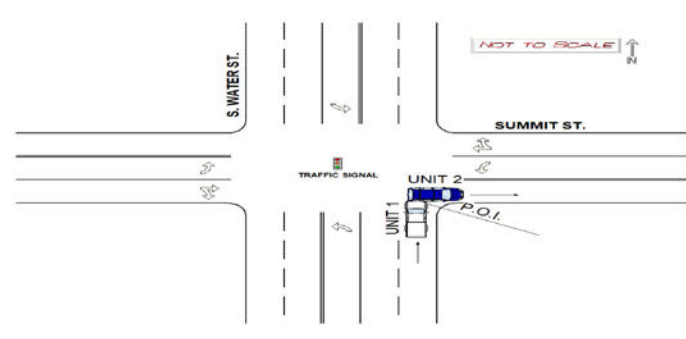
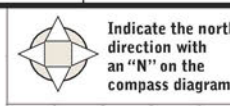
SURFACE  
**2**  
 1 - CONCRETE  
 2 - BLACKTOP, BITUMINOUS, ASPHALT  
 3 - BRICK/BLOCK  
 4 - SLAG, GRAVEL, STONE  
 5 - DIRT  
 9 - OTHER/UNKNOWN

LIGHT CONDITION  
 1 - DAYLIGHT  
 2 - DAWN/DUSK  
 3 - DARK - LIGHTED ROADWAY  
 4 - DARK - ROADWAY NOT LIGHTED  
 5 - DARK - UNKNOWN ROADWAY LIGHTING  
 9 - OTHER / UNKNOWN  
**3**

WEATHER  
 1 - CLEAR  
 2 - CLOUDY  
 3 - FOG, SMOG, SMOKE  
 4 - RAIN  
 5 - SLEET, HAIL  
 6 - SNOW  
 7 - SEVERE CROSSWINDS  
 8 - BLOWING SAND, SOIL, DIRT, SNOW  
 9 - FREEZING RAIN OR FREEZING DRIZZLE  
 99 - OTHER / UNKNOWN  
**0 1**

NARRATIVE

**Unit 1 was traveling from south to north on Water Street. Unit 2 was traveling from west to east on Summit Street. Unit 1 ran the red light at the intersection of Water and Summit, striking unit 2.**



CRASH REPORTED DATE / TIME  
**0 4 2 2 2 0 2 3 / 2 3 5 7**

DISPATCH DATE / TIME  
**0 4 2 2 2 0 2 3 / 2 3 5 7**

ARRIVAL DATE / TIME  
**0 4 2 2 2 0 2 3 / 2 3 5 7**

SCENE CLEARED DATE / TIME  
**0 4 2 3 2 0 2 3 / 0 0 2 8**

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
**0 0 0**

OTHER INVESTIGATION TIME  
**0 3 0**

TOTAL MINUTES  
**0 6 1**

OFFICER'S NAME\*  
**Kern, Steven Andrew**  
 OFFICER'S BADGE NUMBER\*  
**2 3 9**

CHECKED BY OFFICER'S NAME\*  
**Nelson, Josh**  
 CHECKED BY OFFICER'S BADGE NUMBER\*  
**2 3 2**

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) **RESH, BRIAN, LEE**

OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) **Redacted per ORC 149.43(A)(1)**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) **12772 FROST RD, Mantua Twp, OH 44255**

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

**LOCAL REPORT NUMBER**

**2023 - 00006260**

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # CJ20SL VEHICLE IDENTIFICATION # 1FTFW1ET8DFD66079 VEHICLE YEAR 2013 VEHICLE MAKE Ford

INSURANCE VERIFIED  INSURANCE COMPANY Safe Co INSURANCE POLICY # K3295274 COLOR WHI VEHICLE MODEL F150

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 02 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

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

VEHICLE WEIGHT GVWR/GCWR  
1 - <10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

UNIT TYPE 04 # OF TRAILING UNITS 01

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS 01

**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**

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

**EVENT(S)**

NON-MOTORIST LOCATION AT IMPACT 01

ACTION 03 PRE-CRASH ACTIONS 01

CONTRIBUTING CIRCUMSTANCES 03

SEQUENCE OF EVENTS

1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

2 \_\_\_\_\_ 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 MOTOR VEHICLE

3 \_\_\_\_\_ 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT

4 \_\_\_\_\_ 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT

5 \_\_\_\_\_ 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE

6 \_\_\_\_\_ 6 - IMPROPER TURN 12 - IMPROPER BACKING

**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

**TRAFFIC**

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

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

# OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**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

**UNIT SPEED** 005 **DETECTED SPEED** 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

**POSTED SPEED** 25

OWNER

VEHICLE

EVENT(S)

<b>UNIT #</b> 02	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (SAME AS DRIVER) <b>KENNEDY, KATHLEEN, ANN</b>	<b>OWNER PHONE:</b> INCLUDE AREA CODE (SAME AS DRIVER) Redacted per ORC 149.43(A)(1)
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (SAME AS DRIVER) <b>30802 PERRY DR, BAY VILLAGE, OH 44140</b>		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> GNL5709	<b>VEHICLE IDENTIFICATION #</b> 5FNRL5H69CB082787	<b>VEHICLE YEAR</b> 2012	<b>VEHICLE MAKE</b> Honda
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> Allstate	<b>INSURANCE POLICY #</b> 926917118	<b>COLOR</b> DBL	<b>VEHICLE MODEL</b> ODYSSEY
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<b>US DOT #</b>	<b>TOWED BY: COMPANY NAME</b>	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b> <input type="checkbox"/> <b>HIT/SKIP UNIT</b>		<b>#OCCUPANTS</b> 01	<b>HAZARDOUS MATERIAL</b>	
<b>TYPE OF USE</b>		<b>VEHICLE WEIGHT GVWR/GCWR</b>	<b>CLASS #</b> <b>PLACARD ID #</b>	
<input type="checkbox"/> <b>1 - PASSENGER CAR</b> <input type="checkbox"/> <b>7 - MOTORCYCLE 2-WHEELED</b> <input type="checkbox"/> <b>12 - GOLF CART</b> <input type="checkbox"/> <b>18 - LIMO (LIVERY VEHICLE)</b> <input type="checkbox"/> <b>23 - PEDESTRIAN / SKATER</b> <input type="checkbox"/> <b>2 - PASSENGER VAN (MINIVAN)</b> <input type="checkbox"/> <b>8 - MOTORCYCLE 3-WHEELED</b> <input type="checkbox"/> <b>13 - SNOWMOBILE</b> <input type="checkbox"/> <b>19 - BUS (16+ PASSENGERS)</b> <input type="checkbox"/> <b>24 - WHEELCHAIR (ANY TYPE)</b> <input type="checkbox"/> <b>3 - SPORT UTILITY VEHICLE</b> <input type="checkbox"/> <b>9 - AUTOCYCLE</b> <input type="checkbox"/> <b>14 - SINGLE UNIT TRUCK</b> <input type="checkbox"/> <b>20 - OTHER VEHICLE</b> <input type="checkbox"/> <b>25 - OTHER NON-MOTORIST</b> <input type="checkbox"/> <b>4 - PICK UP</b> <input type="checkbox"/> <b>10 - MOPED OR MOTORIZED BICYCLE</b> <input type="checkbox"/> <b>15 - SEMI-TRACTOR</b> <input type="checkbox"/> <b>21 - HEAVY EQUIPMENT</b> <input type="checkbox"/> <b>26 - BICYCLE</b> <input type="checkbox"/> <b>5 - CARGO VAN</b> <input type="checkbox"/> <b>11 - ALL TERRAIN VEHICLE (ATV / UTV)</b> <input type="checkbox"/> <b>16 - FARM EQUIPMENT</b> <input type="checkbox"/> <b>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</b> <input type="checkbox"/> <b>27 - TRAIN</b> <input type="checkbox"/> <b>6 - VAN (9-15 SEATS)</b> <input type="checkbox"/> <b>99 - UNKNOWN OR HIT/SKIP</b>		<b># OF TRAILING UNITS</b> 00		
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>		<b>1 - NO AUTOMATION</b>	<b>3 - CONDITIONAL AUTOMATION</b>	<b>9 - UNKNOWN</b>
<input type="checkbox"/> <b>1 - NONE</b> <input type="checkbox"/> <b>6 - BUS - CHARTER/TOUR</b> <input type="checkbox"/> <b>11 - FIRE</b> <input type="checkbox"/> <b>16 - FARM</b> <input type="checkbox"/> <b>21 - MAIL CARRIER</b> <input type="checkbox"/> <b>2 - TAXI</b> <input type="checkbox"/> <b>7 - BUS - INTERCITY</b> <input type="checkbox"/> <b>12 - MILITARY</b> <input type="checkbox"/> <b>17 - MOWING</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>3 - ELECTRONIC RIDE SHARING</b> <input type="checkbox"/> <b>8 - BUS - SHUTTLE</b> <input type="checkbox"/> <b>13 - POLICE</b> <input type="checkbox"/> <b>18 - SNOW REMOVAL</b> <input type="checkbox"/> <b>4 - SCHOOL TRANSPORT</b> <input type="checkbox"/> <b>9 - BUS - OTHER</b> <input type="checkbox"/> <b>14 - PUBLIC UTILITY</b> <input type="checkbox"/> <b>19 - TOWING</b> <input type="checkbox"/> <b>5 - BUS - TRANSIT/COMMUTER</b> <input type="checkbox"/> <b>10 - AMBULANCE</b> <input type="checkbox"/> <b>15 - CONSTRUCTION EQUIPMENT</b> <input type="checkbox"/> <b>20 - SAFETY SERVICE PATROL</b>		<b>SPECIAL FUNCTION</b>		
<b>1 - NO CARGO BODY TYPE / NOT APPLICABLE</b>		<b>3 - VEHICLE TOWING ANOTHER MOTORVEHICLE</b>	<b>5 - INTERMODAL CONTAINER CHASSIS</b>	<b>8 - POLE</b>
<b>2 - BUS</b>		<b>4 - LOGGING</b>	<b>6 - CARGO VAN/ENCLOSED BOX</b>	<b>9 - CARGO TANK</b>
<b>1 - TURN SIGNALS</b>		<b>4 - BRAKES</b>	<b>7 - WORN OR SLICK TIRES</b>	<b>9 - MOTOR TROUBLE</b>
<b>2 - HEAD LAMPS</b>		<b>5 - STEERING</b>	<b>8 - TRAILER EQUIPMENT DEFECTIVE</b>	<b>10 - DISABLED FROM PRIOR ACCIDENT</b>
<b>3 - TAIL LAMPS</b>		<b>6 - TIRE BLOWOUT</b>	<b>7 - GRAIN/CHIPS/GRAVEL</b>	<b>11 - DUMP</b>
<b>1 - INTERSECTION - MARKED CROSSWALK</b>		<b>3 - INTERSECTION - OTHER</b>	<b>6 - BICYCLE LANE</b>	<b>9 - MEDIAN/CROSSING ISLAND</b>
<b>2 - INTERSECTION - UNMARKED CROSSWALK</b>		<b>4 - MIDBLOCK - MARKED CROSSWALK</b>	<b>7 - SHOULDER / ROADSIDE</b>	<b>10 - DRIVEWAY ACCESS</b>
<b>3 - STRIKING</b>		<b>5 - TRAVEL LANE - OTHER LOCATION</b>	<b>8 - SIDEWALK</b>	<b>11 - SHARED USE PATHS OR TRAILS</b>
<b>4 - STRUCK</b>		<b>1 - STRAIGHT AHEAD</b>	<b>7 - MAKING U-TURN</b>	<b>13 - NEGOTIATING A CURVE</b>
<b>5 - BOTH STRIKING &amp; STRUCK</b>		<b>2 - BACKING</b>	<b>8 - ENTERING TRAFFIC LANE</b>	<b>14 - ENTERING OR CROSSING SPECIFIED LOCATION</b>
<b>9 - OTHER / UNKNOWN</b>		<b>3 - CHANGING LANES</b>	<b>9 - LEAVING TRAFFIC LANE</b>	<b>15 - WALKING, RUNNING, JOGGING, PLAYING</b>
<b>1 - NONE</b>		<b>4 - OVERTAKING/PASSING</b>	<b>10 - PARKED</b>	<b>16 - WORKING</b>
<b>2 - FAILURE TO YIELD</b>		<b>5 - MAKING RIGHT TURN</b>	<b>11 - SLOWING OR STOPPED IN TRAFFIC</b>	<b>17 - PUSHING VEHICLE</b>
<b>3 - RAN RED LIGHT</b>		<b>6 - MAKING LEFT TURN</b>	<b>12 - DRIVERLESS</b>	<b>18 - APPROACHING OR LEAVING VEHICLE</b>
<b>4 - RAN STOP SIGN</b>		<b>7 - LEFT OF CENTER</b>	<b>13 - IMPROPER START FROM A PARKED POSITION</b>	<b>19 - STANDING</b>
<b>5 - UNSAFE SPEED</b>		<b>8 - FOLLOWING TOO CLOSE / ACDA</b>	<b>14 - STOPPED OR PARKED ILLEGALLY</b>	<b>20 - OTHER NON-MOTORIST</b>
<b>6 - IMPROPER TURN</b>		<b>9 - IMPROPER LANE CHANGE</b>	<b>15 - SWERVING TO AVOID</b>	<b>21 - STANDING OUTSIDE DISABLED VEHICLE</b>
<b>1 - NONE</b>		<b>10 - IMPROPER PASSING</b>	<b>16 - WRONG WAY</b>	<b>99 - OTHER / UNKNOWN</b>
<b>2 - FAILURE TO YIELD</b>		<b>11 - DROVE OFF ROAD</b>	<b>17 - VISION OBSTRUCTION</b>	<b>18 - APPROACHING OR LEAVING VEHICLE</b>
<b>3 - RAN RED LIGHT</b>		<b>12 - IMPROPER BACKING</b>	<b>18 - OPERATING DEFECTIVE EQUIPMENT</b>	<b>19 - STANDING</b>
<b>4 - RAN STOP SIGN</b>		<b>13 - IMPROPER START FROM A PARKED POSITION</b>	<b>19 - LOAD SHIFTING/FALLING/SPILLING</b>	<b>20 - OTHER NON-MOTORIST</b>
<b>5 - UNSAFE SPEED</b>		<b>14 - STOPPED OR PARKED ILLEGALLY</b>	<b>20 - IMPROPER CROSSING</b>	<b>21 - STANDING OUTSIDE DISABLED VEHICLE</b>
<b>6 - IMPROPER TURN</b>		<b>15 - SWERVING TO AVOID</b>	<b>21 - LYING IN ROADWAY</b>	<b>99 - OTHER IMPROPER ACTION</b>
<b>1 - NONE</b>		<b>16 - WRONG WAY</b>	<b>22 - NOT DISCERNIBLE</b>	<b>23 - OPENING DOOR INTO ROADWAY</b>
<b>2 - FAILURE TO YIELD</b>		<b>17 - VISION OBSTRUCTION</b>	<b>23 - OPENING DOOR INTO ROADWAY</b>	<b>99 - OTHER IMPROPER ACTION</b>
<b>3 - RAN RED LIGHT</b>		<b>18 - OPERATING DEFECTIVE EQUIPMENT</b>	<b>24 - IMPROPER CROSSING</b>	
<b>4 - RAN STOP SIGN</b>		<b>19 - LOAD SHIFTING/FALLING/SPILLING</b>		
<b>5 - UNSAFE SPEED</b>		<b>20 - IMPROPER CROSSING</b>		
<b>6 - IMPROPER TURN</b>				

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

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

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

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

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

<b>FIRST HARMFUL EVENT</b>	<b>1</b>	<b>MOST HARMFUL EVENT</b>	<b>1</b>
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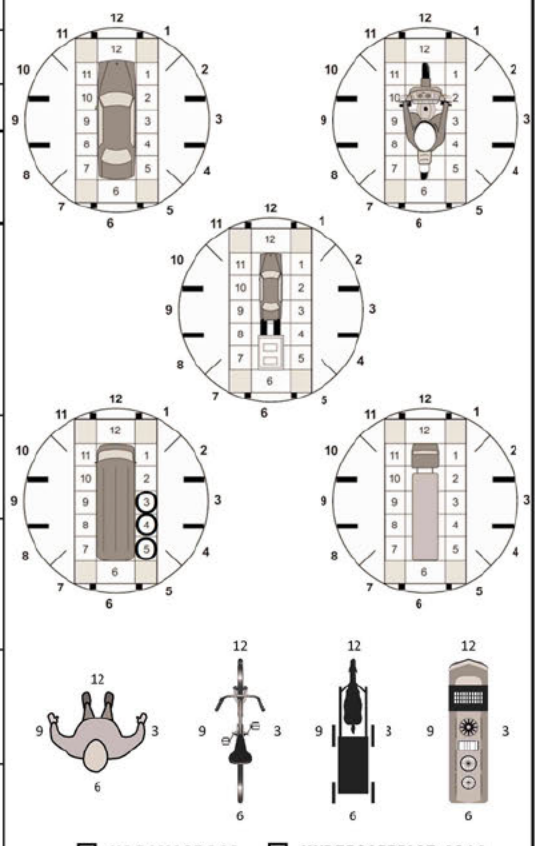
**LOCAL REPORT NUMBER**  
2023 - 00006260

**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, 4** 0 - NO DAMAGE                      14 - UNDERCARRIAGE  
1 - 12 - REFER TO UNIT DIAGRAM    15 - VEHICLE NOT AT SCENE  
13 - TOP                                      99 - UNKNOWN

**TRAFFIC**

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

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

**UNIT / NON-MOTORIST DIRECTION**

**FROM 4 TO 3**

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

<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
<b>0 1 0</b>	<b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b>	
<b>2 5</b>	

# MOTORIST / Non-MOTORIST

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

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> RESH, BRIAN, LEE		<b>DATE OF BIRTH</b> 0 7 0 1 1 9 5 9		<b>AGE</b> 6 3	<b>GENDER</b> M				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 12772 FROST RD ,Mantua Twp ,OH 44255				<b>CONTACT PHONE - INCLUDE AREA CODE</b> Redacted per ORC 149.43(A)(1)						
<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> OH	<b>OPERATOR LICENSE NUMBER</b> Redacted per ORC 4501:1-12		<b>OFFENSE CHARGED</b> 313.03C1	<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Traffic Control Sign		<b>CITATION NUMBER</b> 26111			
<b>OL CLASS</b> 2	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>	

<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> RICE, RACHEL, ELIZABETH		<b>DATE OF BIRTH</b> 0 1 2 9 2 0 0 3		<b>AGE</b> 2 0	<b>GENDER</b> F				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 30802 PERRY DR ,BAY VILLAGE ,OH 44140				<b>CONTACT PHONE - INCLUDE AREA CODE</b> Redacted per ORC 149.43(A)(1)						
<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> OH	<b>OPERATOR LICENSE NUMBER</b> Redacted per ORC 4501:1-12		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>	

<b>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>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS	
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHID - D) 5 - MC MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY	EJECTION		OL ENDORSEMENT	ALCOHOL TEST TYPE			
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER				
SAFETY EQUIPMENT	TRAPPED		GENDER	DRUG TEST TYPE			
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER				
				CONDITION			
				1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	DRUG TEST RESULT(S) 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 3 - 0 0 0 0 6 2 6 0

<b>OCCUPANT</b>	<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> RESH, TERRI, LYNN	<b>DATE OF BIRTH</b> 0 6 0 5 1 9 6 2	<b>AGE</b> 6 0	<b>GENDER</b> F
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 12772 FROST RD ,Mantua Twp ,OH 44255			<b>CONTACT PHONE - INCLUDE AREA CODE</b> Redacted per ORC 149.43(A)(1)	

<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 0 3	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
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<b>OCCUPANT</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"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
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<b>OCCUPANT</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"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
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<b>OCCUPANT</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"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
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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
<b>INJURED TAKEN BY</b>		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
<b>GENDER</b>		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

<b>WITNESS</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>WITNESS</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>WITNESS</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>		