

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 0 2 3 - 0 0 0 0 7 2 8 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 NUMBER OF UNITS UNIT IN ERROR
 2 - UNSOLVED **0 2** 98 - ANIMAL
1 **0 2** 99 - UNKNOWN

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

CRASH DATE / TIME* CRASH SEVERITY
05112023/1824 **5**
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE ROUTE NUMBER PREFIX LOCATION ROAD NAME ROAD TYPE
 _____ _____ _____ **GOLDEN OAKS** **D R**

LATITUDE DECIMAL DEGREES
41.150953

ROUTE TYPE ROUTE NUMBER PREFIX REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE
 _____ _____ _____ **500** _____

LONGITUDE DECIMAL DEGREES
-81.334630

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

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA NUMBER OF APPROACHES _____

ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT
0 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE
 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN
 3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING 2 - REAR-END 3 - HEAD-ON
 4 - ON ROADSIDE 12 - SHARED USE PATHS OR TRAILS
 5 - ON GORE 13 - BIKE LANE
 6 - OUTSIDE TRAFFIC WAY 14 - TOLL BOOTH
 7 - ON RAMP 99 - OTHER / UNKNOWN
 8 - OFF RAMP

DIRECTION OF TRAVEL MEDIAN TYPE
 N - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)
 S - SOUTH 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
 E - EAST 3 - DIVIDED, DEPRESSED MEDIAN
 W - WEST 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
 9 - OTHER/UNKNOWN

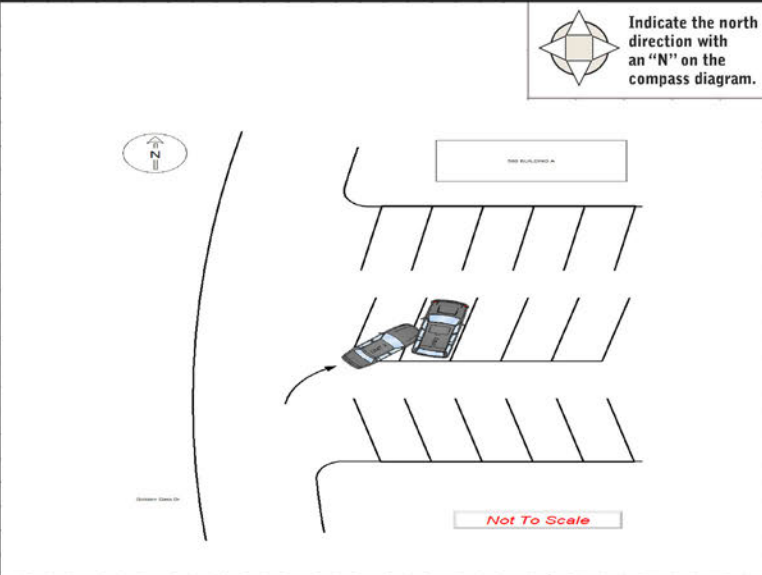
WORK ZONE RELATED WORK ZONE TYPE LOCATION OF CRASH IN WORK ZONE
 WORKERS PRESENT 1 - LANE CLOSURE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
 LAW ENFORCEMENT PRESENT 2 - LANE SHIFT/CROSSOVER 2 - ADVANCE WARNING AREA
 ACTIVE SCHOOL ZONE 3 - WORK ON SHOULDER OR MEDIAN 3 - TRANSITION AREA
 4 - INTERMITTENT OR MOVING WORK 4 - ACTIVITY AREA
 5 - OTHER 5 - TERMINATION AREA

CONTOUR CONDITIONS SURFACE
1 **1** **2**
 1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE
 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - CURVE LEVEL 3 - SNOW 3 - BRICK/BLOCK
 4 - CURVE GRADE 4 - ICE 4 - SLAG, GRAVEL, STONE
 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 5 - DIRT
 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN
 9 - OTHER/UNKNOWN

LIGHT CONDITION WEATHER
1 1 - CLEAR 6 - SNOW
 2 - DAWN/DUSK 2 - CLOUDY 7 - SEVERE CROSSWINDS
 3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW
 4 - DARK - ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE
 5 - DARK - UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOWN
 9 - OTHER / UNKNOWN

NARRATIVE

Unit One was parked, unoccupied in a parking space in front of Building A at 500 Golden Oaks Dr. Unit Two was traveling Northbound through the parking lot. While attempting to turn right, Unit Two failed to maintain control of the vehicle and struck the side of Unit One.



CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY
0 5 1 1 2 0 2 3 / 1 8 3 4 **0 5 1 1 2 0 2 3 / 1 8 3 6** **0 5 1 1 2 0 2 3 / 1 8 4 3** **0 5 1 1 2 0 2 3 / 1 9 1 2** POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)

TOTAL TIME ROADWAY CLOSED OTHER INVESTIGATION TIME TOTAL MINUTES OFFICER'S NAME* CHECKED BY OFFICER'S NAME*
0 0 0 **0 6 0** **0 9 6** **Bolgrin, Mary Elizabeth** **Wheeler, George**
 OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*
2 1 9 **2 4 3**

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) **NITKA, CHRISTOPHER, ALLEN**
 OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) **Redacted per ORC 149.43(A)(1)**
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) **500 GOLDEN OAKS DR 1001B, Kent, OH 44240**
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____ COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____

LOCAL REPORT NUMBER
2023-00007282

VEHICLE

LP STATE OH LICENSE PLATE # JGV6547 VEHICLE IDENTIFICATION # 2GNAXKEV7L6106366 VEHICLE YEAR 2020 VEHICLE MAKE Chevrolet
 INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INSURANCE POLICY # 2GNAXKEV7L6106366 COLOR BLK VEHICLE MODEL EQUINOX
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME _____
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 00 VEHICLE WEIGHT GVWR/GCWR
 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # _____ PLACARD ID # _____
 PLACARD _____
 UNIT TYPE 03 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 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP
 # OF TRAILING UNITS _____
 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 1 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - YES 2 - NO 9 - OTHER / UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION
 SPECIAL FUNCTION 01 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL
 CARGO BODY TYPE 01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
 VEHICLE DEFECTS 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

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]

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

INITIAL POINT OF CONTACT
08 0 - NO DAMAGE 14 - UNDERCARRIAGE
 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 01 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

TRAFFIC

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

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

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 - 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 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT
 3 - _____ 21 - PARKED MOTORVEHICLE

OF THROUGH LANES ON ROAD _____

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

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

COLLISION WITH FIXED OBJECT - STRUCK

4 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 45 - EMBANKMENT
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 51 - WALL
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 47 - MAILBOX 52 - BUILDING
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 53 - TUNNEL
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT 54 - OTHER FIXED OBJECT
 99 - OTHER / UNKNOWN

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

UNIT SPEED _____

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

POSTED SPEED _____

OWNER

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
HOWARD, ERIK

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

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
108 GLENRIDGE CIR, Tallmadge, OH 44278

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 O H LICENSE PLATE # HQZ2090 VEHICLE IDENTIFICATION # 4 T 1 B 1 1 H K 8 J U 5 8 2 1 0 0 VEHICLE YEAR 2 0 1 8 VEHICLE MAKE Toyota

INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 2991359SFP35 COLOR BLK VEHICLE MODEL COROLLA

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 0 2 US DOT #

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

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # PLACARD ID #
 PLACARD

UNIT TYPE 0 1

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

OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

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

SPECIAL FUNCTION 0 1

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

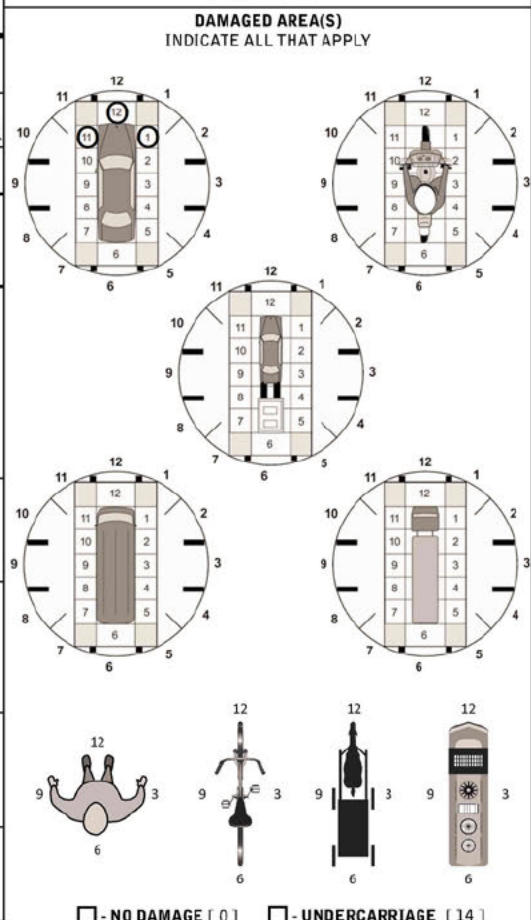
CARGO BODY TYPE 0 1

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

VEHICLE DEFECTS 0 1

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

NON-MOTORIST LOCATION AT IMPACT 0 1



EVENT(S)

CONTRIBUTING CIRCUMSTANCES 9 9

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 12 - IMPROPER BACKING

SEQUENCE OF EVENTS

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

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

TRAFFIC

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

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

OF THROUGH LANES ON ROAD
1

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

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 3

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

UNIT SPEED
0 2 0

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

POSTED SPEED
1 5

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 0 2 3 - 0 0 0 0 7 2 8 2

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

UNIT # 0, 2	NAME: LAST, FIRST, MIDDLE JOYCE, LAVOICA, JOYCE				DATE OF BIRTH 0, 8, 0, 6, 2, 0, 0, 3		AGE 19	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 19661 FAIRMOUNT BLVD, SHAKER HEIGHTS, OH 44120					CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)					
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0, 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0, 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER Redacted per ORC 4501:1-12		OFFENSE CHARGED 4549.021		LOCAL CODE	OFFENSE DESCRIPTION Hit Skip - Off Roadw			CITATION NUMBER 26092	
OL CLASS 4	ENDORSEMENT <small>SELECT UP TO 2</small>	RESTRICTION <small>SELECT UP TO 3</small>		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED		CONDITION 1		ALCOHOL TEST	
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS TYPE VALUE STATUS TYPE RESULT <small>SELECT UP TO 4</small>			

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS	ENDORSEMENT <small>SELECT UP TO 2</small>	RESTRICTION <small>SELECT UP TO 3</small>		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST	
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS TYPE VALUE STATUS TYPE RESULT <small>SELECT UP TO 4</small>			

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 / UNSABLE 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		CONDITION	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	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 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 - 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	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						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 7 2 8 2

OCCUPANT	UNIT # 02	NAME: LAST, FIRST, MIDDLE HOWARD, ERIN, RAINE	DATE OF BIRTH 0 7 0 7 2 0 0 4		AGE 18	GENDER F				
	ADDRESS: STREET, CITY, STATE, ZIP 19125 FAIRMOUNT BLVD, SHAKER HEIGHTS, OH 44118			CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<table border="1"> <tr> <td>SEATING POSITION 0 3</td> <td>AIR BAG USAGE 1</td> <td>EJECTION 1</td> <td>TRAPPED 1</td> </tr> </table>	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1							

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> </table>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED							

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> </table>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED							

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<table border="1"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> </table>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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
INJURED TAKEN BY		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)	EJECTION
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
GENDER		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	TRAPPED
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 CHIANG, PIN, CHEN	DATE OF BIRTH 1 2 2 5 1 9 9 6		AGE 26	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 500 GOLDEN OAKS DRA, Kent, OH 44240			CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)	

WITNESS	NAME: LAST, FIRST, MIDDLE ZHAO, YANG	DATE OF BIRTH 1 2 0 9 1 9 9 7		AGE 25	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 500 GOLDEN OAKS DRA, Kent, OH 44240			CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)	

WITNESS	NAME: LAST, FIRST, MIDDLE SMITH, CHRIS, ANN	DATE OF BIRTH 1 1 1 9 1 9 6 7		AGE 55	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 7725 WOODWARD RD, MORROW, OH 45152			CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)	



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 3 - 0 0 0 0 7 2 8 2

OCCUPANT	UNIT # []	NAME: LAST, FIRST, MIDDLE []	DATE OF BIRTH [][][][][][]		AGE [][]	GENDER []			
	ADDRESS: STREET, CITY, STATE, ZIP []				CONTACT PHONE - INCLUDE AREA CODE [][][][][][][]				
	INJURIES []	INJURED TAKEN BY []	EMS AGENCY (NAME) []	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) []	SAFETY EQUIPMENT USED []	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []
OCCUPANT	UNIT # []	NAME: LAST, FIRST, MIDDLE []	DATE OF BIRTH [][][][][][]		AGE [][]	GENDER []			
	ADDRESS: STREET, CITY, STATE, ZIP []				CONTACT PHONE - INCLUDE AREA CODE [][][][][][]				
	INJURIES []	INJURED TAKEN BY []	EMS AGENCY (NAME) []	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) []	SAFETY EQUIPMENT USED []	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []
OCCUPANT	UNIT # []	NAME: LAST, FIRST, MIDDLE []	DATE OF BIRTH [][][][][][]		AGE [][]	GENDER []			
	ADDRESS: STREET, CITY, STATE, ZIP []				CONTACT PHONE - INCLUDE AREA CODE [][][][][][]				
	INJURIES []	INJURED TAKEN BY []	EMS AGENCY (NAME) []	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) []	SAFETY EQUIPMENT USED []	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []
OCCUPANT	UNIT # []	NAME: LAST, FIRST, MIDDLE []	DATE OF BIRTH [][][][][][]		AGE [][]	GENDER []			
	ADDRESS: STREET, CITY, STATE, ZIP []				CONTACT PHONE - INCLUDE AREA CODE [][][][][][]				
	INJURIES []	INJURED TAKEN BY []	EMS AGENCY (NAME) []	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) []	SAFETY EQUIPMENT USED []	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []

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
INJURED TAKEN BY	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
GENDER	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED
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		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE SMITH, NOEL, C	DATE OF BIRTH 1 2 1 4 1 9 6 5	AGE 5 7	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 7725 WOODWARD RD ,MORROW, ,OH 45152	CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)		
WITNESS	NAME: LAST, FIRST, MIDDLE []	DATE OF BIRTH [][][][][][]	AGE [][]	GENDER []
	ADDRESS: STREET, CITY, STATE, ZIP []	CONTACT PHONE - INCLUDE AREA CODE [][][][][][]		
WITNESS	NAME: LAST, FIRST, MIDDLE []	DATE OF BIRTH [][][][][][]	AGE [][]	GENDER []
	ADDRESS: STREET, CITY, STATE, ZIP []	CONTACT PHONE - INCLUDE AREA CODE [][][][][][]		