

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 0 2 0 - 0 0 0 0 6 4 0 5

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH 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 1	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
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COUNTY* 6 7 LOCALITY* 1
1 - CITY
2 - VILLAGE
3 - TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP*
Kent

CRASH DATE / TIME*
 0 4 1 0 2 0 2 0 / 1 7 4 0

CRASH SEVERITY
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
S R	261			CAMPUS CENTER	D R	41.134377

ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
				CAMPUS CENTER	D R	-81.347249

REFERENCE POINT
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #
 1

DIRECTION FROM REFERENCE
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 4

DISTANCE FROM REFERENCE
 2 0 0

DISTANCE UNIT OF MEASURE
 1 - MILES
 2 - FEET
 3 - YARDS
 3

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 HW - HIGHWAY RD - ROAD
 AV - AVENUE LA - LANE SQ - SQUARE
 BL - BOULEVARD MP - MILEPOST ST - STREET
 CR - CIRCLE OV - OVAL TE - TERRACE
 CT - COURT PK - PARKWAY TL - TRAIL
 DR - DRIVE PI - PIKE WA - WAY
 HE - HEIGHTS PL - PLACE

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA NUMBER OF APPROACHES

ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT
 1 - ON ROADWAY
 2 - ON SHOULDER
 3 - IN MEDIAN
 4 - ON ROADSIDE
 5 - ON GORE
 6 - OUTSIDE TRAFFIC WAY
 7 - ON RAMP
 8 - OFF RAMP
 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
 0 1

MANNER OF CRASH COLLISION/IMPACT
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
 2 - REAR-END
 3 - HEAD-ON
 4 - REAR-TO-REAR
 5 - BACKING
 6 - ANGLE
 7 - SIDESWIPE, SAME DIRECTION
 8 - SIDESWIPE, OPPOSITE DIRECTION
 9 - OTHER / UNKNOWN
 1

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

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 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER/UNKNOWN
 1

CONDITIONS
 1 - DRY
 2 - WET
 3 - SNOW
 4 - ICE
 5 - SAND, MUD, DIRT, OIL, GRAVEL
 6 - WATER (STANDING, MOVING)
 7 - SLUSH
 9 - OTHER/UNKNOWN
 1

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

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

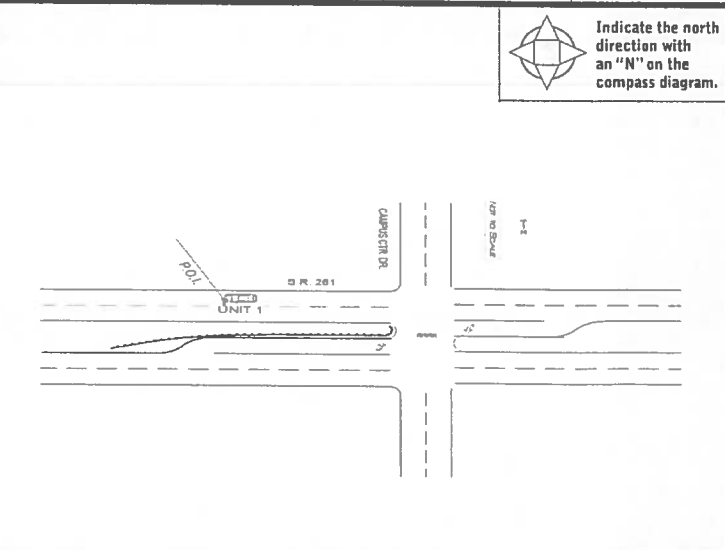
WEATHER
 1 - CLEAR
 2 - CLOUDY
 3 - FOG, SMOG, SMOKE
 4 - RAIN
 5 - SLEET, HAIL
 6 - SNOW
 7 - SEVERE CROSSWINDS
 8 - BLOWING SAND, SOIL, DIRT, SNOW
 9 - FREEZING RAIN OR FREEZING DRIZZLE
 99 - OTHER / UNKNOWN
 0 2

CONTINUE TO USE THIS SECTION TO REPORT OTHER INFORMATION THAT MAY BE HELPFUL TO THE INVESTIGATION.

NARRATIVE

Unit 1 was traveling westbound on SR 261 when a deer jumped in front of the vehicle. The deer stuck the drivers side "A" pillar and shattered the front windshield.

The driver of Unit 1 complained of neck, back and left arm pain. EMS arrived on scene and transported him to UH Kent for further treatment/ evaluation.



CRASH REPORTED DATE / TIME
 0 4 1 0 2 0 2 0 / 1 7 4 2

TOTAL TIME ROADWAY CLOSED
 0 3 0

OTHER INVESTIGATION TIME
 0 3 0

DISPATCH DATE / TIME
 0 4 1 0 2 0 2 0 / 1 7 4 3

TOTAL MINUTES
 0 5 7

OFFICER'S NAME*
Ellis, Charles

OFFICER'S BADGE NUMBER*
 2 6 0

ARRIVAL DATE / TIME
 0 4 1 0 2 0 2 0 / 1 7 4 7

CHECKED BY OFFICER'S NAME*
Ennemoser, Jennifer

CHECKED BY OFFICER'S BADGE NUMBER*
 2 2 9

SCENE CLEARED DATE / TIME
 0 4 1 0 2 0 2 0 / 1 8 1 0

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

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) ROBINSON, DEAYRE, LASHAWN	OWNED PHONE: INCLUDE AREA CODE / EXTENSION OF NUMBER																															
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 740 ROSCOE AVE, Akron, OH 44306																																	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																
VEHICLE	LP STATE OH	LICENSE PLATE # HTG1138	VEHICLE IDENTIFICATION # 5XXGM4A79DG228878																															
	VEHICLE YEAR 2013		VEHICLE MAKE Kia Motors Corp.																															
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY GEICO	INSURANCE POLICY # 4585-89-06-45	COLOR WHI																														
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME City Service																														
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS 2 - 10,001 - 26K LBS 3 - >26K LBS.																														
	UNIT TYPE 01		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID # <input type="checkbox"/> PLACARD																															
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3		13 - OTHER NON-COLLISION																																
4		14 - PEDESTRIAN																																
5		15 - PEDALCYCLE																																
6		16 - RAILWAY VEHICLE																																
1		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																																
COLLISION WITH FIXED OBJECT - STRUCK																																		
25 - IMPACT ATTENUATOR / CRASH CUSHION		31 - GUARDRAIL END																																
26 - BRIDGE OVERHEAD STRUCTURE		32 - PORTABLE BARRIER																																
27 - BRIDGE PIER OR ABUTMENT		33 - MEDIAN CABLE BARRIER																																
28 - BRIDGE PARAPET		34 - MEDIAN GUARDRAIL BARRIER																																
29 - BRIDGE RAIL		35 - MEDIAN CONCRETE BARRIER																																
30 - GUARDRAIL FACE		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																																

LOCAL REPORT NUMBER 2020-00006405	
DAMAGE	
DAMAGE SCALE 4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 10 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 050	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 50	
1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2,0,2,0 - 0,0,0,0,6,4,0,5

UNIT # 0,1	NAME: LAST, FIRST, MIDDLE ROBINSON, DEAYRRE, LASHAWN			DATE OF BIRTH 1,2,0,4,1,9,9,9		AGE 20	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 740 ROSCOE AVE ,Akron ,OH 44306				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) Kent Fire	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) UHK	SAFETY EQUIPMENT USED 0,4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0,1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE O,H	OPERATOR LICENSE NUMBER UT818341		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 1 1 . 1		DRUG TEST(S)

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

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

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 - MIC MOPED ONLY	5 - EXCEPT CLASS A & CLASS B BUS	5 - OTHER ACTIVITY, WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY			EJECTION			ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - SECOND - RIGHT SIDE	1 - NOT EJECTED	H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER	6 - PASSENGER	1 - NONE
2 - EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2 - PARTIALLY EJECTED	M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	8 - THIRD - MIDDLE	3 - TOTALLY EJECTED	P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	3 - URINE
9 - OTHER / UNKNOWN	9 - THIRD - RIGHT SIDE	4 - NOT APPLICABLE	N - TANKER	10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	4 - BREATH
SAFETY EQUIPMENT			TRAPPED			DRUG TEST TYPE
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRAPPED	Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT	CONDITION	
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER	1 - APPARENTLY NORMAL	2 - BLOOD
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - PHYSICAL IMPAIRMENT	3 - URINE
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTRESSED)	4 - OTHER
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST		X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - ILLNESS	DRUG TEST RESULT(S)
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	1 - AMPHETAMINES
7 - BOOSTER SEAT				17 - PROSTHETIC AID	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	2 - BARBITURATES
8 - HELMET USED				18 - OTHER	9 - OTHER / UNKNOWN	3 - BENZODIAZEPINES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			GENDER			4 - CANNABINOIDS
10 - REFLECTIVE CLOTHING			F - FEMALE			5 - COCAINE
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			M - MALE			6 - OPIATES / OPIOIDS
99 - OTHER / UNKNOWN			U - OTHER / UNKNOWN			7 - OTHER
						8 - NEGATIVE RESULTS



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
 2 0 2 0 - 0 0 0 0 6 4 0 5

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

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
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 LANE, DEBRA, J	DATE OF BIRTH 0 8 2 7 1 9 6 3		AGE 5 6	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 1269 S DIAMOND ST ,Ravenna, ,OH 44266			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 [] [] [] [] [] [] [] [] [] []	