CHIED DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER*				
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION								2,0,2,1,-,0,0,1,6,0,6,7,					
SECONDARY CRASH PRIVATE PROPERTY City of Kent Police							NCIC* HIT/SKIP NUMBER OF UNITS						
_		0	6 7 0 3	1 - SOLVED	0 1	98-ANIM							
COUNTY* LOCALITY	Y, VILLAGE, TOWNSH	IIP*				CRASH DATE / 1		CRASH SEVERITY 1 - FATAL					
0 / 1 3.	-TOWNSHIP		LOCATION ROAD	NAME			L DOAD TWDE	0,9,2,9,2,0,2,1,		2 - SERIOUS INJUR	₹Y		
ROUTE TYPE ROUTE N	S	- SOUTH				ROAD TYPE	LATITUDE DE	CIMAL DEGREES	SUSPECTED 3 - MINOR INJURY				
	<u> </u>	V-WEST	FAIRCHILD					USPECTER					
ROUTE TYPE ROUTE N	S	- SOUTH	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 1000					LONGITUDE DE	CIMAL DEGREES	4 - INJURY POSSIB 5 - PROPERTY DAN	- 1		
REFERENCE POINT		V-WEST						8 1 0 3 7 2		ONLY			
1 - INTERSECTION	EDOM REFERENCE	TH IR -	ROUTE TYP INTERSTATE RO		L - ALLEY	ROAD TYPE HW-HIGHWAY F	RD - ROAD	INTERSECTION RELATED WITHIN INTERSECTION OR ON APPROACH					
3 2 - MILE POST 3 - HOUSE #	4 S-SOU	т 03-	FEDERAL US RO	012	V - AVENUE		Q - SQUARE						
DISTANCE	DISTANCE	720	STATE ROUTE NUMBERED COU	0	R - CIRCLE	OV - OVAL TE - TERRACE					CHES		
FROM REFERENCE	UNIT OF MEASUR 1 - MILE	ES TR-	NUMBERED TOW	WICHID C	T - COURT R - DRIVE	PK - PARKWAY TL - TRAIL ROADWAY PI - PIKE WA - WAY							
2 0	2 2-FEE		ROUTE		E - HEIGHTS	PL - PLACE	IN- WAI	ROADWAY DIV	IDED				
1	ON OF FIRST HARM					H COLLISION/IMPA	СТ	DIRECTION OF TRAVEL	_	MEDIAN TYPE	\neg		
1 - ON ROADW. 2 - ON SHOULD	· -	ROSSOVER DRIVEWAY/	ALLEY ACCESS	BE	TWEEN ,	1 - REAR-TO-REAR 5 - BACKING	- REAR-TO-REAR N - NORTH 1 - DIVIDED FLUS						
0 1 3-IN MEDIAN 4-ON ROADSI			RADE CROSSING	Ŭ VE	HICLES IN	S-ANGLE		S - SOUTH E - EAST	2- DIV	IDED FLUSH MEDIAN			
5 - ON GORE	T	TRAILS	E PATHS OR	1		7 - SIDESWIPE, SAMI 3 - SIDESWIPE, OPPO		W-WEST	I	4 FEET) 'IDED, DEPRESSED MED	DIAN		
6 - OUTSIDE TI 7 - ON RAMP	RAFFIC WAY 13-E 14-T	TOLL BOOTH	1	3 - HE	AD-ON G	9 - OTHER / UNKNOV	VN			IDED, RAISED MEDIAN IY TYPE)			
8-OFF RAMP	99-0	THER / UN	KNOWN						9 - OTI	IER/UNKNOWN			
WORK ZONE RELA	ATED	œ.	WORK ZONE TY	'PE		N OF CRASH IN WO		CONTOUR	CONDITION	S SURFACE			
WORKERS PRESE	NT		LANE CLOSURE LANE SHIFT/CRO	SSOVER	1	BEFORE THE 1ST \ WARNING SIGN	WORK ZONE	_1_	_1_	_2			
LAW ENFORCEME	NT PRESENT		WORK ON SHOULI	DER	1	- ADVANCE WARNIN - TRANSITION AREA			1 - DRY	1 - CONCRETE			
ACTIVE SCHOOL Z	INTERMITTENT	R MOVING WOR	RK 4 ⋅	- ACTIVITY AREA		7.0	2-WET 3-SNOW	2 - BLACKTOP, BITUMINOU:	s,				
ACTIVE SCHOOL 2	ONE	5-(OTHER		5	TERMINATION ARI	EA		4 - ICE	3 - BRICK/BLOC	ĸ		
LIGHT 1 1 - DAYLIGHT	CONDITION		1-01	WEAT	HER 6 - SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, DI OIL, GRAVEL	RT, 4 - SLAG, GRAVE			
1 2 - DAWN/DUSK			.0.1 2-CL	OUDY	7 - SEVERE	CROSSWINDS			6 - WATER (STANI	STONE DING, 5-DIRT			
3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOWI						G SAND, SOIL, DIRT, IG RAIN OR FREEZI			MOVING) 7 - SLUSH	9 - OTHER/UNKN	NWO		
5 - DARK – UNK 9 - OTHER / UNI	(NOWN ROADWAY I KNOWN	LIGHTING	5 - SL	EET, HAIL	99 - OTHER				9 - OTHER/UNKNO	wn			
NARRATIVE									i i				
									<	Indicate the n	h		
UNIT #1 was t										an "N" on the compass diag			
deer ran out	from the n	orth si	ide of the	road. Th	e	!							
deer jumped	and lande	d in th	e windshi	eld of Ur	it #1.								

						*							
				······	··········								
	· · · · · · · · · · · · · · · · · · ·												
CRASH REPORTED	DATE / TIME	0	DISPATCH DATE /	TIME	ARI	RIVAL DATE / TIME	1	SCENE CLEARED D	ATE / TIME	REPORT TAKEN BY	, 		
0 ₁ 0 ₁ 9 ₁ 2 ₁ 9 ₁ 2 ₁ 0 ₁ 2 ₁ 1	/.0.9.1.4.	0,9.2.	9:2:0:2:1:	/ .0.9.1.6			9 2 3 1	19,2,9,2,0,2,1		POLICE AGENCY	- 1		
TOTAL TIME	OTHER	TOTAL	OFFICER'	S NAME*		Сн	ECKED BY OFFIC	ER'S NAME*	1 0 9 3 3	MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUTES Noah, Matthew J						Si	ıort, Jas	on M		SUPPLEMENT (CORRECTION OR ADD	OITION		
0 1 9 0 2 0 0 3 7 2 5 7							2 CHECKED B	Y OFFICER'S BADGE N	UMBER*	TO AN EXISTING REPORT SENT!			
										1			



LOCAL REPORT NUMBER 2 1 0 2 1 1 - 1 0 1 0 1 1 6 1 0 6 7 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) OWNER PHONE: INCLUDE AREA GODE (X) SAME AS DRIVER DAMAGE 0 | 1 | GALLAGHER, SHAWN, P DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS ORIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 1521 COUNTRYSIDE DR, Brimfield Twp, OH 44260 → 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # INDICATE ALL THAT APPLY VEHICLE YEAR VEHICLE MAKE $1 + C_1 + C_1 + C_1 + C_1 + C_1 + C_2 + C_1 + C_2 + C_2 + C_3 + C_4 +$ HHB7179 O H 2 | 0 | 1 | 5 Dodge **INSURANCE COMPANY INSURANCE POLICY #** COLOR INSURANCE VERIFIED VEHICLE MODEL STATE FARM 082 8919 E22 35F WHI **DURANGO** TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #DCCUPANTS INTERLOCK MATERIAL CLASS # PLACARD ID # 1 - ≤10K LBS. HIT/SKIP UNIT DEVICE 2 - 10,001 - 26K LBS PLACARD 0 ; 2 ; 13 - 526K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) B - MOTORCYCLE 3-WHEELED 13-SNOWMORILE 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 UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15-SEMI-TRACTOR 21 - HEAVY FOULPMENT 26-BICYCLE 5 - CARGO VAN 16-FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17-MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV / UTV) ____ # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS **0 - NO AUTOMATION** 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 0 4 - HIGH AUTOMATION 2 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION **MODE LEVEL** 1 - NONE 6 - BUS - CHARTER/TOUR 16-FARM 11-FIRE 21 - MAIL CARRIER 0 1 2 - TAXI 7 - BUS - INTERCITY 12-MILITARY 17 - MOWING 99 - OTHER / UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18-SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14-PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER 0 1 CARGO / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTOTRANSPORTER 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 2 - BUS A . LOCCING 14-GARBAGE/REFUSE BODY * 7 - GRAIN/CHIPS/GRAVE 11-DUMP 99-OTHER/UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99-OTHER/UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS DEFECTIVE ACCIDENT 6 - TIRE BLOWOUT - NO DAMAGE [0] - UNDERCARRIAGE [14] 1-INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS X - TOP [13] - ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION - UNIT NOT AT SCENE [16] AT IMPACT 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT 2 - NON-COLLISION OR LEAVING VEHICLE 2 - BACKING **B** - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 4 0 1 3 - CHANGING LANES 0 - NO DAMAGE 14 - UNDERCARRIAGE 3 - STRIKING 9 - LEAVING TRAFFIC LANE SPECIFIED LOCATION 19-STANDING 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST 10-PARKED DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN JOGGING, PLAYING 99 - UNKNOWN 21 - STANDING OUTSIDE 11-SLOWING OR STOPPED 13-T0P 16-WORKING DISABLED VEHICLE & STRUCK 6 - MAKING LEFT TURN IN TRAFFIC 17 - PUSHING VEHICLE 9-OTHER/UNKNOWN 99-OTHER/UNKNOWN 12 - DRIVERLESS TRAFFIC 1.NONE 13-IMPROPER START FROM A 7 - LEFT OF CENTER 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 8-FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14-STOPPED OR PARKED EQUIPMENT 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 23 - OPENING DOOR INTO 0 1 2 - TW0-WAY 2 - SIGNAL 5 - YIELD SIGN ILLEGALLY 19-LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID 3-FLASHER 6 - NO CONTROL SPILLING 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IN PROPER CROSSING 6-IMPROPERTURN 12 - IMPROPER BACKING # of THROUGH LANES RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING _ 2__ NON-COLLISION 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -3 - INVOLVED-PASSIVE CROSSING 16-RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE 1 1 8 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS OPPOSITE DIRECTION OF 17 - ANIMAL - FARM EQUIPMENT TRAVEL 23-STRUCK BY FALLING, **UNIT / NON-MOTORIST DIRECTION** 3 - IMMERSION 18-ANIMAL - DEER 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 4 - JACKKNIFE 19-ANIMAL - OTHER 9 - RAN OFF ROAD LEFT 13-OTHER NON-COLLISION ANYTHING SET IN MOTION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / FOUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14 - PEDESTRIAN TRANSPORT FROM 3 TO 4 7 - SOUTHEAST 3 - EAST 24-OTHER MOVABLE CBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43-CURB 50 - WORK ZONE MAINTENANCE / CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH EQUIPMENT **UNIT SPEED** DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT STRUCTURE 1 - STATED / ESTIMATED SPEED SUPPORT 34 - MEDIAN GUARDRAIL 52 - BUILDING 46-FENCE 27 - BRIDGE PIER OR ABUTMENT [0, 3, 5]BARRIER 40 - UTILITY POLE 53 - TUNNEL 2 - CALCULATED / EDR 47 - MAILBOX 28-BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 48-TREE POSTED SPEED 3 - UNDETERMINED 29 - BRIDGE RAIL BARRIER OR SUPPORT 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT _3 , 5

☐ FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

OFFICE GAPTET MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
								2,0,2,1,-,0,0,0,1,6,0,6,7,						
	UNIT# NAME: LAST, FIRST, MIDDLE O 1 CALLACTED SHASYNI D								DATE OF BIRTH AGE GENDER					
	0, 1, GALLAGHER, SHAWN, P ADDRESS: STREET, CITY, STATE, ZIP								<u>_0_3</u>	(2 ₁ 8 ₁ /		7, 3	4 8	M_
1521 (521 COUNTRYSIDE DR ,Brimfield Twp ,OH 44260								CONTACT	PHONE - INCLUDE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDT	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	USED		SEATING P	OSITION AIR	IR BAG USAGE EJECTION TRAPPED		
OL STATE		LICENSE NUMBER		OFFENS				OFFENSE DESC	MC HELMET 0 1			1	1	_ 1
O _H				OFFENSE CHARGED LOCAL OFFI			OFFERSE DESC				ITATION	NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECTION		VER TRACTED		OHOL / DRUG SUSPI LCOHOL MAI		CONDITION		OHOL TEST YPE VALUE	STAT		JG TEST(S E RESULT	SELECT UP TO 4
4_				1	=	THER DRUG		1	1	1	1	1		11 11 1
UNIT #	NAME: LAST,	FIRST, MIDDLE					_	DATE OF BIR	тн		AGE	GENDER		
										1				
ADDRESS:	: STREET, CITY, S1	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS:	INJURED TAKEN BY	EMS AGENCY (NAME)	-				SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING POSITION			N AIR BAG USAGE EJECTION TRAPPED			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	E CHAI	RGED	LOCAL CODE	OFFENSE DESC				CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECTION	un ran I nnn	450					A1.0	DUOL TECT				
OL CLASS	SELECT UP TO 2	RESINICTION SELECT		FRACTED ALCOHOL / DRUG SUSPECTED ALCOHOL MARLUANA			CONDITION	STATUS TYPE VALUE STATUS TYPE RESULTS:			SELECT UPTO 4			
					0.	THER DRUG								ليالا
UNIT#	NAME: LAST,	FIRST, MIDDLE						DATE OF BIRTH AGE GENDER						
ADDRESS:	ANDRES SIRET OUVETAGE UP								Language Plant					
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TA	AKEN FO	: MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT	- DOT Car	SEATING P	DSITION AIR	BAG USAGE	EJECTION	TRAPPED
BY			USED				DOT-COMPLIANT MC HELMET				1			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL OF CODE			OFFENSE DESC	RIPTION	TION		CITATION NUMBER			
OL CLASS	SS ENDORSEMENT RESTRICTION DRD		nerv	RIVER ALCOHOL / DRUG SUSPECTED CONDITION			ALCOHOL TEST			DRUG TEST(S)				
	ZELEC UP102			TRACTED		VOICES!	LJUANA	COMPLIEN	STATUS TY		STATU	JS TYPI		bt t
					0	THER DRUG								إساليا
1 - FATAL	RIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS		OL RESTRIC		DRIVER DIST		Total Labor.	TEST STA	TUS
2 - SUSPECTED	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOYE			2 - CLASS B		2 - COL INTRASTATI		2 - MANUALLY OPE	RATING AN	2-TES	NE GIVEN St refused	
3 - SUSPECTED 4 - POSSIBLE IN		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYE		IT / CIDE	3 - CLASS C		3 - CORRECTIVE LE	NSES	ELECTRONIC CO DEVICE (TEXTI		3-15:	ST GIVEN, CON MPLE / UNUSA	
5 - NO APPAREN		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APPL	D BOTH FRON Licable	II / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS A	A BUS	DIALING) 3-TALKING ON HA	MUG COCE		ST GIVEN, RESI	
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9-DEPLOYN	AENT UNKNOV	WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		COMMUNICATIO	N DEVICE		ST GIVEN, RESI KNOWN	ULTS
1 - NOT TRANSP	ORTED	6 - SECOND - RIGHT SIDE						7 - EXCEPT TRACTO	R-TRAILER	4 -TALKING ON HAI COMMUNICATIO		1.450	OHOL TES	TTVDC
/TREATED AT 2 - EMS	PENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJEC	ECTION	tur Y d	OL ENDORSEN H-HAZMAT	IENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY ELECTRONIC DE		1 - NO	WHAT DILLY MALE	
3 - POLICE		B - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	2 - PARTIALL			M - MOTORCYCLE		9 - LEARNER'S PER	MIT	6 - PASSENGER		2 - BL(
9-OTHER/UNK	NOWN	10- SLEEPER SECTION	3 - TOTALLY I			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DISTRAC		3 - URI 4 - BRI		
SAFETY EO	QUIPMENT	OF TRUCK CAB 11 - Passenger in Other				Q - MOTOR SCOOTER		11 - LIMITED TO EMP		8 - OTHER DISTRAC	TION OUTSIDE	5 - OTF	HER	
2 - SHOULDER B	ELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRAP	PED		R - THREE-WHEEL MO S - SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE		9-OTHER/UNKNO	WN	Contract of	RUG TEST	TYPE
3 - LAP BELT ON 4 - SHOULDER &		PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICATED BY MECHANICAL MEANS			T DOUBLE & TRIPLE TRAILERS		(SPECIAL BRAKE CONTROLS, OR 01		CONDITION		1 - NONE 2 - BLOOD		
5 - CHILD RESTR	RAINT SYSTEM -	CARGO AREA	, X - TANKER / HAZMAT			ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY		1 - APPARENTLY NORMAL		3 - URINE				
FORWARD FACING 6-CHILD RESTRAINT SYSTEM		13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	HANICAL MEANS GENDER			15 - MOTOR VEHICLE		ITHOUT 3 - EMOTIONAL (E.G., DEPRESSE		4 - OTHER				
REAR FACING		(NON-TRAILING UNIT) 15 - NON-MOTORIST	F-FEMALE M · MALE			AIR BRAKES 16 - OUTSIDE MIRROI	R	ANGRY DISTURBED) 4 - ILLNESS		DRUG TEST RESULT(S)				
7 - BOOSTER SE		99 - OTHER / UNKNOWN		U - OTHER / UNKNOWN			17 - PROSTHETIC AID		5 - FELL ASLEEP, FAINTED,		1 - AMPHETAMINES 2 - BARBITURATES			
9 - PROTECTIVE (ELBOW, KNE								18-OTHER		FATIGUED, ETC. 6- UNDER THE INFLUENCE			3-BENZODIAZEPINES	
10 - REFLECTIVE										OF MEDICATIONS /ALCOHOL		4 - CAN 5 - COC	NABINOIDS CAINE	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY										9-OTHER/UNKNOV	٧N	6-0P1	ATES/OPIOIDS	S
99 - OTHER / UNK												7 - OTH B - NEC	IER Gative resul	TS

OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER							
								2.0.2.10.0.1.6.0.6.7.							
	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
Ę	O1	O1 GALLAGHER, ZACHARY, MICHAEL DRESS: STREEL CITY, STATE ZIP							0 8 / 1 6 / 2 0 0 5 1 6 M						
OCCUPANT	1521	COUN	TRYSIDE DR	CONTACT PHONE - INCLUDE AREA CODE											
	_	TAKEN TAKEN							DOT-COMPLIANT						
Ļ	_ 5	BY							0 3	1 1	1	_ 1			
	UNIT#	NAME: LAST, FIRST, MIDDLE							E OF BIRTH		AGE	GENDER			
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA CO	DE					
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facility (Hame, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
7	UNIT#	NAME: LAST, FIRST, MIDDLE							E OF BIRTH		AGE	GENDER			
LN	ADDRESS	RESS: STREET, CITY, STATE, ZIP													
OCCUPANT						CONTACT PHONE - INCLUDE AREA CODE									
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO; Medical Fac	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
	UNIT#								E OF BIRTH		AGE	GENDER			
Ļ.															
OCCUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
000	INJURIES	INJURED	EMS AGENCY (NAME)		IN HIDER TARGET MANAGE . F.										
		TAKEN BY	EINS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	CILITY (NAME, CITY)	USED LUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		The second	IRIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	AGE				
	1 - FATAL 1 - NONE USED - 1 - FRONT - LEFT SIDE 2 - SUSPECTED SERIOUS IN HIRV VEHICLE OCCUPANT (MOTORCYCLE DRIV														
	2- SUSPECTED SERIOUS INJURY				ER BELT ONLY USED 2 - FRONT - MIDDLE				ED FRONT						
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - CHILD RE INJURED TAKEN BY 1 - NOTTRANSPORTED 6 - CHILD RE				TONLY USED 3 - FRONT - RIGHT SID 4 - SECOND - LEFT SID											
				R & LAP BELT USED	(MOT	DRCYCLE PASS		FRONT/SIDE							
				ESTRAINT SYSTEM - 5 - SECOND - MIDDLE D FACING 6 - SECOND - RIGHT S			F	5 - NOT APPLICABLE							
					STRAINT SYSTEM -	7 - THIRD	- LEFT SIDE		9 - DEPLOY	9 - DEPLOYMENT UNKNOWN					
			CENE	REAR FAC			ORCYCLE SIDE O – MIDDLE	1 - NOT EJECTION							
			8 - HELMET		O - RIGHT SIDE			N. S.	n						
					IVE PADS USED		PER SECTION O	OF TRUCK CAB 2 - PARTIALLY EJECTED ER ENCLOSED 3 - TOTALLY EJECTED							
GENDER					(NEES, ETC.)	CARG	O AREA (NON-TR	RAILING UNIT, 4 - NOT APPLICABLE							
	F - FEMALE M - MALE 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN CARGO AREA (ABCYCL F ONLY)						ENGER IN UNE								
U - OTHER / UNKNOWN / BICYCL					1-NOTTRAPPED										
99-OTHER/				INKNOWN		14 - RIDING ON VEHICLE		2 - EXTRICATED BY MECHANICAL MEANS			AL				
						(NON-1 15 - NON-N	TRAILING UNIT) MOTORIST		ASSESSMENT OF STREET	BY NON-ME	CHANICA	\L			
Ų						99 - OTHE	R/UNKNOWN		MEANS						
ESS	NAME: LAS	T, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
ÿ -	ADDRESS:	STREET, CITY,	STATE 71P					CONTACT DUCKS							
3								CONTACT PHONE	- INGLUDE AREA COD	<u> </u>		<u></u>			
S	NAME: LAS	T, FIRST, MIDD	E			· · · · · · · · · · · · · · · · · · ·		DAT	E OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, 71P							CONTACT PHONE - INCLUDE ARFA CODE								
WIT			<u> </u>					L. L.	- multile ARFA COD						
ESS	NAME: LAS	T, F1RST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
											1				