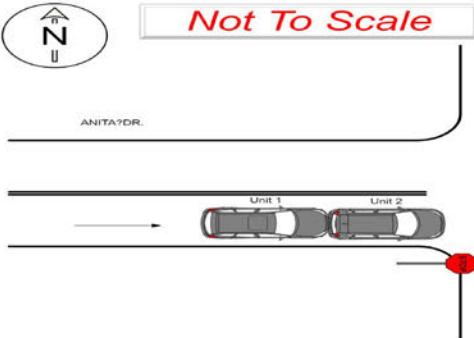


TRAFFIC CRASH REPORT

*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		LOCAL INFORMATION				LOCAL REPORT NUMBER*		
		REPORTING AGENCY NAME* City of Kent Police				NCIC*	2 0 2 6 - 0 0 0 0 0 6 0 7	
COUNTY* 6 7 LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP Kent						HIT/SKIP 1-SOLVED 2-UNRESOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 0 1 98-ANIMAL 99-UNKNOWN
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME ANITA	ROAD TYPE D R	CRASH DATE / TIME* 01142026/2327		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	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) SILVER MEADOWS	ROAD TYPE B L	LATITUDE DECIMAL DEGREES 41.161237		LONGITUDE DECIMAL DEGREES -81.388036
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-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 PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH 3 <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE 5		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS				ROADWAY <input type="checkbox"/> 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				MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BEFORE 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-DRIVeway/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER/UNKNOWN	DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-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		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> 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	CONDITIONS 3	SURFACE 2	
LIGHT CONDITION 3 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN		WEATHER 0 6 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		1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN		
NARRATIVE UNIT 2 WAS STOPPED AT THE STOP SIGN ON ANITA DR. AT SILVER MEADOWS BLVD. UNIT 1 FAILED TO MAINTAIN AN ASSURED CLEAR DISTANCE AHEAD STRIKING THE VEHICLE IN FRONT OF HER.						 Not To Scale 		
CRASH REPORTED DATE / TIME 01142026/2327		DISPATCH DATE / TIME 01142026/2329		ARRIVAL DATE / TIME 01142026/2342		SCENE CLEARED DATE / TIME 01142026/2355		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 0 0 0		OTHER INVESTIGATION TIME 0 3 0		TOTAL MINUTES 0 5 6		OFFICER'S NAME* Auckland, Kyle		CHECKED BY OFFICER'S NAME* Short, Jason M
						OFFICER'S BADGE NUMBER* 2 3 8		CHECKED BY OFFICER'S BADGE NUMBER* 2 2 8
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)								

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
FOSTER, ROY
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
360 SUMMIT ST 313, Kent, OH 44240
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

LP STATE **O H** LICENSE PLATE # **HSN4619** VEHICLE IDENTIFICATION # **1FMCU0GD8KUA76017** VEHICLE YEAR **2019** VEHICLE MAKE **Ford**
INSURANCE COMPANY **PROGRESSIVE** INSURANCE POLICY # **862304635** COLOR **RED** VEHICLE MODEL **ESCAPE**

TYPE OF USE
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS **0 2**
US DOT #
VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

UNIT TYPE **0 3**
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

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

SPECIAL FUNCTION **0 1**
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

CARGO BODY TYPE **0 1**
1 - NO CARGO BODY TYPE /NOTAPPLICABLE
2 - BUS
3 - VEHICLE TOWING ANOTHER MOTORVEHICLE
4 - LOGGING
5 - CARGO VAN/ENCLOSED BOX
6 - CARGO VAN/ENCLOSED BOX
7 - GRAIN/CHIPS/GRAVEL
8 - POLE
9 - CARGO TANK
10 - FLAT BED
11 - DUMP
12 - CONCRETE MIXER
13 - AUTOTRPORTER
14 - GARBAGE/REFUSE
15 - OTHER / UNKNOWN

VEHICLE DEFECTS
1 - TURN SIGNALS
2 - HEAD LAMPS
3 - TAIL LAMPS
4 - BRAKES
5 - STEERING
6 - TIRES
7 - WORN OR SLICK TIRES
8 - TRAILER EQUIPMENT
9 - DEFECTIVE
10 - MOTOR TROUBLE
11 - DISABLED FROM PRIOR ACCIDENT
12 - CONSTRUCTION EQUIPMENT
13 - FIRE
14 - MILITARY
15 - POLICE
16 - PUBLIC UTILITY
17 - CONSTRUCTION EQUIPMENT
18 - FARM
19 - MOWING
20 - SNOW REMOVAL
21 - TOWING
22 - SAFETY SERVICE PATROL

NON-MOTORIST LOCATION AT IMPACT
1 - INTERSECTION - MARKED CROSSWALK
2 - INTERSECTION - UNMARKED CROSSWALK
3 - TRAVEL LANE - OTHER LOCATION

ACTION **3**
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING **1 1**
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN
6 - MAKING LEFT TURN
7 - TURN AHEAD
8 - BACKING
9 - CHANGING LANES
10 - SLOWING OR STOPPED IN TRAFFIC
11 - DRIVING ON THE WRONG SIDE OF THE ROAD
12 - DRIVING ON THE WRONG SIDE OF THE ROAD
13 - MAKING U-TURN
14 - ENTERING TRAFFIC LANE
15 - LEAVING TRAFFIC LANE
16 - PARKED
17 - SLOWING OR STOPPED IN TRAFFIC
18 - DRIVING ON THE WRONG SIDE OF THE ROAD
19 - SWERVING TO AVOID ANOTHER VEHICLE
20 - DRIVING ON THE WRONG SIDE OF THE ROAD
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99 - DRIVING ON THE WRONG SIDE OF THE ROAD

CONTRIBUTING CIRCUMSTANCES **0 8**
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 ANOTHER VEHICLE
16 - WRONG WAY
17 - LYING IN ROADWAY
18 - NOT DISCERNIBLE
19 - OPENING DOOR INTO ROADWAY
20 - LOAD SHIFTING/FALLING/SPILLING
21 - IMPROPER CROSSING
22 - WORK ZONE MAINTENANCE EQUIPMENT
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 - OTHER MOBILE OBJECT

SEQUENCE OF EVENTS
1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION
3 - IMMERSION
4 - JACKKNIFE
5 - CARGO / EQUIPMENT LOSS OR SHIFT
6 - IMPROPER TURN
7 - SEPARATION OF UNITS
8 - RAN OFF ROAD RIGHT
9 - RAN OFF ROAD LEFT
10 - CROSS MEDIAN
11 - CROSS CENTER LINE - 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

NON-COLLISION
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
40 - SUPPORT
41 - UTILITY POLE
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
55 - OTHER / UNKNOWN

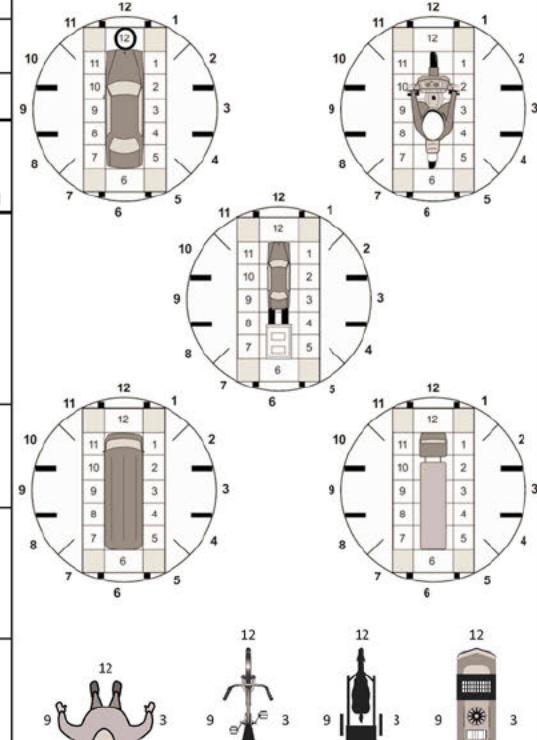
COLLISION WITH FIXED OBJECT - STRUCK
41 - GUARDRAIL END
42 - PORTABLE BARRIER
43 - MEDIAN CABLE BARRIER
44 - MEDIAN GUARDRAIL BARRIER
45 - MEDIAN CONCRETE BARRIER
46 - MEDIAN OTHER BARRIER
47 - TRAFFIC SIGN POST
48 - OVERHEAD SIGN POST
49 - LIGHT / LUMINARIES
50 - SUPPORT
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57 - MAILBOX
58 - TREE
59 - FIRE HYDRANT
60 - WORK ZONE MAINTENANCE EQUIPMENT
61 - WALL
62 - BUILDING
63 - TUNNEL
64 - OTHER FIXED OBJECT
65 - OTHER / UNKNOWN

UNIT SPEED **0 0 7**
POSTED SPEED **2 5**

LOCAL REPORT NUMBER
2 0 2 6 - 0 0 0 0 0 6 0 7

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 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
2 - DIAGRAM 99 - UNKNOWN
13 - TOP

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

UNIT SPEED **0 0 7** DETECTED SPEED **1**
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED
POSTED SPEED **2 5**

LOCAL REPORT NUMBER					
2 0 2 6 - 0 0 0 0 0 6 0 7					
DATE OF BIRTH			AGE	GENDER	
1 0 3 1 2 0 0 2			23	F	

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					
	0 1	MYERESS, DEZIREE, DANIELLE					
	ADDRESS: STREET, CITY, STATE, ZIP 4797 SMITH AVE, Rootstown, OH 44266				CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)		
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4		
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED 333.03	LOCAL CODE X			
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 1 TYPE 1 VALUE 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE BONNER, SHERRY, L				DATE OF BIRTH 0 9 2 9 1 9 6 2	AGE 63	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 1211 ANITA DR, Kent, OH 44240				CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)			
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4			
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED	LOCAL CODE			
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 1 TYPE 1 VALUE 1	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			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE			
OL CLASS	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 1 TYPE 1 VALUE 1	DRUG TEST(S) STATUS 1 TYPE 1 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 HAND-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- NOTAPPLICABLE	5- M/C MOPED ONLY	5- EXCEPT CLASS A BUS	5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5- TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY				6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS	6- BLOOD	
1- NOT TRANSPORTED / TREATED AT SCENE				7- EXCEPT TRACTOR-TRAILER	7- LIMITED TO DAYLIGHT ONLY	7- URINE	
2- EMS				8- INTERMEDIATE LICENSE RESTRICTIONS	8- LIMITED TO EMPLOYMENT	8- BREATH	
3- POLICE				9- LEARNER'S PERMIT RESTRICTIONS	9- LIMITED TO OTHER	9- OTHER	
9- OTHER / UNKNOWN				10- LIMITED TO DAYLIGHT ONLY	10- OTHER DISTRACTION INSIDE THE VEHICLE	10- ALCOHOL TEST TYPE	
SAFETY EQUIPMENT				11- LIMITED TO EMPLOYMENT	11- OTHER DISTRACTION OUTSIDE THE VEHICLE	11- NONE	
1- NONE USED				12- LIMITED - OTHER	12- OTHER / UNKNOWN	12- BLOOD	
2- SHOULDER BELT ONLY USED				13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13- OTHER / UNKNOWN	13- URINE	
3- LAP BELT ONLY USED				14- MILITARY VEHICLES ONLY	14- OTHER / UNKNOWN	14- BREATH	
4- SHOULDER & LAP BELT USED				15- MOTOR VEHICLES WITHOUT AIR BRAKES	15- OTHER / UNKNOWN	15- OTHER	
5- CHILD RESTRAINT SYSTEM - FORWARD FACING				16- OUTSIDE MIRROR	16- OTHER / UNKNOWN	16- DRUG TEST TYPE	
6- CHILD RESTRAINT SYSTEM - REAR FACING				17- PROSTHETIC AID	17- OTHER / UNKNOWN	17- NONE	
7- BOOSTER SEAT				18- OTHER	18- OTHER / UNKNOWN	18- BLOOD	
8- HELMET USED				GENDER		19- URINE	
9- PROTECTIVE PADS USED (ELBOW KNEES, ETC.)				F- FEMALE	1- APPARENTLY NORMAL	20- BREATH	
10- REFLECTIVE CLOTHING				M- MALE	2- PHYSICAL IMPAIRMENT	21- OTHER	
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY				U- OTHER / UNKNOWN	3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	22- AMPHETAMINES	
99- OTHER / UNKNOWN					4- ILLNESS	23- BARBITURATES	
					5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	24- BENZODIAZEPINES	
					6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	25- CANNABINOID	
					9- OTHER / UNKNOWN	26- COCAINE	
						27- OPIATES / OPIOIDS	
						28- OTHER	
						29- NEGATIVE RESULTS	



OCCUPANT / WITNESS ADDENDUM

OCCUPANT

OCCUPANT

WITNESS

WITNESS

LOCAL REPORT NUMBER

2 0 2 6 - 0 0 0 0 0 6 0 7

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
01	TALTY, PHELISHA, DAWN				0 8 2 8 2 0 0 0	25	F		
ADDRESS: STREET, CITY, STATE, ZIP 433 17TH ST NW, Barberton , OH 44203				CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)					
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		
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
					<input type="checkbox"/>				
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
					<input type="checkbox"/>				
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
					<input type="checkbox"/>				
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 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		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 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
INJURED TAKEN BY		1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		7 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
GENDER		F - FEMALE M - MALE U - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
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			