



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

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

LOCAL INFORMATION  
 REPORTING AGENCY NAME\*  
**City of Kent Police**  
 NCIC\*  
**06703**

LOCAL REPORT NUMBER\*  
**2020-00012746**  
 HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS  
**02**  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
**02**

COUNTY\*  
**67**  
 LOCALITY\*  
 1 - CITY  
 2 - VILLAGE  
 3 - TOWNSHIP  
**1**

LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**Kent**

CRASH DATE / TIME\*  
**08132020/1645**  
 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  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST

LOCATION ROAD NAME  
**FAIRCHILD**  
 ROAD TYPE  
**A V**  
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**WOODARD**  
 ROAD TYPE  
**A V**

LATITUDE DECIMAL DEGREES  
**41.159805**  
 LONGITUDE DECIMAL DEGREES  
**-81.364053**

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
**1**  
 DIRECTION FROM REFERENCE  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
**4**  
 DISTANCE FROM REFERENCE  
**10**  
 DISTANCE UNIT OF MEASURE  
 1 - MILES  
 2 - FEET  
 3 - YARDS  
**2**

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  
 ROADWAY  
 ROADWAY DIVIDED  
 NUMBER OF APPROACHES  
**3**

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  
**01**  
 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

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  
**2**

DIRECTION OF TRAVEL  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - 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  
**2**  
 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

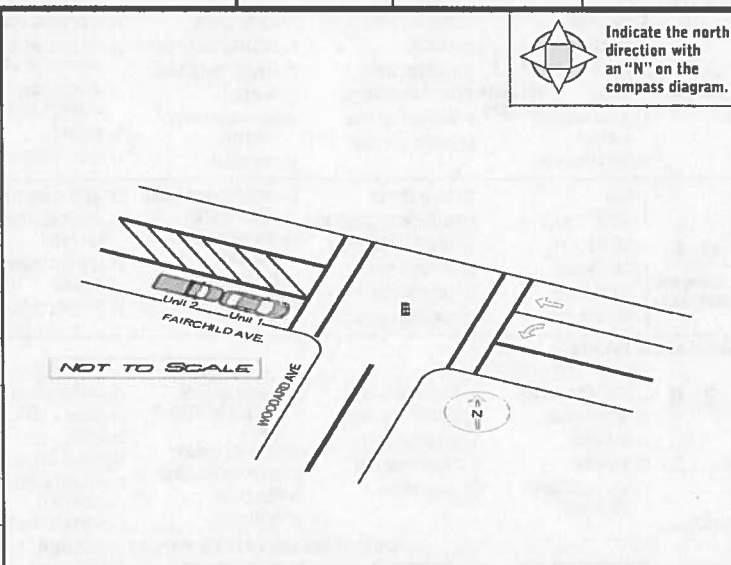
LIGHT CONDITION  
 1 - DAYLIGHT  
 2 - DAWN/DUSK  
 3 - DARK - LIGHTED ROADWAY  
 4 - DARK - ROADWAY NOT LIGHTED  
 5 - DARK - UNKNOWN ROADWAY LIGHTING  
 9 - OTHER / UNKNOWN  
**1**

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  
**01**

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

NARRATIVE

**UNIT ONE WAS TRAVELING EASTBOUND ON FAIRCHILD AVE. STOPPED AT THE LIGHT AT WOODARD AVE. UNIT TWO FAILED TO STOP WITH AN ASSURED CLEAR DISTANCE. UNIT TWO DISTRACTED - ADVISED HE DROPPED HIS PHONE AND WAS PICKING IT UP WHEN HE STRUCK UNIT ONE. PROPERTY DAMAGE ONLY.**



CRASH REPORTED DATE / TIME  
**08132020/1645**

DISPATCH DATE / TIME  
**08132020/1646**

ARRIVAL DATE / TIME  
**08132020/1648**

SCENE CLEARED DATE / TIME  
**08132020/1710**

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
**025**

OTHER INVESTIGATION TIME  
**030**

TOTAL MINUTES  
**054**

OFFICER'S NAME\*  
**McNulty, Samantha S**  
OFFICER'S BADGE NUMBER\*  
**236**

CHECKED BY OFFICER'S NAME\*  
**Bowen, Jared**  
CHECKED BY OFFICER'S BADGE NUMBER\*  
**214**

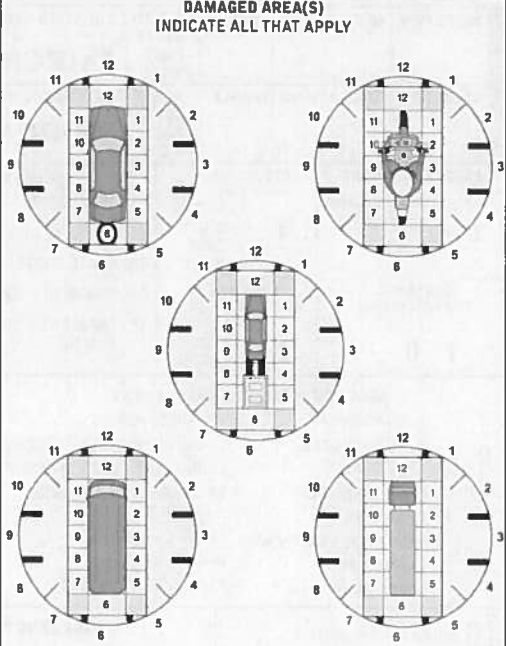
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO TSPS)

LOCAL REPORT NUMBER  
**2020-00012746**

**OWNER**  
 UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) **GREER, JAMES, AARON**  
 OWNED BY:  INDIVIDUAL  COMPANY (NAME AS ABOVE)  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER)  
**430 BURNS CT 3, Kent, OH 44240**  
 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 # **HCJ2354** VEHICLE IDENTIFICATION # **1C3CCBB7GN130332** VEHICLE YEAR **2016** VEHICLE MAKE **Chrysler**  
 INSURANCE VERIFIED INSURANCE COMPANY **GEICO** INSURANCE POLICY # **6020363856** COLOR **GRY** VEHICLE MODEL **200**  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **01** VEHICLE WEIGHT GVWR/GCW **1 - ≤10K LBS**  
**2 - 10,001 - 26K LBS**  
**3 - >26K LBS** HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 PLACARD \_\_\_\_\_



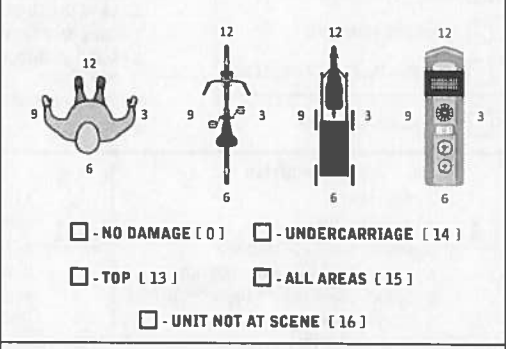
**UNIT TYPE**  
**01** 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**  
**2** 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**  
**01** 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE**  
**01** 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE  
 11 - DUMP 99 - OTHER / UNKNOWN

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



**NON-MOTORIST LOCATION AT IMPACT**  
 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 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 15 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

**ACTION**  
**4** 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING **11** 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 99 - OTHER / UNKNOWN

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

**CONTRIBUTING CIRCUMSTANCES**  
**01** 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACD 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** **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

**SEQUENCE OF EVENTS**  
**1 2 0** 1 - OVERTURN/ROLL OVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXP. OSION 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 20 - MOTOR VEHICLE IN TRANSPORT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEJALCYCLE 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**  
 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

**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

**UNIT SPEED** **000**  
**POSTED SPEED** **25**  
**DETECTED SPEED** **1** 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

**OWNER**

UNIT # **0 2** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) **JONES, TYLER, ANTHONY**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) **229 HARRIS ST, Kent, OH 44240**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_  
 OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) \_\_\_\_\_  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE \_\_\_\_\_

LOCAL REPORT NUMBER  
**2 0 2 0 - 0 0 0 1 2 7 4 6**

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **JBZ3354** VEHICLE IDENTIFICATION # **1N6AD0E V0CC417583** VEHICLE YEAR **2012** VEHICLE MAKE **Nissan**

INSURANCE VERIFIED INSURANCE COMPANY **GEICO** INSURANCE POLICY # **6025198794** COLOR **GRY** VEHICLE MODEL **FRONTIER**

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE US DOT # TOWED BY: COMPANY NAME

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

**0 4** 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)  
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 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
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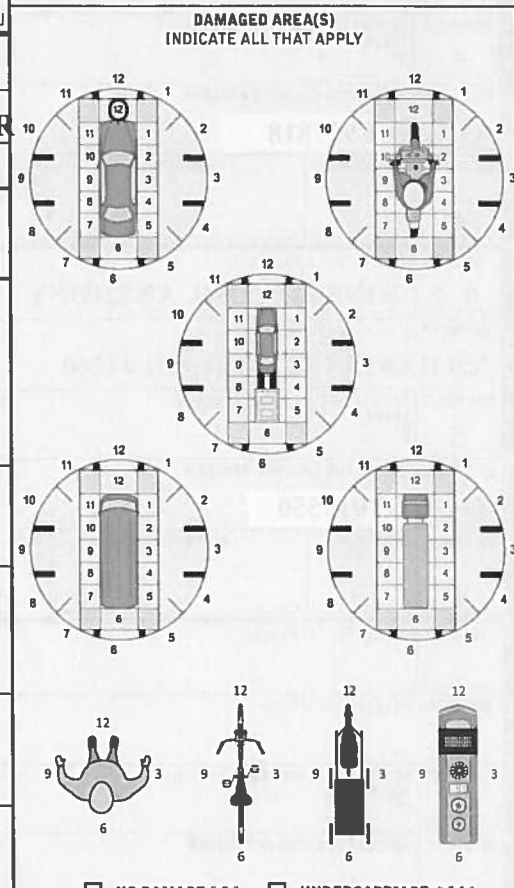
# OF TRAILING UNITS \_\_\_\_\_

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

**0 1** 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 - 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

**0 1** 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 10 - FLAT BED 13 - AUTO TRANSPORTER  
 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



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

**3** ACTION **0 1** PRE-CRASH ACTIONS  
 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 OR CROSSING SPECIFIED LOCATION 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 6 - MAKING LEFT TURN 12 - DR/VERLESS 18 - APPROACHING OR LEAVING VEHICLE  
 9 - OTHER / UNKNOWN

**0 8** 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 21 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

**INITIAL POINT OF CONTACT**  
 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 - TWO WAY

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

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

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

**EVENT(S)**

**1 2 0** SEQUENCE OF EVENTS  
 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXP. OSION 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 20 - MOTOR VEHICLE IN TRANSPORT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

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

**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

**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

**UNIT SPEED**  
**0 1 0**

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

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2, 0, 2, 0 - 0, 0, 0, 1, 2, 7, 4, 6

UNIT # <b>0, 1</b>	NAME: LAST, FIRST, MIDDLE <b>GREER, JAMES, AARON</b>	DATE OF BIRTH <b>0, 1, 1, 3, 1, 9, 9, 8</b>	AGE <b>2, 2</b>	GENDER <b>M</b>
ADDRESS: STREET, CITY, STATE, ZIP <b>430 BURNS CT 3, Kent, OH 44240</b>		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0, 4</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>0, 1</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE <b>O, H</b>	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER						
OL CLASS <b>4</b>	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST(S) STATUS <b>1</b>	DRUG TEST(S) TYPE <b>1</b>	DRUG TEST(S) RESULT SELECT UP TO 4

UNIT # <b>0, 2</b>	NAME: LAST, FIRST, MIDDLE <b>JONES, TYLER, ANTHONY</b>	DATE OF BIRTH <b>0, 4, 2, 7, 1, 9, 9, 3</b>	AGE <b>2, 7</b>	GENDER <b>M</b>
ADDRESS: STREET, CITY, STATE, ZIP <b>229 HARRIS ST, Kent, OH 44240</b>		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0, 4</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>0, 1</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE <b>O, H</b>	OPERATOR LICENSE NUMBER	OFFENSE CHARGED <b>333.03</b>	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION <b>Maximum Speed Limits</b>	CITATION NUMBER <b>60878</b>						
OL CLASS <b>4</b>	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY <b>5</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST(S) STATUS <b>1</b>	DRUG TEST(S) TYPE <b>1</b>	DRUG TEST(S) RESULT SELECT UP TO 4

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

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER						
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST(S) STATUS	DRUG TEST(S) TYPE	DRUG TEST(S) RESULT SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO - D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MC MOPED ONLY	5 - EXCEPT CLASS A & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY			EJECTION		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - SECOND - RIGHT SIDE	1 - NOT EJECTED	OL ENDORSEMENT		1 - NONE	
2 - EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2 - PARTIALLY EJECTED	H - HAZMAT	6 - PASSENGER	2 - BLOOD	
3 - POLICE	8 - THIRD - MIDDLE	3 - TOTALLY EJECTED	M - MOTORCYCLE	7 - OTHER DISTRACTION INSIDE THE VEHICLE	3 - URINE	
9 - OTHER / UNKNOWN	9 - THIRD - RIGHT SIDE	4 - NOT APPLICABLE	P - PASSENGER	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	4 - BREATH	
SAFETY EQUIPMENT			TRAPPED		5 - OTHER	
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRAPPED		9 - LEARNER'S PERMIT RESTRICTIONS	DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - EXTRICATED BY MECHANICAL MEANS		10 - LIMITED TO DAYLIGHT ONLY	1 - NONE	
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS		11 - LIMITED TO EMPLOYMENT	2 - BLOOD	
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	GENDER		12 - LIMITED - OTHER	3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST	F - FEMALE		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN	M - MALE		14 - MILITARY VEHICLES ONLY	DRUG TEST RESULT(S)	
7 - BOOSTER SEAT		U - OTHER / UNKNOWN		15 - MOTOR VEHICLES WITHOUT AIR BRAKES	1 - AMPHETAMINES	
8 - HELMET USED				16 - OUTSIDE MIRROR	2 - BARBITURATES	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				17 - PROSTHETIC AID	3 - BENZODIAZEPINES	
10 - REFLECTIVE CLOTHING				18 - OTHER	4 - CANNABINOIDS	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					5 - COCAINE	
99 - OTHER / UNKNOWN					6 - OPIATES / OPIOIDS	
					7 - OTHER	
					8 - NEGATIVE RESULTS	

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 0 2 0 - 0 0 0 1 2 7 4 6

OCCUPANT	UNIT # <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>HUTSON, AUTUMN, MEREDITH</b>				DATE OF BIRTH <b>1 2 1 1 1 9 9 8</b>		AGE <b>21</b>	GENDER <b>F</b>	
	ADDRESS: STREET, CITY, STATE, ZIP <b>2430 E RIVER RD, NEWTON FALLS, OH 44444</b>					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0,4</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>0 3</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>

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	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	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	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				DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		

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

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

