

**TRAFFIC CRASH REPORT**

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		<b>LOCAL INFORMATION</b> <b>REPORTING AGENCY NAME*</b> <b>NCIC*</b> <b>City of Kent Police</b> <b>06703</b>				<b>LOCAL REPORT NUMBER*</b> <b>2026-00000969</b>				
<b>COUNTY*</b> <b>67</b> <b>LOCALITY*</b> <b>1-CITY 2-VILLAGE 3-TOWNSHIP</b> <b>Kent</b>						<b>HIT/SKIP</b> 1 - SOLVED 2 - UNSOLVED	<b>NUMBER OF UNITS</b> <b>02</b>	<b>UNIT IN ERROR</b> 98 - ANIMAL 99 - UNKNOWN		
<b>ROUTE TYPE</b> <b>S R</b> <b>ROUTE NUMBER</b> <b>59</b> <b>PREFIX</b> <b>3</b> <b>1 - NORTH</b> <b>2 - SOUTH</b> <b>3 - EAST</b> <b>4 - WEST</b>		<b>LOCATION ROAD NAME</b> <b>MAIN</b>		<b>ROAD TYPE</b> <b>S T</b>	<b>LATITUDE DECIMAL DEGREES</b> <b>41 15 36 92</b>			<b>CRASH SEVERITY</b> 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
<b>ROUTE TYPE</b> <b>ROUTE NUMBER</b> <b>PREFIX</b> <b>1</b> <b>1 - NORTH</b> <b>2 - SOUTH</b> <b>3 - EAST</b> <b>4 - WEST</b>		<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> <b>HORNING</b>		<b>ROAD TYPE</b> <b>R D</b>	<b>LONGITUDE DECIMAL DEGREES</b> <b>-81 33 96 10</b>					
<b>REFERENCE POINT</b> 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		<b>DIRECTION FROM REFERENCE</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	<b>ROAD TYPE</b> 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	<b>INTERSECTION RELATED</b> <input checked="" type="checkbox"/> <b>WITHIN INTERSECTION OR ON APPROACH</b> <input type="checkbox"/> <b>WITHIN INTERCHANGE AREA</b> <b>NUMBER OF APPROACHES</b> <b>3</b>				
<b>DISTANCE FROM REFERENCE</b>		<b>DISTANCE UNIT OF MEASURE</b>				<b>ROADWAY</b> <input type="checkbox"/> <b>ROADWAY DIVIDED</b>				
<b>LOCATION OF FIRST HARMFUL EVENT</b> 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				<b>6</b>	<b>MANNER OF CRASH COLLISION/IMPACT</b> 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - RAILWAY GRADE CROSSING 11 - SHARED USE PATHS OR TRAILS 12 - BIKE LANE 13 - TOLL BOOTH 99 - OTHER / UNKNOWN					
<input checked="" type="checkbox"/> <b>WORK ZONE RELATED</b> <input type="checkbox"/> <b>WORKERS PRESENT</b> <input type="checkbox"/> <b>LAW ENFORCEMENT PRESENT</b> <input type="checkbox"/> <b>ACTIVE SCHOOL ZONE</b>		<b>WORK ZONE TYPE</b> 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER <b>3</b> <b>3 - WORK ON SHOULDER OR MEDIAN</b> 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		<b>4</b>	<b>LOCATION OF CRASH IN WORK ZONE</b> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA					
<b>LIGHT CONDITION</b> <b>3</b> 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		<b>WEATHER</b> <b>01</b> 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			<b>CONDITIONS</b> <b>1</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN			<b>SURFACE</b> <b>2</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
<b>NARRATIVE</b> <b>UNIT 1 WAS IN THE ROUNDABOUT, GOING FROM HORNING RD. TO TRAVEL WEST ON E. MAIN ST. UNIT 2 WAS TRAVELING WEST BOUND ON E. MAIN ST. AND FAILED TO YIELD BEFORE ENTERING THE ROUNDABOUT AND STRUCK UNIT 1.</b>										 Indicate the north direction with an "N" on the compass diagram.
<b>CRASH REPORTED DATE / TIME</b> <b>01222026/1910</b>		<b>DISPATCH DATE / TIME</b> <b>01222026/1912</b>		<b>ARRIVAL DATE / TIME</b> <b>01222026/1929</b>		<b>SCENE CLEARED DATE / TIME</b> <b>01222026/1952</b>		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> <b>POLICE AGENCY</b> <input type="checkbox"/> <b>MOTORIST</b> <input type="checkbox"/> <b>SUPPLEMENT</b> (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO COPS)		
<b>TOTAL TIME ROADWAY CLOSED</b> <b>000</b>		<b>OTHER INVESTIGATION TIME</b> <b>010</b>		<b>TOTAL MINUTES</b> <b>050</b>		<b>OFFICER'S NAME*</b> <b>Jones, Steven R</b>		<b>CHECKED BY OFFICER'S NAME*</b> <b>Nelson, Josh</b>		
<b>OFFICER'S BADGE NUMBER*</b> <b>230</b>		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> <b>232</b>								

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER ) REDACTED PER ORC 149.43(A)(1)
WILLIAMS, EASTON, TRACY		
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )		
3530 EGRET DR ,FOLSOM ,CA 95630		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	KTL3901	4 T 1 B K 3 6 B 5 6 U 0 6 4 0 4 4	2 0 0 6	Toyota

<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	MERCURY	CAAP0000669899	SIL	AVALON

TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	AAA	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
		0 5	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #

0 1	UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICKUP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN	28 - UNKNOWN OR HIT/SKIP
-----	-----------	--	--	---	--	--------------------------

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

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

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

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

0 1	NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
-----	---------------------------------	--	---	---	---	--

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

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

1 2 0	SEQUENCE OF EVENTS	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVEABLE OBJECT
-------	--------------------	--	--	---	---	---

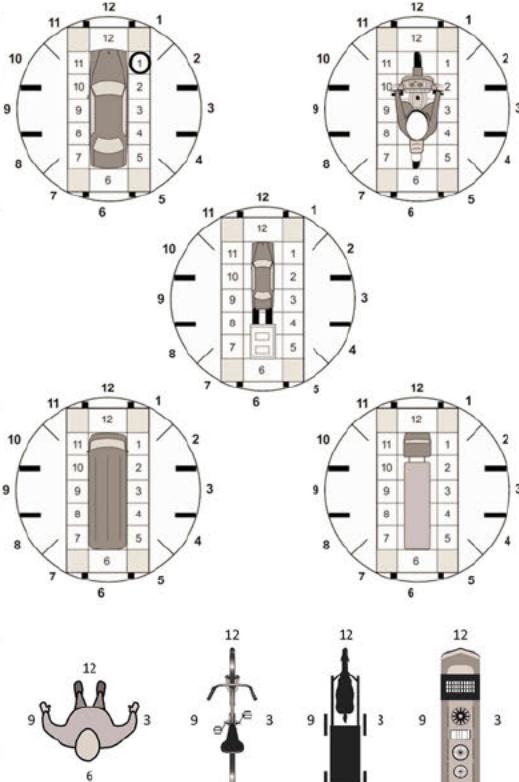
4 1 1	NON-COLLISION	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVEABLE OBJECT		
5 1 1	COLLISION WITH FIXED OBJECT - STRUCK	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
---	---------------------	---	--------------------

LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 0 9 6 9

DAMAGE  
DAMAGE SCALE  
4  
1 - NONE  
2 - MINOR DAMAGE  
3 - FUNCTIONAL 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 ]

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

TRAFFIC  
TRAFFIC WAY FLOW  
1 - ONE-WAY  
2 - TWO-WAY  
TRAFFIC CONTROL  
1 - ROUNDABOUT  
2 - SIGNAL  
3 - FLASHER  
4 - STOP SIGN  
5 - YIELD SIGN  
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 4  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
5 - NORTHEAST  
6 - NORTHWEST  
7 - SOUTHEAST  
8 - SOUTHWEST  
9 - OTHER / UNKNOWN

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

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)
0 2	JOHNSON, ASHTON, MARIE	REDACTED PER ORC 149.43(A)(1)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)

3120 GRAHAM RD ,Stow ,OH 44224

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	KVJ4926	1 G8 A W1 4 F X4 Z1 8 4 5 8 9	2 0 0 4	Saturn
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	PROGRESSIVE	998882768	RED	ION
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	
		0 5	1 - ≤10K LBS.	MATERIAL RELEASED
			2 - 10,001 - 26K LBS.	CLASS #
			3 - >26K LBS.	PLACARD ID #

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 - PICKUP	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	

0 0	# OF TRAILING UNITS
-----	---------------------

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

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

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

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			

1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	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

3	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
	3 - STRIKING	0 1 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		

0 2	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	23 - OPENING DOOR INTO ROADWAY
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY			
5 - UNSAFE SPEED	11 - DROVE OFF ROAD				
6 - IMPROPER TURN	12 - IMPROPER BACKING				

SEQUENCE OF EVENTS

1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
2 1 1	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
3 1 1	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT
4 1 1	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT
5 1 1	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE		

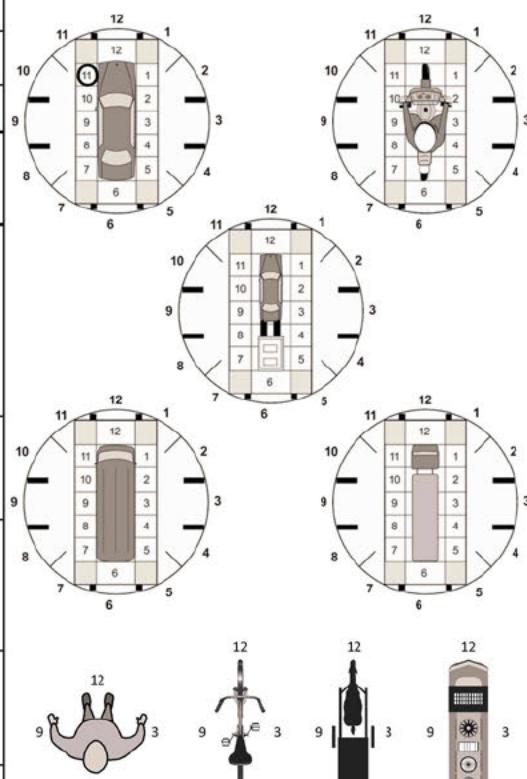
4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
5 1 1	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
6 1 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING
1 1	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - SUPPORT	46 - FENCE	53 - TUNNEL
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	48 - TREE
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 0 9 6 9

DAMAGE  
DAMAGE SCALE  
2 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 ]

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

TRAFFIC WAY FLOW  
1 - ONE-WAY 2 - TWO-WAY 5 -

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

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

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

POSTED SPEED  
3 5

LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 0 9 6 9

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE <b>0 1 WILLIAMS, EASTON, TRACY</b>				DATE OF BIRTH <b>0 2 2 7 2 0 0 7</b>	AGE <b>18</b>	GENDER <b>M</b>		
	ADDRESS: STREET, CITY, STATE, ZIP <b>3530 EGRET DR ,FOLSOM ,CA 95630</b>					CONTACT PHONE - INCLUDE AREA CODE <b>REDACTED PER ORC 149.43(A)(1)</b>				
	INJURIES <b>5</b>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY (NAME) <input type="checkbox"/>	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/>	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>C A</b>	OPERATOR LICENSE NUMBER <b>REDACTED PER ORC 4501:1-12</b>		OFFENSE CHARGED <input type="checkbox"/>	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS <b>4</b>	ENDORSEMENT SELECT UP TO 2 <input type="checkbox"/>	RESTRICTION SELECT UP TO 3 <input type="checkbox"/>	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> TYPE <b>1</b> VALUE <b>1</b>	DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> RESULT SELECT UP TO 4 <b>1</b>			
UNIT # <b>0 2</b>	NAME: LAST, FIRST, MIDDLE <b>LESTER, SAMUEL, HENERY</b>				DATE OF BIRTH <b>1 1 0 8 1 9 8 9</b>	AGE <b>36</b>	GENDER <b>M</b>			
ADDRESS: STREET, CITY, STATE, ZIP <b>3120 GRAHAM RD ,Stow ,OH 44224</b>					CONTACT PHONE - INCLUDE AREA CODE <b>REDACTED PER ORC 149.43(A)(1)</b>					
INJURIES <b>5</b>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY (NAME) <input type="checkbox"/>	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/>	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 <b>REDACTED PER ORC 4501:1-12</b>		OFFENSE CHARGED <b>331.18</b>	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Operation of Vehicle		CITATION NUMBER <b>30359</b>			
OL CLASS <b>4</b>	ENDORSEMENT SELECT UP TO 2 <input type="checkbox"/>	RESTRICTION SELECT UP TO 3 <input type="checkbox"/>	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> TYPE <b>1</b> VALUE <b>1</b>	DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> RESULT SELECT UP TO 4 <b>1</b>			
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY (NAME) <input type="checkbox"/>	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED <input type="checkbox"/>	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2 <input type="checkbox"/>	RESTRICTION SELECT UP TO 3 <input type="checkbox"/>	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> TYPE <b>1</b> VALUE <b>1</b>	DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> RESULT SELECT UP TO 4 <b>1</b>			
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 (OHIO = D) 5- M/C 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 HAND-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 / UNUSABLE 4- TEST GIVEN, RESULTS KNOWN 5- TEST GIVEN, RESULTS UNKNOWN				
INJURED TAKEN BY 1- NOT TRANSPORTED / TREATED AT SCENE 2- EMS 3- POLICE 9- OTHER / UNKNOWN	EJECTION	OL ENDORSEMENT H- HAZMAT M- MOTORCYCLE P- PASSENGER N- TANKER Q- MOTOR SCOOTER	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS	ALCOHOL TEST TYPE 1- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER				
SAFETY EQUIPMENT 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	TRAPPED 1- NOT TRAPPED 2- EXTRICATED BY MECHANICAL MEANS 3- FREED BY NON-MECHANICAL MEANS	GENDER F- FEMALE M- MALE U- OTHER / UNKNOWN	DRUG TEST TYPE 1- NONE 2- BLOOD 3- URINE 4- OTHER							
		CONDITION 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	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**

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	
	01	JENKINS, ROBERT, ANTOINE				0 8 1 6 2 0 0 7	18	M	
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		REDACTED PER ORC 149.43(A)(1)					
19820 WINSLOW RD ,SHAKER HTS ,OH 44122									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				0 4	<input type="checkbox"/>	0 3	1	1	1
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
01	CIMINILLO, LUKE, ALEXANDER				0 4 0 5 2 0 0 7	18	M		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		REDACTED PER ORC 149.43(A)(1)					
2691 LITTLE RD ,CINCINNATI ,OH 45244									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				0 4	<input type="checkbox"/>	0 4	1	1	1
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
01	MILLER, DYLAN, ANDREW				0 9 1 6 2 0 0 6	19	M		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		REDACTED PER ORC 149.43(A)(1)					
5790 CONEFLOWER DR ,GROVE CITY ,OH 43123									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				0 4	<input type="checkbox"/>	0 5	1	1	1
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
01	EGGERS, JASON, ROBERT				0 2 1 5 2 0 0 7	18	M		
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		REDACTED PER ORC 149.43(A)(1)					
8605 BIDDULPH RD ,BROOKLYN ,OH 44144									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				0 4	<input type="checkbox"/>	0 6	1	1	1
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			
U - 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						
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE								
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						
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE								



## **OCCUPANT / WITNESS ADDENDUM**