| OFF PUBLIC SAFFTIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT | | | | | | | | LOCAL REPORT NUMBER* | | | | |
|--|--------------------------------------|----------------------|--|----------------------------|--|----------------------------|--|-----------------------------------|---|--|--|--|
| PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION | | | | | | | | 2,0,2,1,-,0,0,1,6,4,2,7 | | | | |
| SECONDARY CRA | * | | NCIC* | HIT/SKIP | NUMBER OF UNITS | S UNIT IN ERROR | | | | | | |
| SECONDART CRA | PRIVATE PROP | Ci | ity of Kent Pol | ice | 101 | 6 7 0 3 | 1 - SOLVED | 0_2 | 0 2 98 - ANIMAL 99 - UNKNOWN | | | |
| | I - CITY | N: CITY, VIL | LAGE TOWNSHIP* | | | | CRASH DATE / 1 | IME* | CRASH SEVERITY | | | |
| 0 / 1 | 2-VILLAGE 3-TOWNSHIP Kent | | | | | 110104201211 | 1 - FATAL 2 - SERIOUS INJURY | | | | | |
| ATT | NUMBER PREFIX N - NO S - SO | UTH | ATION ROAD NAME | | ROAD TYPE | LATITUDE DE | CIMAL DEGREES | SUSPECTED | | | | |
| | 44 - 44 | EST IVI | AIN | | | ST | 41,01,5,3 | 8 7 7 | 3 - MINOR INJURY SUSPECTED | | | |
| ROUTE TYPE ROUTE | NUMBER PREFIX N - NO S - SO | UTH | ERENCE ROAD NAME (R | IOUSE #) | ROAD TYPE | LONGITUDE DE | CIMAL DEGREES | 4 - INJURY POSSIBLE | | | | |
| E-EAST W-WEST 911 | | | | | | | -8 ₁ 1 ₁₀ 3 ₁ 4 ₁ 4 ₁ | 6 0 | 5 - PROPERTY DAMAGE ONLY | | | |
| 1 - INTERSECTION | DAL FROM REFERENCE | ID INT | ROUTE TYPE ERSTATE ROUTE(TP) | AL - ALLEY | ROAD TYPE | 20.00 | | INTERSECTION RE | LATED | | | |
| 2 - MILE POST | S - SOUTH | | ERAL US ROUTE | AV - AVENUE | | RD - ROAD SQ - SQUARE | WITHIN INTE | RSECTION OR ON A | PPROACH | | | |
| 3-HOUSE # | E - EAST W - WEST | SR - STA | TE ROUTE | | | T - STREET | WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | | | | | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | | MBERED COUNTY ROUTE | CR - CIRCLE CT - COURT | | E - TERRACE L - TRAIL | ROADWAY | | | | | |
| | 1 - MILES 2 - FEET | TR - NUN ROU | MBERED TOWNSHIP TE | DR - DRIVE HE - HEIGHTS | | VA - WAY | ROADWAY DIV | IDED | | | | |
| LOCAT | ION OF FIRST HARMFUL | EVENT | | | PL - PLACE | | | T | | | | |
| 1 - ON ROAD | WAY 9-CROS | SOVER | 1- | NOT COLLISION | H COLLISION/IMPA 4 - REAR-TO-REAR | UI . | DIRECTION OF TRAVEI N - NORTH | 1 | MEDIAN TYPE IDED FLUSH MEDIAN | | | |
| 0 1 2-0N SHOUL | | | EY ACCESS E CROSSING | TWO MOTOR | 5 - BACKING 6 - ANGLE | | S - SOUTH | (<4 | FEET) | | | |
| 4 - ON ROAD | | ED USE PA | ATHS OR | TRANSPORT | 7 - SIDESWIPE, SAMI | E DIRECTION | E - EAST W - WEST | (≥4 | IDED FLUSH MEDIAN FEET) | | | |
| 5 - ON GORE 6 - OUTSIDE | TRAFFIC WAY 13-BIKE | | [| | 8 - SIDESWIPE, OPPO 9 - OTHER / UNKNOV | | | 1 | IDED, DEPRESSED MEDIAN IDED, RAISED MEDIAN | | | |
| 7 - ON RAMP B - OFF RAM | 00.000 | BOOTH R/UNKNO | WN | | • | | | (AN | Y TYPE) ER/UNKNOWN | | | |
| | | | | | | | CONTOUR | | - | | | |
| WORK ZONE REL | | | I rk zone type E closure | | IN OF CRASH IN WO - BEFORE THE 1ST V | | CONTOUR | CONDITION: | | | | |
| WORKERS PRES | ENT | | E SHIFT/CROSSOVER K ON SHOULDER | 2 | WARNING SIGN - ADVANCE WARNIN | IG ARFA | 2 1 - STRAIGHT LEVEL | 1 - DRY | 2 | | | |
| LAW ENFORCEM | ENT PRESENT | OR M | EDIAN | L 3 | -TRANSITION AREA | | _ | 2-WET | 1 - CONCRETE 2 - BLACKTOP, | | | |
| ACTIVE SCHOOL | ZONE | 4 - INTE 5 - OTHE | RMITTENT OR MOVING W ER | 1 | - ACTIVITY AREA - TERMINATION ARE | EA | 3 - CURVE LEVEL | 3-SNOW | BITUMINOUS, ASPHALT | | | |
| I IGH | T CONDITION | | ME | ATHER | | | | 4 - ICE | 3 - BRICK/BLOCK | | | |
| 1 - DAYLIGHT | | | 1-CLEAR | 6-SNOW | | | 9 - OTHER/UNKNOWN | 5 - SAND, MUD, DIF OIL, GRAVEL | RT, 4 - SLAG, GRAVEL, STONE | | | |
| 1 2-DAWN/DUS | SK GHTED ROADWAY | _(| 2-CLOUDY | | CROSSWINDS G SAND, SOIL, DIRT, | CNOW | : | 6 - WATER (STAND MOVING) | , , , , , | | | |
| 4 - DARK – RO | | NG RAIN OR FREEZI | | | 7 - SLUSH | 9 - OTHER/UNKNOWN | | | | | | |
| 5 - DARK – UN 9 - OTHER / U | IKNOWN ROADWAY LIGF NKNOWN | ITING | 5 - SLEET, HAIL | 99 - OTHER | / UNKNOWN | | | 9 - OTHER/UNKNOV | WN | | | |
| NARRATIVE | | | | | | | | | ^ I-1: | | | |
| | | | | | | | | < | Indicate the north direction with an "N" on the | | | |
| UNII I & Z V | WERE IN TH | E SEC | COND LANE | | | | | | compass diagram. | | | |
| TRAVELIN | G E/B IN FRO | ONT C | PE 911 E. MAI | N ST. UNI | tr · | | | | | | | |
| STOPPED I | FOR TARFFI | C, UN | IT 2 DID NOT | UNIT 2 | T | | | | | | | |
| | | | NG A 2 VEHI | | .] _ | | | | | | | |
| | Y DAMAGE C | | | 1/11/1 | | Not To Socie | 91 | 1 | | | | |
| INOLUM | Diminut C | ,14 1 /1 | CIADII. | | (Fz) | | E. M | AIN | | | | |
| | | | | | l <u></u> - | | | | E. MAIN ST. | | | |
| | | | | | 2.0 | | - Unit | | 9= 9 E | | | |
| | | | | | - | | Unit 2 | | | | | |
| | | | | | 1 | | | | | | | |
| | | | | | - | | | | | | | |
| | | | | 7941.65 | | | | | | | | |
| ADAMI BERANE | D DATE / TIME | P.44- | ATOH DATE (TV) | | | | | | | | | |
| CRASH REPORTE | | | ATCH DATE / TIME | | RIVAL DATE / TIME | | SCENE CLEARED D | | REPORT TAKEN BY X POLICE AGENCY | | | |
| 1 1 0 0 4 2 0 2 TOTAL TIME | 1 / 1 5 1 0 1 OTHER | | 0 0 2 1 / 1 5 2 OFFICER'S NAME* | 0 1 0 0 4 | | | | _//1 5 4 5 | MOTORIST | | | |
| | | TOTAL MINUTES | Fuller, James | S | SI | ecked by OFFI 10rt, Jas | CER'S NAME* | | SUPPLEMENT | | | |
| | | _ | | BADGE NUMBER | | | Y OFFICER'S BADGE N | UMBER* | (CORRECTION OF ADDITION TO AN EXISTING REPORT SENT TO COPS) | | | |
| 0 0 0 | 0 8 0 1 | 0 5 | 2 2 1 | 1 | | 2 2 | 8 | YY | | | | |



LOCAL REPORT NUMBER

2 0 2 1 - 0 0 0 0 1 6 4 2 7

| LIASTE # | OWNED NAME | AT 1110 P. T. | | | | -10-17 | 0 0 0 1 0 4 2 7 | | | |
|---|---|---------------------------------|--|---|---|--------------------------------|-------------------------------------|--|--|--|
| UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) | | | | OWNER PHONE: IN: | THOS AREA CODE (TWI SAME AS DRIVER) | DAMAGE | | | | |
| 0 1 | BEGUE, JARED, J | | | | | DAMAGE SCALE | | | | |
| 4 | DDRESS: STREET, CITY, STATE | | | | | 2 1- NONE 3- FUNCTIONAL DAMAGE | | | | |
| , | DSON RD ,Franklin | | | | | 2-MINOR | | | | |
| CUMMER | CIAL CARRIER: NAME, ADD | RESS, CITY, STATE, ZIP | | COMMERCIAL CARRIE | R PHONE: INCLUDE AREA CODE | | 9 - UNKNOWN | | | |
| | | | <u> </u> | | | | DAMAGED AREA(S) | | | |
| LP STATE | LICENSE PLATE # | | E IDENTIFICATION # | VEHICLE YE | EAR VEHICLE MAKE | ולואו | CATE ALL THAT APPLY | | | |
| $O \mid H$ | HHS8168 | | $F_1 K_1 X_1 E_1 U_1 S_1 A_1 A_1$ | 9 5 5 2 0 1 | 4 Toyota | 12 | 12 | | | |
| INSURA VERIFI | NCE INSURANCE COM | 1 - | NSURANCE POLICY# | COLOR | VEHICLE MODEL | 12 | 11 12 | | | |
| VERIFI | ED PROGRESSIVI | E 9 | 46096215 | WHI | CAMRY | 10 11 1 | 2 10 11 1 2 | | | |
| | TYPE OF USE | | US DOT # | TOWED BY: COMPAN | Y NAME | 10 2 | 10-6-22-2 | | | |
| COMME | RCIAL GOVERNMENT | IN EMERGENCY RESPONSE | | | | 9 9 3 | 3 9 9 3 | | | |
| V11000 | | | HICLE WEIGHT GVWR/GCWR | | OUS MATERIAL | - 0 - 0 - | | | | |
| INTER DEVICE EQUIP | LOCK E HIT/SKIP UNI | | 1 - ≤10K LBS. | MATERIAL RELEASED | CLASS # PLACARD ID # | 8 7 5 | 4 8 7 5 4 | | | |
| EQUIP | PED - | 0 2 1 | 2 - 10,001 - 26K LBS 3 - >26K LBS | PLACARD | | 6 | 12 7 6 | | | |
| | 1 - PASSENGER CAR | 7 - MOTORCYCLE 2-WHEELED | | | 22 DEDECTOLAN LEWATER | 6 6 | 11 6 | | | |
| | 2 - PASSENGER VAN (MINIVAN) | | | 18-LIMO (LIVERY VEHICLE) 19-BUS (16+ PASSENGERS) | 23 - PEDESTRIAN / SKATER | 10. | 12 | | | |
| 0 1 | 3 - SDORT HTH ITV VEHICLE | 9 - AUTOCYCLE | | 20 - OTHER VEHICLE | 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST | 10/ | 1 1 | | | |
| UNIT TYPE | 4 - PICK UP | 10 - MOPED OR MOTORIZED | | 21 - HEAVY EQUIPMENT | 26-BICYCLE | | 9 3 3 | | | |
| | 5 - CARGO VAN | BICYCLE | | 22 - ANIMAL WITH RIDER OR | 27 - TRAIN | 1 | | | | |
| | 6 - VAN (9-15 SEATS) | 11 - ALL TERRAIN VEHICLE | 17 - MOTORHOME | ANIMAL-DRAWN VEHICLE | 99 - UNKNOWN OR HIT/SKIP | 7 | 7 9 5 7 | | | |
| 00, | 4 | (ATV / UTV) | | | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • ` | 6 7 | | | |
| . 00 | # of TRAILING UNITS | | | | | 12 1 | 7 5 12 | | | |
| 1 | WAS VEHICLE OPERATING IN AU | TONOMOUS | 0 - NO AUTOMATION | 3 - CONDITIONAL AUTOMATION | 9 - UNKNOWN | 12 | 12 | | | |
| 2 | MODE WHEN CRASH OCCURRED |)? | | 4 - HIGH AUTOMATION | | 10 11 | 2 10 11 1 2 | | | |
| | 1-YES 2-NO 9-OTHER/UNK | NOWN AUTONOMOUS | 2 - PARTIAL AUTOMATION | 5 - FULL AUTOMATION | | 10 2 | 10 2 | | | |
| | | MODE LEVEL | | _ | | 9 9 3 | 3 9 9 3 | | | |
| | 1 - NONE | 6 - EUS-CHARTER/TOUR | 11-FIRE | 16-FARM | 21 - MAIL CARRIER | 0 4 - | / 8 4 - | | | |
| 1011 | 2 - TAXI | 7 - BUS - INTERCITY | 12 - MILITARY | 17 - MOWING | 99-OTHER/UNKNOWN | B 7 5 | 4 B 7 5 4 | | | |
| SPECIAL | 3 - ELECTRONIC RIDE SHARING | 8 - BUS - SHUTTLE | 13-POLICE | 18-SNOW REMOVAL | | 7 8 | 7 | | | |
| FUNCTION | 4 - SCHOOL TRANSPORT | 9 - BUS - OTHER | 14-PUBLIC UTILITY | 19-TOWING | | 6 | 6 | | | |
| | 5 - BUS - TRANSIT/COMMUTER | 10-AMBULANCE | 15 - CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE PATROL | | 1 | 13 45 45 | | | |
| | 1 - NO CARGO BODY TYPE | 3 - VEHICLE TOWING ANOTHER | 5 - INTERMODAL CONTAINER | B - POLE | 12 - CONCRETE MIXER | | 12 12 12 | | | |
| 0 1 | / NOT APPLICABLE | MOTOR VEHICLE | PHACEIC | 9 - CARGO TANK | 13 - AUTO TRANSPORTER | 12 | | | | |
| CARGO | 2 - BUS | 4 - LOGGING | / CARCOMANICHOLOGED BOY | 10-FLAT BED | 14-GARBAGE/REFUSE | a MA a | | | | |
| TYPE | | | 7 CDAINICUIDCICDAVICI | 11-DUMP | 99-OTHER/UNKNOWN | 9 () 3 | 9 9 3 9 1 3 9 🚭 3 | | | |
| | | | | | | 0 | 0.0 | | | |
| | 1 - TURN SIGNALS | 4 - BRAKES | | 9 - MOTOR TROUBLE | 99-OTHER/UNKNOWN | 6 | <u>©</u> | | | |
| VEHICLE | 2 - HEAD LAMPS | 5 - STEERING | 8 - TRAILER EQUIPMENT DEFECTIVE | 10-DISABLED FROM PRIOR ACCIDENT | | | 6 6 6 | | | |
| DEFECTS | 3 - TAIL LAMPS | 6 - TIRE BLOWOUT | DEFECTIVE | ACCIDENT | | | | | | |
| | 1 - INTERSECTION - MARKED | 3 - INTERSECTION - OTHER | 6 - BICYCLE LANE | 9 - MEDIAN/CROSSING ISLAND | 12-FIRST RESPONDER | - NO DAMAGE | [0] UNDERCARRIAGE [14] | | | |
| | CROSSWALK | 4 - MIDBLOCK - MARKED | | 10-DRIVEWAY ACCESS | AT INCIDENT SCENE | TOP [13] | - ALL AREAS [15] | | | |
| NON-MOTORIST | 2 - INTERSECTION - UNMARKED | CROSSWALK | | 11 - SHARED USE PATHS OR | 99-OTHER/UNKNOWN | -101 (25) | - ALL AREAS [15] | | | |
| AT IMPACT | CROSSWALK | 5 -TRAVEL LANE - OTHER LOCATION | | TRAILS | | □ -⊍N | IT NOT AT SCENE [16] | | | |
| | 1 - NON-CONTACT | 1 - STRAIGHT AHEAD | 7 - MAKING U-TURN | 12 DESCRIPTION & SUBJECT | 10 100000000 | | | | | |
| | 2 - NON-COLLISION | 2 - BACKING | | 13 - NEGOTIATING A CURVE | 18 - APPROACHING OR LEAVING VEHICLE | ITINI | IAL POINT OF CONTACT | | | |
| 4 | 3-STRIKING 111 | 3 - CHANGING LANES | 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 19-STANDING | 0 - NO DAMA | AGE 14 - UNDERCARRIAGE | | | |
| ACTION | 4. STRUCK PRE-CRASH | 4 - OVERTAKING/PASSING | | 15 - WALKING, RUNNING, | 20 - OTHER NON-MOTORIST | 0 6 1-12 - REFE | R TO UNIT 15 - VEHICLE NOT AT SCENE | | | |
| | 5 - BOTH STRIKING ACTIONS | 5 - MAKING PICHTTIPN | 11-SLOWING OR STOPPED | JOGGING, PLAYING | 21 - STANDING OUTSIDE | DIAG | | | | |
| | & STRUCK | 6 - MAKING LEFT TURN | IN TRAFFIC | 16 - WORKING | DISABLED VEHICLE | 13-TOP | | | | |
| | 9-OTHER/UNKNOWN | D IMPARTO CCI I TOTAL | 12 - DR! VERLESS | 17 - PUSHING VEHICLE | 99-OTHER/UNKNOWN | | | | | |
| | 1 - NONE | 7-LEFT OF CENTER | 13-IMPROPER START FROM A | 17 - VISION OBSTRUCTION | 21 I VINC IN BOADWAY | | TRAFFIC | | | |
| | 2-FAILURE TO YIELD | 8-FOLLOWING TOO CLOSE / ACDA | DADVED DOCITION | 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE | 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE | TRAFFICWAY FLOW | TRAFFIC CONTROL | | | |
| Α . | 3 - RAN RED LIGHT | 9-IMPROPER LANE CHANGE | 14 - STOPPED OR PARKED | EQUIPMENT | 23 - OPENING DOOR INTO | 1 - ONE-WAY | 1 - ROUNDABOUT 4 - STOP SIGN | | | |
| UII | 4 - RAN STOP SIGN | 10-IMPROPER PASSING | ILLEGALLY | 19 - LOAD SHIFTING/FALLING/ | ROADWAY | 2 ,2 -TW0-WAY | 6 2 SIGNAL 5 - YIELD SIGN | | | |
| CONTRIBUTING | 5 - UNSAFE SPEED | 11 - DROVE OFF ROAD | 15-SWERVING TO AVOID | SPILLING | 99 - OTHER IMPROPER ACTION | | 3 - FLASHER 6 - NO CONTROL | | | |
| CINCUMSTANCES | 6 - IMPROPERTURN | 12 - IMPROPER BACKING | 16 - WRONG WAY | 20 - IMPROPER CROSSING | | # of THROUGH LANES | RAIL GRADE CROSSING | | | |
| SEDIIFNCE | OF EVENTS | | | | · · · · · · · · · · · · · · · · · · · | ON ROAD | 1 - NOT INVOLVED | | | |
| O-GOENGE | | | NON-COLLISION | | | .4. | 1 2 - INVOLVED-ACTIVE CROSSING | | | |
| . 2 1 | 1 - OVERTURN/ROLLOVER | 6 - EQUIPMENT FAILURE | | 16 - RAILWAY VEHICLE | 22 - WORK ZONE MAINTENANCE | | 3 - INVOLVED-PASSIVE CROSSING | | | |
| 1 2 0 | 2 - FIRE/EXPLOSION | 7 - SEPARATION OF UNITS | OPPOSITE DIRECTION OF | I7-ANIMAL — FARM | EQUIPMENT | | | | | |
| | 3 - IMMERSION | B - RAN OFF ROAD RIGHT | TRAVEL | 18-ANIMAL - DEER | 23-STRUCK BY FALLING, | UNIT / R | ON-MOTORIST DIRECTION | | | |
| 2 | 4 - JACKKNIFE | 9 - RAN OFF ROAD LEFT | | 19-ANIMAL — OTHER | SHIFTING CARGO OR Anything set in motion | | 1 - NORTH 5 - NORTHEAST | | | |
| | 5 - CARGO / EQUIPMENT | 10 - CROSS MEDIAN | 13-OTHER NON-COLLISION 14-PEDESTRIAN | 20 - MOTOR VEHICLE IN | BY A MOTOR VEHICLE | | 2 - SOUTH 6 - NORTHWEST | | | |
| 3 | LOSS OR SHIFT | | AC DESTROYOUS | TRANSPORT | 24-OTHER MOVABLE OBJECT | FROM 4 TO | | | | |
| · | | COLLIETO | N WITH FIXED OBJECT | 21 - PARKEO MOTOR VEHICLE | | | 4 - WEST 8 - SOUTHWEST | | | |
| | 25 - IMPACT ATTENUATOR | 31 - GUARDRAIL END | | - STRUCK 13-CURB | 50 - WORK ZONE MAINTENANCE | | 9 - OTHER / UNKNOWN | | | |
| 4 | / CRASH CUSHION | 32 - PORTABLE BARRIER | | 14 - DITCH | EQUIPMENT | UNIT SPEED | DETECTED SPEED | | | |
| | 26 - BRIDGE OVERHEAD | 33 - MEDIAN CABLE BARRIER | 39-LIGHT/LUMINARIES | 45 - EMBANKMENT | 51 - WALL | ONAL SPEED | | | | |
| 5 | STRUCTURE 27 - BRIDGE PIER OR ABUTMENT | 34 - MEDIAN GUARDRAIL | SUPPORT | 16-FENCE | 52 - BUILDING | 10,0,0, | 1 - STATED/ESTIMATED SPEED | | | |
| | 28-BRIDGE PARAPET | BARRIER 35. MEDIAN CONCRETE | AT ATTICO DACT DALE | 47 - MAILBOX | 53-TUNNEL | <u> </u> | 2 - CALCULATED / EDR | | | |
| 6[| 29-BRIDGE RAIL | 35 - MEDIAN CONCRETE BARRIER | OR SUPPORT | 48 - TREE | 54-OTHER FIXED OBJECT | POSTED SPEED | 3 - UNDETERMINED | | | |
| | 30-GUARDRAIL FACE | 36 - MEDIAN OTHER BARRIER | 42-CULVERT | 49 - FIRE HYDRANT | 99 - OTHER / UNKNOWN | | | | | |
| 1 | | 1 | | | | 3 5 | | | | |
| - 1 - 1 | FIRST HARMFUL EVEN | I A I MACT II | ARMFUL EVENT | | | | 1 | | | |



2 1 0 1 2 1 1 - 1 0 1 0 1 0 1 6 4 2 7 UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER PHONE - three he asses from a FT CAME AS HONERS DAMAGE 0 | 2 | SUMMERS, LINDA, ROSE DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 578 HOPOCAN AVE E ,Barberton ,OH 44203 _ 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INC. HIDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) LP STATE | LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR INDICATE ALL THAT APPLY VEHICLE MAKE O H JIF1692 1 Z V H T 8 4 N X 8 5 1 3 4 5 4 5 4 2 2 0 0 8 Ford INSURANCE COMPANY INSURANCE VERIFIED INSURANCE POLICY # COLOR VEHICLE MODEL **TREXIS** 1134013639296 MAR MUSTANG TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL CLASS # PLACARD ID # INTERLOCK 1 - ≤10K LBS. HIT/SKIP UNIT DEVICE 2 - 10.001 - 26K (BS 0 1 PLACARD J 3 - >26K LBS 1.1 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 - WHEEL CHAIR (ANY TYPE) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14-SINGLE UNITTRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26-BICYCLE 5 - CARGO VAN BICYCLE 27 - TRAIN 16-FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV / UTV) 00 # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 0 2 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS 1 - NONE 6 - PUS - CHARTER/TOUR 11-FIRE 16-FARM 21 - MAIL CARRIER 0 1 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / IINKNOWN 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 BODYTYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER 0 1 CARGO / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14 - GARBAGE/REFUSE BODY * 7 - GRAIN/CHIPS/GRAVEL TYPE 11-DUMP 99-OTHER/UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT -NO DAMAGE [0] - UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER CROSSWALK 4 - MIDBLOCK - MARKED AT INCIDENT SCENE 7 - SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS -TOP [13] ☐-ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION AT IMPACT CROSSWALK 5 -TRAVEL LANE - OTHER LOCATION - UNIT NOT AT SCENE [16] **TRAILS** 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 3 3-STRIKING 1 1 3 - CHANGING LANES 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE ACTION 4- STRUCK 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 10-PARKED 20-OTHER NON-MOTORIST 1 | 2 | DIAGRAM JOGGING, PLAYING 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN 99 - UNKNOWN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 13-TOP 16-WORKING & STRUCK IN TRAFFIC DISABLED VEHICLE 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99-OTHER/UNKNOWN 9 - OTHER / UNKNOWN 12 - DRIVERLESS TRAFFIC 1-NONE 7-LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL 2 - FAILURE TO YIELD PARKED POSITION 18-OPERATING DEFECTIVE 8-FOLLOWING TOO CLOSE / ACDA 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 3 - RAN RED LIGHT 14-STOPPED OR PARKED EQUIPMENT 9-IMPROPER LANE CHANGE 23 - OPENING DOOR INTO 0 8 1 2 - TW0-WAY 2 - SIGNAL 5 - YIELD SIGN ILLEGALLY 19-LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY 15 - SWERVING TO AVOID CONTRIBUTING 5 - UNSAFE SPEED 3 - FLASHER 6 - NO CONTROL SPILLING 11 - DROVE OFF ROAD 99-OTHER IMPROPER ACTION 16 - WRONG WAY 20 - IMPROPER CROSSING 6 - IMPROPER TURN 12 - IMPROPER BACKING # of THROUGH LANES RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 4 NON-COLLISION 1 2 0 1 - OVERTURN/ROLLGVER 6 - FOUIPMENT FAILURE 11 - CROSS CENTERLINE -OPPOSITE DIRECTION OF 3 - INVOLVED-PASSIVE CROSSING 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 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 19-ANIMAL - OTHER 1 - NORTH 5 - NORTHEAST 1 4 - JACKKNIFF 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13-OTHER NON-COLLISION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT 10-CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT 4 LOSS OR SHIFT 3 - EAST 7 - SOUTHEAST 24-OTHER MOVABLE OBJECT 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 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 51 - WALL STRUCTURE 1 - STATED / ESTIMATED SPEED 34 - MEDIAN GUARDRAIL SUPPORT 52-BUILDING 46-FENCE 27 - BRIDGE PIER OR ABUTMENT _0_0,0,4 40-UTILITY POLE BARRIER ☐ 2 - CALCULATED / EDR 53-TUNNEL 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE OR SUPPORT 54-OTHER FIXED OBJECT AR. TREE 29 - BRIDGE RAIL POSTED SPEED 3 - UNDETERMINED BARRIER 99 - OTHER / UNKNOWN 49-FIRE HYDRANT 30-GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 3 5 MOST HARMFUL EVENT ☐ FIRST HARMFUL EVENT

LOCAL REPORT NUMBER

| CHIED DEPARTMENT MOTORIST / NON-MOTORIST | | | | | | | LOCAL REPORT NUMBER | | | | | | | |
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| 4222500 | STREET, CITY, ST | , | | | | | | | 0 5 / 2 9 / 1 9 9 4 2 7 M | | | | | |
| 7374 I | 374 HUDSON RD ,Franklin Twp ,OH 44240 | | | | | | | | L | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED T | AKEN TO | : MEDICAL FACILITY | (NAME, CITY | USED | | DMPLIANT | ON AIR BAG | USAGE ELECTION | TRAPPED | |
| OL STATE | | ICENSE NUMBER | | OFFENS | E CHAI | Dech | LOCAL | OFFENSE DESC | MC HE | LMET 0 , 1 | | 1 | 1_1_ | |
| O, H, | | | | | CODE | | | OFFENSE DESC | | ON NUMBER | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | | IVER STRACTED | | DHOL / DRUG SUSPE | | CONDITION | STATUS 1 | COHOL TEST TYPE VALUE | | DRUG TEST(S | T SELECT UP TO 4 | |
| 4 | | | ". | 1 | | THER DRUG | (DUANTA | , 1 , | 1 | 1 | 1 | 1 | 11 11 1 | |
| UNIT # | NAME: LAST, I | | | | | | | | DATE OF BIRTH | | AGE | GENDER | | |
| 0.2 | | ALF, JACK, JAN | MES A | LLEN | 1 | | | _ | 0 6 / 1 3 / 1 9 8 8 3 3 M | | | | | |
| 3 | YLEY A | WE ,Akron ,OH | 44306 | | | | | | CONTACT | PHONE - INCLUDE AREA | CODE | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJUREDT | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN USED 0 4 | | | | DOT-COMPLIANT SEATING POSITION MC HELMET 0 1 | | | ISAGE EJECTION | TRAPPED 1 | |
| | OPERATOR L | ICENSE NUMBER | | OFFENS | E CHAI | RGED | LOCAL | OFFENSE DESC | RIPTION | | CITATION NUMBER | | | |
| OL STATE | | | | 333.0 |)3 | | CODE | Maximui | n Spee | d Limits | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | DIST | IVER TRACTED | /ER ALCOHOL / DRUG SUSPECTED | | | CONDITION | | | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 | | |
| 4 . | 1 11 1 | | BY | 1 | = | LCOHOL MAR THER DRUG | RIJUANA | . 1 | 1 | 1 | 1 | 1 | | |
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| ADDRESS: | STREET, CITY, ST. | ATE, ZIP | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| TAMBLE ! | | | | Too to t | | | | | | | | | | |
| INJURIES | TAKEN BY | EMS AGENCY (NAME) | | INJUREDT | AKEN IO | MEDICAL FACILITY | NAME, CITY) | SAFETY EQUIPMENT | DOT-C | SEATING POSITION SEATIN | ON AIR BAG U | ISAGE EJECTION | TRAPPED | |
| OL STATE | OPERATOR L | ICENSE NUMBER | | OFFENSE CHARGED LOCAL CODE | | | OFFENSE DESC | ALCOHOL TEST | | CITATI | DRUG TEST(S) TATUS TYPE RESULT SALECT BY 104 | | | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT | | | | | CONDITION | | | | | | | |
| | SELECT UP 10 2 | | DIST BY | TRACTED ALCOHOL MARIJUANA | | | | | | | | | | |
| L | LLL RIES | SEATING POSITION | | 10.000 | 01 | THER DRUG | | | | | | | لــالــا | |
| 1 - FATAL | KIES | 1-FRONT-LEFT SIDE | 1 - NOT DEP | AIR BAG PLOYED | | OL CLASS 1-CLASS A | Winds. | OL RESTRIC | and the section of th | 1-NOT DISTRACTED | or Print Printing and | TEST STA -None given | TUS | |
| 2 - SUSPECTED S 3 - SUSPECTED I | Additional tendency in | (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE | 2 - DEPLOYE 3 - DEPLOYE | | | 2 - CLASS B 3 - CLASS C | | 2 - COL INTRASTATE | | 2 - MANUALLY OPERATION ELECTRONIC COMMU | MICATION | -TEST REFUSED | | |
| 4 - POSSIBLE IN. | JURY | 3 - FRONT - RIGHT SIDE | | ED BOTH FROM | IT / SIDE | 4 - REGULAR CLASS | | 3 - CORRECTIVE LEI 4 - FARM WAIVER | (252 | DEVICE (TEXTING, TY DIALING) | | S-TEST GIVEN, CON Sample / Unusa | | |
| 5 - NO APPARENT | TINJURY | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 5 - NOT APPI | LICABLE MENT UNKNOV | WN. | (OHIO = D) 5 - M/C MOPED ONLY | | 5 - EXCEPT CLASS A 6 - EXCEPT CLASS A | | 3 -TALKING ON HANDS-F | KEE | -TEST GIVEN, RES | C250a-8100076-5109- | |
| INJURED T | | 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE | 7-ULTLUTH | HENT DAKEN | W N | 6 - NO VALID OL | | & CLASS B BUS | | 4 -TALKING ON HAND-HE | LD | UNKNOWN | 10113 | |
| 1 - NOT TRANSPO | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | JECTION | | OL ENDORSEM | IENT | 7 - EXCEPT TRACTOR 8 - INTERMEDIATE I | | 5 - OTHER ACTIVITY WIT | HAN | ALCOHOL TES | ST TYPE | |
| 2 - EMS 3 - POLICE | | 8-THIRD - MIDDLE | 1 - NOT EJEC 2 - PARTIALI | | | H - HAZMAT M - MOTORCYCLE | | RESTRICTIONS 9-LEARNER'S PERI | | ELECTRONIC DEVICE 6 - PASSENGER | | - NONE - BLOOD | | |
| 9-OTHER/UNK | NOWN | 9-THIRD - RIGHT SIDE | 3-TOTALLY | | | P - PASSENGER | | RESTRICTIONS | | 7 - OTHER DISTRACTION | 3 | - URINE | | |
| SAFETY EG | QUIPMENT | 10 - SLEEPER SECTION OF TRUCK CAB | 4 - NOT APPL | LICABLE | | N - TANKER Q - MOTOR SCOOTER | | 10 - LIMITED TO DAY! | Drawn or other | INSIDE THE VEHICLE 8 - OTHER DISTRACTION | | -BREATH -OTHER | | |
| 1 - NONE USED | ELT AND MEED | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA | Property and the second | RAPPED | ************************************** | R-THREE-WHEEL MOT | TORCYCLE | 12 - LIMITEO - OTHE | 1 | THE VEHICLE 9-OTHER / UNKNOWN | | DRUG TEST | TYPE | |
| 2 - SHOULDER BI 3 - LAP BELT ONI | | (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1 - NOTTRAF | | | S - SCHOOL BUS | DAII EDG | 13 - MECHANICAL DE (SPECIAL BRAKE | S, HAND | | 100 | NONE | | |
| 4 - SHOULDER & LAP BELT USED | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | IICAL MEANS | CAL MEANS 1 - DOUBLE & TRIPLE TRAILERS | | | CONTROLS, OR OT ADAPTIVE DEVICE | | 1 - APPARENTLY NORMA | THE RESIDENCE | 2 - BLOOD 3 - URINE 4 - OTHER | | | |
| 5 - CHILD RESTRAINT SYSTEM – FORWARD FACING | | 13-TRAILING UNIT NON-MEC | | | | | | 14 - MILITARY VEHIC 15 - MOTOR VEHICLES | | 2 - PHYSICAL IMPAIRME | | | NT 4 | |
| 6- CHILD RESTR REAR FACING | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | | F-FEMALE | | AIR BRAKES | | 3 - EMOTIONAL (E.G., DEPF ANCRY DISTURBED) | | DRUG TEST RESULT(S) | | |
| 7 - BOOSTER SEA 8 - HELMET USE | | 15 - NON-MOTORIST 99 - OTHER / UNKNOWN | | | | M - MALE U - OTHER / UNKNOWN | | 16 - OUTSIDE MIRROF 17 - PROSTHETIC AID | | 4 - ILLNESS 5 - FELL ASLEEP, FAINTE | | -AMPHETAMINES - BARBITURATES | | |
| 9- PROTECTIVE | PADS USED | | | | | | | 18-OTHER | | FATIGUED, ETC. 6- UNDER THE INFLUENCE | | - BENZODIAZEPINE | ES | |
| (ELBOW, KNEI 10 - REFLECTIVE | The same of the same of | | | | | | | | | OF MEDICATIONS / DRI | JGS 4 | - CANNABINOIDS - COCAINE | | |
| 11 - LIGHTING - P / BICYCLE ON | EDESTRIAN | | | | | | | | | 9- OTHER / UNKNOWN | | - OPIATES / OPIOID |)S | |
| 99 - OTHER / UNK | | | | | | | | | | -OTHER - NEGATIVE RESUL | TS | | | |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | NAME OF TAXABLE PARTY. | AND DESCRIPTIONS | - Total (1997) | to the second contract, it | 20 W 2 C 1 | | STATE OF THE PARTY | to the second second | OF THE PARTY OF | | P. Calling | |

| F | OCCUPANT / WITNESS ADDENDUM | | | | | | | LOCAL REPORT NUMBER | | | | | | | |
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| | UNIT# | NAME: LAST, FIRST, MIDDLE | | | | | | | DATE OF BIRTH AGE GENDER | | | | | | |
| | <u>01</u> | SPAN | GENBERG, L | 0 8 / 1 | 5, / 1 9 | 9 5 | 2 6 | F | | | | | | | |
| PAN | | ST REET, CITY, | 3=42 | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | |
| OCCUPANT | | HUDSON RD ,Franklin Twp ,OH 44240 | | | | | | | | | | | | | |
| ٥ | _ | INJURED TAKEN | EMS ABENCY (NAME) | DOT-COMPLIANT | SEATING POSITION | AIR BAG USAG | E EJECTION | TRAPPED | | | | | | | |
| | 5 | BY | | MC HELMET | 0 1 | 1 1 | 1 | 1 | | | | | | | |
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| <u>⊢</u> | | | | | | | | | | | | | | | |
| OCCUPANT | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | - INCLUDE AREA CO | DE | | | | | |
| 1000 | | | | | | | | | | 1 | | | | | |
| | INJURIES | INJURED TAKEN BY | EMS Agency (NAME) | | INJURED TAKEN 10: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED | | | DOT-COMPLIANT | SEATING POSITION | AIR BAG USAG | E EJECTION | TRAPPED | | | |
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| | UNIT# | NAME: LAS | T, FIRST, MIDDLE | | | | | DAT , | E OF BIRTH | | AGE | GENDER | | | |
| Ę | ADDRESS. | STREET, CITY, | STATE 710 | | | | | | / | | | | | | |
| CCUPAN | | or nearly bill Ty | STATES CALL | | | | | CONTACT PHONE | - INCLUDE AREA CO | DE | | | | | |
| 000 | INJURIES | INJURED | EMS AGENCY (NAME) | 1 | INJURED TAKEN TO: MEDICAL FA | CHITY (MANE CITY) | SAFETY EQUIPMENT | | CEATING BASING | AID BAD INCO | F F184 | T0.05 | | | |
| | | TAKEN BY | | | ONCO PARCH TO, INCUIDAL PA | SINGLE CITY) | USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAG | E EJECTION | TRAPPED | | | |
| 3 | UNIT# | NAME: IAS | T, FIRST, MIDDLE | | | | | | E OF CYPY: | <u> </u> | 4 | L | | | |
| | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | DATE OF BIRTH AGE GENDER | | | | | | | | | | |
| ⊢NΑ. | ADDRESS: | : STREET, CITY, STATE, ZIP | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| OCCUPAN | | | | | | INCLUDE AREA CO | DE. | | | | | | | | |
| ă | INJURIES | INJURED TAKEN | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FA | CILITY (NAME, CITY) | SAFETY EQUIPMENT | DOT-COMPLIANT | SEATING POSITION | AIR BAG USAG | E EJECTION | TRAPPED | | | |
| | | BŶ | | | | USED | | | | | | 1 11 = | | | |
| | Northwest March | INI | RIES | SAFETY | EQUIPMENT USED | | SEATING POS | ITION | | AIR BAG L | JSAGE | | | | |
| | 1 - FATA | | | 1 - NONE US | ED - OCCUPANT | | T - LEFT SIDE | | 1 - NOT DE | PLOYED | | | | | |
| ļ | 2 - SUSPECTED SERIOUS INJURY | | | | R BELT ONLY USED | | ORCYCLE DRIV T – MIDDLE | ER) | 2 - DEPLOYED FRONT | | | | | | |
| | 2 I AD | | | 3 - LAP BELT | | 3 - DEPLOYED SIDE | | | | | | | | | |
| | 4 - FUSSIBLE INJURY | | | 4 - SHOULDE | R & LAP BELT USED | ENGER) | 4 - DEPLOYED BOTH FRONT/SIDE | | | | | | | | |
| ľ | To a series | History was | TAKEN BY | Section To the same | STRAINT SYSTEM - | | 5 - NOT AP | PLICABLE | | | | | | | |
| 1 | | RANSPOR | NAME AND ADDRESS OF THE OWNER, WHEN PARTY OF T | FORWARD | STRAINT SYSTEM - | ND – RIGHT SIC D – LEFT SIDE |)E | 9 - DEPLOY | MENT UN | KNOWN | | | | | |
| ı | | ATED AT S | | REAR FAC | | ORCYCLE SIDE | CAR) | EJECTION | | | | | | | |
| ı | 2 - EMS 7 - B | | | | SEAT | | D – MIDDLE D – RIGHT SIDE | | 1 - NOT EJ | ECTED | | | | | |
| ı | 3 - POLIC | | | 8 - HELMET | | WATER TO STATE OF THE PARTY OF | 10 - SLEEPER SECTION OF TRUCK CAR | | | 2 - PARTIALLY EJECTED | | | | | |
| | 9 - 01HE | R/UNKNO | | | (VE PADS USED (NEES, ETC.) | ENGER IN OTHI | | 3 - TOTALLY EJECTED 4 - NOT APPLICABLE | | | | | | | |
| ı | F - FEMAL | No. of the last | DER | 10 - REFLECT | IVE CLOTHING | BUS, P | ICK-UP WITH CAP |) | | | | | | | |
| ١ | M - MALE | | | | - PEDESTRIAN | | ENGER IN UNEI O AREA | | | | | and the least of | | | |
| ı | U - OTHER / UNKNOWN | | | | INKNOWN | ING UNIT | | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL | | | | | | | |
| 33-01HER/ | | | | | | EXTERIOR MEANS | | | IECHANIC | CHANICAL | | | | | |
| ١ | | | | | | 15 - NON-1 | MOTORIST | 3 - FREED BY NON-MECHANICA | | | | AL. | | | |
| ļ | NAME. LACT | T, FIRST, MIDDI | | | | 99 - OTHE | R/UNKNOWN | | MEANS | | | | | | |
| 25 | MANUE: LAS | ,, , , , , , , , , , , , , , , , , , , | - L | | | | | DATI | OF BIRTH | \top | AGE | GENDER | | | |
| 3 | ADDRESS: | STREET, CITY, S | STATE, ZIP | | | | | CONTACT PHONE | - INCLUDE AREA COO | | | | | | |
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| NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE OF BIRTH AGE GENDER | | | | | | | |
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