

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2 0 2 3 - 0 0 0 0 4 0 2 2

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

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 2

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

CRASH DATE / TIME\*  
 03 14 20 23 / 00 43  
 CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
 5

ROUTE TYPE  
 ROUTE NUMBER  
 PREFIX N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
 2  
 LOCATION ROAD NAME  
**WILLOW**  
 ROAD TYPE  
 S T

LATITUDE DECIMAL DEGREES  
 41.150076

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

LONGITUDE DECIMAL DEGREES  
 -81.352998

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  
 IR - INTERSTATE ROUTE(TP)  
 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  
 3  
 ROADWAY  
 ROADWAY DIVIDED

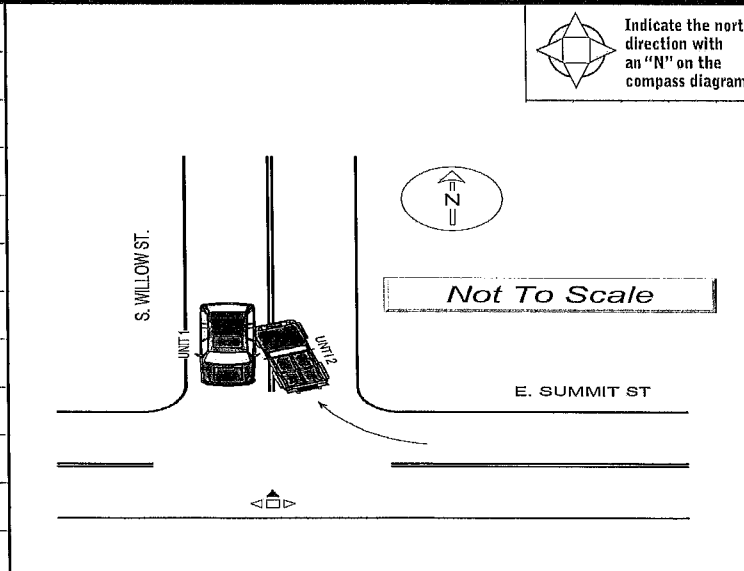
LOCATION OF FIRST HARMFUL EVENT  
 1 - ON ROADWAY  
 2 - ON SHOULDER  
 3 - IN MEDIAN  
 4 - ON ROADSIDE  
 5 - ON GORE  
 6 - OUTSIDE TRAFFIC WAY  
 7 - ON RAMP  
 8 - OFF RAMP  
 9 - CROSSOVER  
 10 - DRIVEWAY/ALLEY ACCESS  
 11 - RAILWAY GRADE CROSSING  
 12 - SHARED USE PATHS OR TRAILS  
 13 - BIKE 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  
 4  
 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 ONE WAS STOPPED AT THE INTERSECTION OF S. WILLOW ST. AT E. SUMMIT ST. WITH A RED FLASHER. UNIT TWO TURNED RIGHT FROM E. SUMMIT ST. ONTO S. WILLOW ST. AND HIT ICE, CROSSING ONTO THE LEFT SIDE OF THE ROADWAY. UNIT TWO STRUCK UNIT ONE CAUSING PROPERTY DAMAGE ONLY.**



CRASH REPORTED DATE / TIME  
 03 14 20 23 / 00 43  
 DISPATCH DATE / TIME  
 03 14 20 23 / 00 45  
 ARRIVAL DATE / TIME  
 03 14 20 23 / 00 50  
 SCENE CLEARED DATE / TIME  
 03 14 20 23 / 01 06  
 REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)  
 TOTAL TIME ROADWAY CLOSED  
 0 0 0  
 OTHER INVESTIGATION TIME  
 0 3 0  
 TOTAL MINUTES  
 0 5 1  
 OFFICER'S NAME\*  
**McNulty, Samantha S**  
 OFFICER'S BADGE NUMBER\*  
 2 3 6  
 CHECKED BY OFFICER'S NAME\*  
**Nelson, Josh**  
 CHECKED BY OFFICER'S BADGE NUMBER\*  
 2 3 2

**OWNER**

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**VALENTINE, TERRENCE, MICHAEL**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**320 WOODLAND DR, MEDINA, OH 44256**

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

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

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

**2**

**VEHICLE**

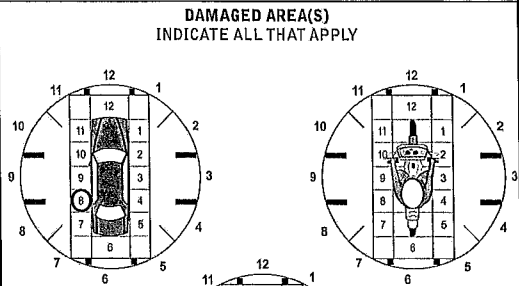
LP STATE **OH** LICENSE PLATE # **HPU8659** VEHICLE IDENTIFICATION # **2 HKR W2 H 8 0 L H 6 4 8 3 1 3** VEHICLE YEAR **2 0 2 0** VEHICLE MAKE **Honda**

INSURANCE VERIFIED INSURANCE COMPANY **CINCINNATI INS CO** INSURANCE POLICY # **A020188453** COLOR **BLU** VEHICLE MODEL **CRV**

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

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

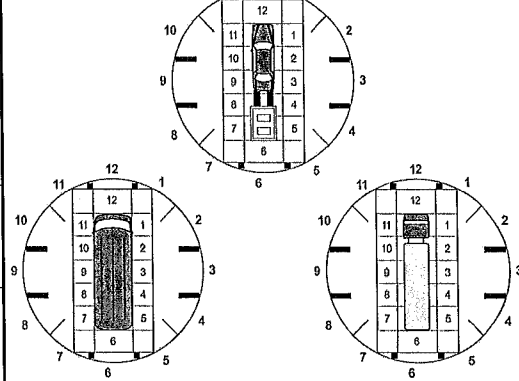
HAZARDOUS MATERIAL CLASS # PLACARD ID #



**UNIT TYPE**

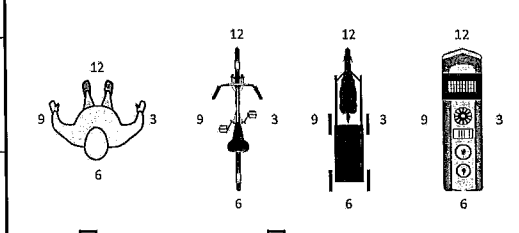
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
4 - PICK UP 10 - MOPEL 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



**SPECIAL FUNCTION**

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



**CARGO BODY TYPE**

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  
99 - OTHER / UNKNOWN

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

**VEHICLE DEFECTS**

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

**NON-MOTORIST LOCATION AT IMPACT**

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - 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

**INITIAL POINT OF CONTACT**

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

**ACTION**

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 PRE-CRASH ACTIONS 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

**TRAFFIC**

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

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

**CONTRIBUTING CIRCUMSTANCES**

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

**# OF THROUGH LANES ON ROAD**  
**2**

**RAIL GRADE CROSSING**  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

**SEQUENCE OF EVENTS**

1 **2 0** 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE  
2 **1 1** 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS  
3 - IMMERSION 8 - RAN OFF ROAD RIGHT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN

**NON-COLLISION**

11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE  
12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM  
13 - OTHER NON-COLLISION 18 - ANIMAL - DEER  
14 - PEDESTRIAN 19 - ANIMAL - OTHER  
15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
24 - OTHER MOVABLE OBJECT

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB  
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH  
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE  
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE  
49 - FIRE HYDRANT

50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL  
52 - BUILDING 53 - TUNNEL  
54 - OTHER FIXED OBJECT  
99 - OTHER / UNKNOWN

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

**UNIT / NON-MOTORIST DIRECTION**

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

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

**UNIT SPEED**  
**0 0 0**

**POSTED SPEED**  
**2 5**

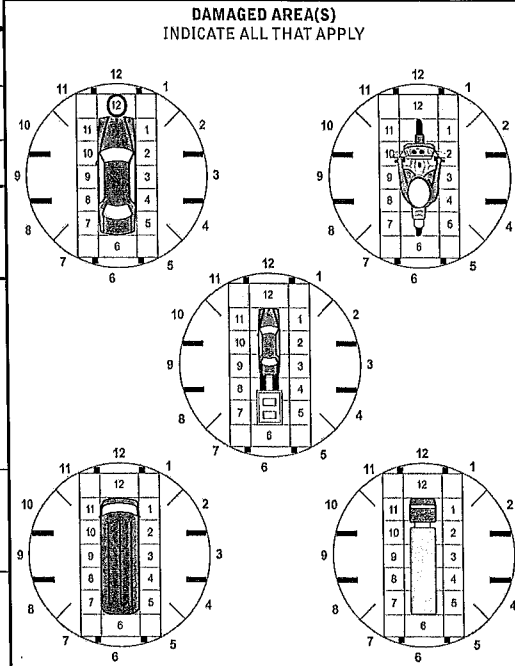
**DETECTED SPEED**  
**1**

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

**OWNER**  
 UNIT # **0 2** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**WOOLFORK, JAN, MORGAN**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**7655 RICHMOND RD, SOLON, OH 44139**  
 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 # **JZR7534** VEHICLE IDENTIFICATION # **1J4GL58K45W564533** VEHICLE YEAR **2005** VEHICLE MAKE **Jeep**  
 INSURANCE VERIFIED INSURANCE COMPANY **PROGRESSIVE** INSURANCE POLICY # **922300636** COLOR **BLK** VEHICLE MODEL **LIBERTY**  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **0 2** VEHICLE WEIGHT GVWR/GCWR  
 1 - ≤10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.  
 HAZARDOUS MATERIAL CLASS # PLACARD ID #  
 MATERIAL RELEASED  
 PLACARD



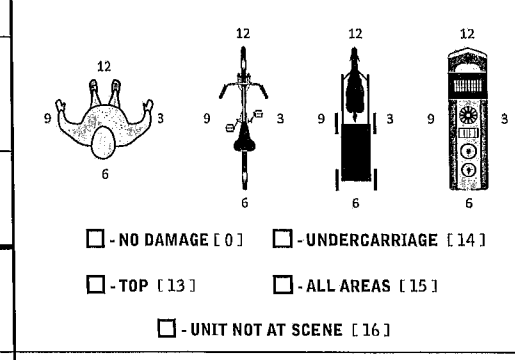
**UNIT TYPE**  
**0 3**  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP  
 # OF TRAILING UNITS

**AUTONOMOUS MODE**  
**2** WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
**0** AUTONOMOUS MODE LEVEL  
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

**SPECIAL FUNCTION**  
**0 1**  
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE**  
**0 1**  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE  
 11 - DUMP 99 - OTHER / UNKNOWN

**VEHICLE DEFECTS**  
**0 1**  
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT



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

**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  
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING  
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

**INITIAL POINT OF CONTACT**  
**1 2**  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**  
**0 7**  
 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

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

**SEQUENCE OF EVENTS**  
**1 2 0**  
 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN  
**NON-COLLISION**  
 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE  
 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM  
 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER  
 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
 21 - PARKED MOTOR VEHICLE

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

**COLLISION WITH FIXED OBJECT - STRUCK**  
**1** 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 1**  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

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

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 3 - 0 0 0 0 4 0 2 2

|  |  |                                   |  |   |  |                                 |   |                      |  |  |
|--|--|-----------------------------------|--|---|--|---------------------------------|---|----------------------|--|--|
| <b>UNIT #</b><br>0, 1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>VALENTINE, OSCAR, ROBERT |                                   |  | <b>DATE OF BIRTH</b><br>0, 6, 2, 8, 2, 0, 0, 1  |  | <b>AGE</b><br>21                | <b>GENDER</b><br>M                                  |                      |  |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>2503 MELOY RD, Brimfield Twp, OH 44240 |  |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>Redacted per ORC 149.43 (A)(1)(mm)  |  |                                 |   |                      |  |  |
| <b>INJURIES</b><br>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><br>0, 4  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0, 1 | <b>AIR BAG USAGE</b><br>1                           | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1                                  |  |
| <b>OL STATE</b><br>O, H  | <b>OPERATOR LICENSE NUMBER</b><br>Redacted per ORC 4501:1-12 |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                                 | <b>CITATION NUMBER</b>                              |                      |  |  |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT SELECT UP TO 2</b>                            | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1           | <b>ALCOHOL TEST</b><br>STATUS: 1, TYPE: 1, VALUE: . |                      | <b>DRUG TEST(S)</b><br>STATUS: 1, TYPE: 1, RESULT: . |  |

|   |  |                                   |  |   |  |                                 |   |                      |  |  |
|---|--|-----------------------------------|--|---|--|---------------------------------|---|----------------------|--|--|
| <b>UNIT #</b><br>0, 2   | <b>NAME: LAST, FIRST, MIDDLE</b><br>WOOLFORK, JAN, MORGAN    |                                   |  | <b>DATE OF BIRTH</b><br>0, 7, 1, 9, 2, 0, 0, 1  |  | <b>AGE</b><br>21                | <b>GENDER</b><br>M                                  |                      |  |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>7655 RICHMOND RD, SOLON, OH 44139 |  |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>Redacted per ORC 149.43 (A)(1)(mm)  |  |                                 |   |                      |  |  |
| <b>INJURIES</b><br>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><br>0, 4  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET   | <b>SEATING POSITION</b><br>0, 1 | <b>AIR BAG USAGE</b><br>1                           | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1                                  |  |
| <b>OL STATE</b><br>O, H   | <b>OPERATOR LICENSE NUMBER</b><br>Redacted per ORC 4501:1-12 |                                   | <b>OFFENSE CHARGED</b><br>331.01                       | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/>  | <b>OFFENSE DESCRIPTION</b><br>Driving Upon Right S |                                 | <b>CITATION NUMBER</b><br>25416                     |                      |  |  |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT SELECT UP TO 2</b>                            | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1           | <b>ALCOHOL TEST</b><br>STATUS: 1, TYPE: 1, VALUE: . |                      | <b>DRUG TEST(S)</b><br>STATUS: 1, TYPE: 1, RESULT: . |  |

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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
 2 0 2 3 - 0 0 0 0 4 0 2 2

**OCCUPANT**

UNIT # **01** NAME: LAST, FIRST, MIDDLE  
**BECHTEL, JENNA, EVELYN C**

ADDRESS: STREET, CITY, STATE, ZIP  
**1140 MORRIS RD 2, Kent, OH 44240**

INJURIES **5** INJURED TAKEN BY **[ ]** EMS AGENCY (NAME) **[ ]** INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) **[ ]** SAFETY EQUIPMENT USED **0 4**

DATE OF BIRTH **0 3 1 4 2 0 0 2** AGE **2 1** GENDER **F**

CONTACT PHONE - INCLUDE AREA CODE  
**Redacted per ORC 149.43 (A)(1)(mm)**

DOT-COMPLIANT MC HELMET  SEATING POSITION **0 3** AIR BAG USAGE **1** EJECTION **1** TRAPPED **1**

**OCCUPANT**

UNIT # **02** NAME: LAST, FIRST, MIDDLE  
**ZAHURAK, THOMAS, JOSEPH PETER**

ADDRESS: STREET, CITY, STATE, ZIP  
**6177 RICHMOND RD, SOLON, OH 44139**

INJURIES **5** INJURED TAKEN BY **[ ]** EMS AGENCY (NAME) **[ ]** INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) **[ ]** SAFETY EQUIPMENT USED **0 4**

DATE OF BIRTH **0 4 3 0 2 0 0 2** AGE **2 0** GENDER **M**

CONTACT PHONE - INCLUDE AREA CODE  
**Redacted per ORC 149.43 (A)(1)(mm)**

DOT-COMPLIANT MC HELMET  SEATING POSITION **0 3** AIR BAG USAGE **1** EJECTION **1** TRAPPED **1**

**OCCUPANT**

UNIT # **[ ]** NAME: LAST, FIRST, MIDDLE **[ ]**

ADDRESS: STREET, CITY, STATE, ZIP **[ ]**

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

DATE OF BIRTH **[ ]** AGE **[ ]** GENDER **[ ]**

CONTACT PHONE - INCLUDE AREA CODE **[ ]**

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

**OCCUPANT**

UNIT # **[ ]** NAME: LAST, FIRST, MIDDLE **[ ]**

ADDRESS: STREET, CITY, STATE, ZIP **[ ]**

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

DATE OF BIRTH **[ ]** AGE **[ ]** GENDER **[ ]**

CONTACT PHONE - INCLUDE AREA CODE **[ ]**

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                 |
| <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   |                                    |

**WITNESS**

NAME: LAST, FIRST, MIDDLE **[ ]**

ADDRESS: STREET, CITY, STATE, ZIP **[ ]**

DATE OF BIRTH **[ ]** AGE **[ ]** GENDER **[ ]**

CONTACT PHONE - INCLUDE AREA CODE **[ ]**

**WITNESS**

NAME: LAST, FIRST, MIDDLE **[ ]**

ADDRESS: STREET, CITY, STATE, ZIP **[ ]**

DATE OF BIRTH **[ ]** AGE **[ ]** GENDER **[ ]**

CONTACT PHONE - INCLUDE AREA CODE **[ ]**

**WITNESS**

NAME: LAST, FIRST, MIDDLE **[ ]**

ADDRESS: STREET, CITY, STATE, ZIP **[ ]**

DATE OF BIRTH **[ ]** AGE **[ ]** GENDER **[ ]**

CONTACT PHONE - INCLUDE AREA CODE **[ ]**

# Narrative Continuation

LOCAL REPORT NUMBER

2 0 2 3 - 0 0 0 0 4 0 2 2

[Empty narrative area for continuation]