

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 0 2 2 - 0 0 0 1 5 1 7 1

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

LOCAL INFORMATION
 REPORTING AGENCY NAME*
City of Kent Police
 NCIC*
0 6 7 0 3

HIT/SKIP
 1 - SOLVED
 2 - UNSOLVED
 NUMBER OF UNITS
0 2
 UNIT IN ERROR
 98 - ANIMAL
 99 - UNKNOWN
0 2

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

CRASH DATE / TIME*
09082022/1901
 CRASH SEVERITY
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY
3

ROUTE TYPE **S R** ROUTE NUMBER **43** PREFIX **2** LOCATION ROAD NAME
WATER ROAD TYPE **S T**

LATITUDE DECIMAL DEGREES
41.134623

ROUTE TYPE ROUTE NUMBER PREFIX LOCATION ROAD NAME (ROAD, MILEPOST, HOUSE #)
1700 ROAD TYPE

LONGITUDE DECIMAL DEGREES
-81.354014

REFERENCE POINT
3
 DIRECTION FROM REFERENCE
 N - NORTH
 S - SOUTH
 E - EAST
 W - WEST
 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
 NUMBER OF APPROACHES

ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT
0 1
 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
 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
6
 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

DIRECTION OF TRAVEL
 N - NORTH
 S - SOUTH
 E - EAST
 W - 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
1
 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

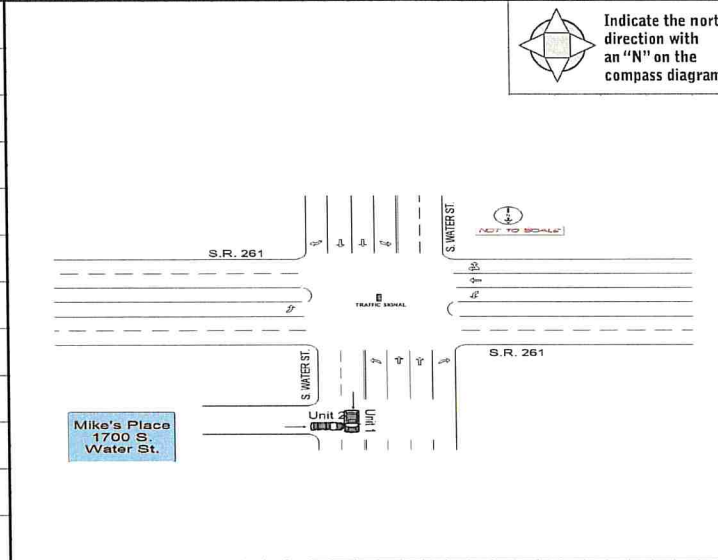
SURFACE
2
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 9 - OTHER/UNKNOWN

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

WEATHER
0 1
 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

INDICATE THE NORTH DIRECTION WITH AN "N" ON THE COMPASS DIAGRAM.

NARRATIVE
UNIT 1 WAS TRAVELING S/B IN THE SECOND LANE IN FRONT OF 1700 S. WATER ST. UNIT 2 FAILED TO YIELD ENTERING S. WATER ST. FROM 1700 S. WATER ST. UNIT 2 STRUCK THE SIDE OF UNIT 1.



CRASH REPORTED DATE / TIME: **09082022/1901** DISPATCH DATE / TIME: **09082022/1903** ARRIVAL DATE / TIME: **09082022/1910** SCENE CLEARED DATE / TIME: **09082022/1943**

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OPCS)

TOTAL TIME ROADWAY CLOSED: **0 4 0** OTHER INVESTIGATION TIME: **0 6 0** TOTAL MINUTES: **1 0 0**

OFFICER'S NAME*
Fuller, James
 OFFICER'S BADGE NUMBER*
2 2 1

CHECKED BY OFFICER'S NAME*
Short, Jason M
 CHECKED BY OFFICER'S BADGE NUMBER*
2 2 8

OWNER

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
GIDLEY, SUSAN, ELIZABETH

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
3768 OLMSBY DR, Brimfield Twp, OH 44240

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

OWNED BY: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

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

VEHICLE

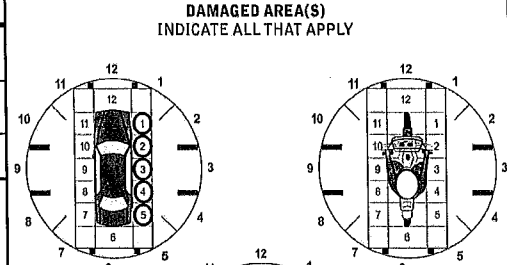
LP STATE **OH** LICENSE PLATE # **JLS9207** VEHICLE IDENTIFICATION # **3GNKBHR44MS572735** VEHICLE YEAR **2021** VEHICLE MAKE **Chevrolet**

INSURANCE VERIFIED INSURANCE COMPANY **GEICO** INSURANCE POLICY # **448278181** COLOR **WHI** VEHICLE MODEL **BLAZER**

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT #

HAZARDOUS MATERIAL: MATERIAL RELEASED PLACARD



UNIT TYPE **0 3**

OF TRAILING UNITS **00**

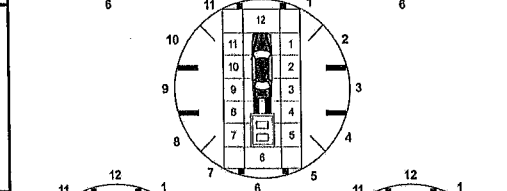
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**

AUTONOMOUS MODE LEVEL **0**

SPECIAL FUNCTION **0 1**

CARGO BODY TYPE **0 1**

VEHICLE DEFECTS



VEHICLE DEFECTS

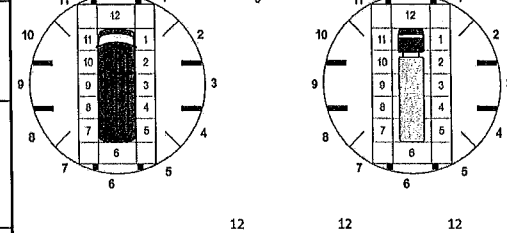
NON-MOTORIST LOCATION AT IMPACT

ACTION **4**

PRE-CRASH ACTIONS **0 1**

CONTRIBUTING CIRCUMSTANCES **0 1**

SEQUENCE OF EVENTS



VEHICLE DEFECTS

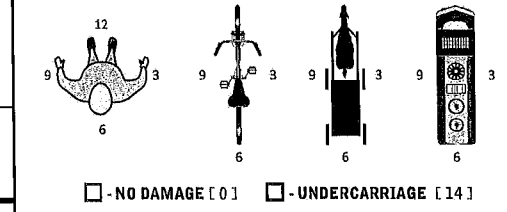
NON-MOTORIST LOCATION AT IMPACT

ACTION **4**

PRE-CRASH ACTIONS **0 1**

CONTRIBUTING CIRCUMSTANCES **0 1**

SEQUENCE OF EVENTS



VEHICLE DEFECTS

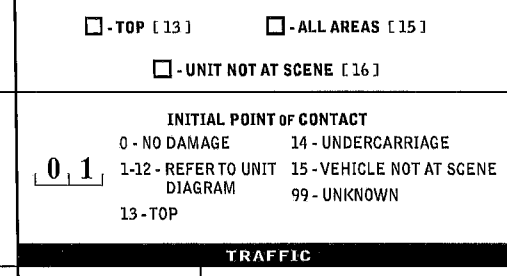
NON-MOTORIST LOCATION AT IMPACT

ACTION **4**

PRE-CRASH ACTIONS **0 1**

CONTRIBUTING CIRCUMSTANCES **0 1**

SEQUENCE OF EVENTS



VEHICLE DEFECTS

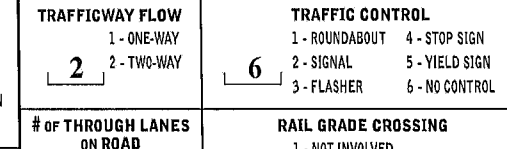
NON-MOTORIST LOCATION AT IMPACT

ACTION **4**

PRE-CRASH ACTIONS **0 1**

CONTRIBUTING CIRCUMSTANCES **0 1**

SEQUENCE OF EVENTS



VEHICLE DEFECTS

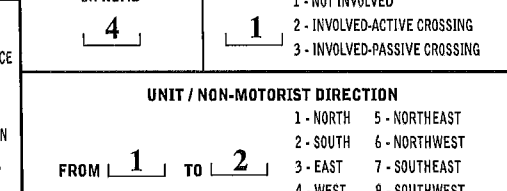
NON-MOTORIST LOCATION AT IMPACT

ACTION **4**

PRE-CRASH ACTIONS **0 1**

CONTRIBUTING CIRCUMSTANCES **0 1**

SEQUENCE OF EVENTS



VEHICLE DEFECTS

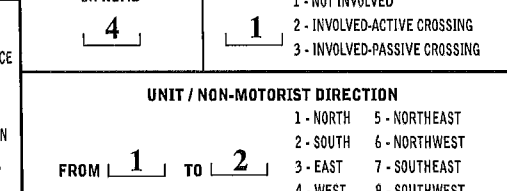
NON-MOTORIST LOCATION AT IMPACT

ACTION **4**

PRE-CRASH ACTIONS **0 1**

CONTRIBUTING CIRCUMSTANCES **0 1**

SEQUENCE OF EVENTS



VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION **4**

PRE-CRASH ACTIONS **0 1**

CONTRIBUTING CIRCUMSTANCES **0 1**

SEQUENCE OF EVENTS

TRAFFIC

TRAFFICWAY FLOW **2**

TRAFFIC CONTROL **6**

OF THROUGH LANES ON ROAD **4**

RAIL GRADE CROSSING **1**

UNIT / NON-MOTORIST DIRECTION FROM **1** TO **2**

UNIT SPEED **0 1 5**

POSTED SPEED **3 5**

DETECTED SPEED **1**

OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **GORCZYCA, REBECCA, A** OWNER PHONE: INCLUDE AREA CODE (SAME AS PROVINCE)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **706 IVAN DR, Kent, OH 44240** COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # JVN5310 VEHICLE IDENTIFICATION # 2C4RDGC60KR797646 VEHICLE YEAR 2019 VEHICLE MAKE Dodge

INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 1418953A1635B COLOR GRY VEHICLE MODEL CARAVAN

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 02 VEHICLE WEIGHT GVWR/GCWR
 1 - <10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.

TOWED BY: COMPANY NAME City Service HAZARDOUS MATERIAL CLASS # PLACARD ID #

UNIT TYPE 02 # OF TRAILING UNITS 00

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 AUTONOMOUS MODE LEVEL 0

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT 3

ACTION 3 PRE-CRASH ACTIONS 08

CONTRIBUTING CIRCUMSTANCES 02

SEQUENCE OF EVENTS

VEHICLE

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

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

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 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

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

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDDLEBLOCK - 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

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

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 / ACCA 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 - 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 MOVABLE OBJECT

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 2022-00015171

DAMAGE

DAMAGE SCALE 3

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

12

0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP

TRAFFIC

TRAFFICWAY FLOW 2 TRAFFIC CONTROL 6

1 - ONE-WAY 2 - TWO-WAY 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1

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

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 1

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

UNIT SPEED 004 DETECTED SPEED 1

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

POSTED SPEED 35



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
 2,0,2,2,-,0,0,0,1,5,1,7,1

UNIT # 0,1 **NAME: LAST, FIRST, MIDDLE** GIDLEY, SUSAN, ELIZABETH

DATE OF BIRTH 1,1,1,0,1,9,8,4 **AGE** 3,7 **GENDER** F

ADDRESS: STREET, CITY, STATE, ZIP
 3768 OLMSBY DR, Brimfield Twp, OH 44240

CONTACT PHONE - INCLUDE AREA CODE

INJURIES 3 **INJURED TAKEN BY** 1 **EMS AGENCY (NAME)** Kent Fire

INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)

SAFETY EQUIPMENT USED 0,4 DOT-COMPLIANT MC HELMET

SEATING POSITION 0,1 **AIR BAG USAGE** 2 **EJECTION** 1 **TRAPPED** 1

OL STATE O, H **OPERATOR LICENSE NUMBER**

OFFENSE CHARGED

LOCAL CODE

OFFENSE DESCRIPTION

CITATION NUMBER

OL CLASS 4 **ENDORSEMENT SELECT UP TO 2**

RESTRICTION SELECT UP TO 3

DRIVER DISTRACTED BY 1

ALCOHOL / DRUG SUSPECTED
 ALCOHOL MARIJUANA
 OTHER DRUG

CONDITION 1

ALCOHOL TEST
STATUS 1 **TYPE** 1 **VALUE**

DRUG TEST(S)
STATUS 1 **TYPE** 1 **RESULT SELECT UP TO 4**

UNIT # 0,2 **NAME: LAST, FIRST, MIDDLE** GORCZYCA, REBECCA, A

DATE OF BIRTH 1,1,2,3,1,9,4,6 **AGE** 7,5 **GENDER** F

ADDRESS: STREET, CITY, STATE, ZIP
 706 IVAN DR, Kent, OH 44240

CONTACT PHONE - INCLUDE AREA CODE

INJURIES 5 **INJURED TAKEN BY**

EMS AGENCY (NAME)

INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)

SAFETY EQUIPMENT USED 0,4 DOT-COMPLIANT MC HELMET

SEATING POSITION 0,1 **AIR BAG USAGE** 1 **EJECTION** 1 **TRAPPED** 1

OL STATE O, H **OPERATOR LICENSE NUMBER**

OFFENSE CHARGED 331.34

LOCAL CODE

OFFENSE DESCRIPTION Failure to Control;

CITATION NUMBER 21815

OL CLASS 4 **ENDORSEMENT SELECT UP TO 2**

RESTRICTION SELECT UP TO 3 0,3

DRIVER DISTRACTED BY 1

ALCOHOL / DRUG SUSPECTED
 ALCOHOL MARIJUANA
 OTHER DRUG

CONDITION 1

ALCOHOL TEST
STATUS 1 **TYPE** 1 **VALUE**

DRUG TEST(S)
STATUS 1 **TYPE** 1 **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

DOT-COMPLIANT MC HELMET

SEATING POSITION

AIR BAG USAGE

EJECTION

TRAPPED

OL STATE

OPERATOR LICENSE NUMBER

OFFENSE CHARGED

LOCAL CODE

OFFENSE DESCRIPTION

CITATION NUMBER

OL CLASS

ENDORSEMENT SELECT UP TO 2

RESTRICTION SELECT UP TO 3

DRIVER DISTRACTED BY

ALCOHOL / DRUG SUSPECTED
 ALCOHOL MARIJUANA
 OTHER DRUG

CONDITION

ALCOHOL TEST
STATUS **TYPE** **VALUE**

DRUG TEST(S)
STATUS **TYPE** **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 BUS & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	DRUG TEST TYPE	4 - BREATH
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	DRUG TEST RESULT(S)	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	1 - APPARENTLY NORMAL	1 - AMPHETAMINES
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - PHYSICAL IMPAIRMENT	2 - BARBITURATES
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - BENZODIAZEPINES
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - ILLNESS	4 - CANNABINOIDS
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - COCAINE
6 - CHILD RESTRAINT SYSTEM - REAR FACING			GENDER	17 - PROSTHETIC AID	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - OPIATES / OPIOIDS
7 - BOOSTER SEAT			F - FEMALE	18 - OTHER	9 - OTHER / UNKNOWN	7 - OTHER
8 - HELMET USED			M - MALE			8 - NEGATIVE RESULTS
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			U - OTHER / UNKNOWN			
10 - REFLECTIVE CLOTHING						
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						
99 - OTHER / UNKNOWN						



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 2 - 0 0 0 1 5 1 7 1

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	02	GERMER, PAULETTE, DELORES				0 1 0 4 1 9 4 7		75	F	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
720 IVAN DR, Kent, OH 44240										
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	
5				0, 4	<input type="checkbox"/>	0 3	1	1	1	

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

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	
					<input type="checkbox"/>					

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	
					<input type="checkbox"/>					

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
GENDER		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

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

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

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