

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |   |  |                        |                           |  |                        |  |
|--|---|--|------------------------|---------------------------|--|------------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input checked="" type="checkbox"/> OH-2  | <input checked="" type="checkbox"/> OH-3 | LOCAL INFORMATION      | 2 0 2 0 - 0 0 0 0 1 8 3 9 |  |                        |  |
| <input type="checkbox"/> SECONDARY CRASH         | <input checked="" type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER           | REPORTING AGENCY NAME* | NCIC*                     | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED | NUMBER OF UNITS<br>0 2 | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN |
| <input type="checkbox"/> PRIVATE PROPERTY        | City of Kent Police                       |  | 0 6 7 0 3              |                           |  |                        |  |

|                |   |  |   |   |
|----------------|---|--|---|---|
| COUNTY*<br>6 7 | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Kent | CRASH DATE / TIME*<br>0 1 2 6 2 0 2 0 / 0 2 2 3 | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>2 |
|----------------|---|--|---|---|

|                   |                     |             |   |                  |  |
|-------------------|---------------------|-------------|---|------------------|--|
| ROUTE TYPE<br>S R | ROUTE NUMBER<br>5 9 | PREFIX<br>3 | LOCATION ROAD NAME<br>HAYMAKER                        | ROAD TYPE<br>P K | LATITUDE DECIMAL DEGREES<br>4 1 . 1 5 2 7 1 7    |
| ROUTE TYPE        | ROUTE NUMBER        | PREFIX<br>3 | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>ERIE | ROAD TYPE<br>S T | LONGITUDE DECIMAL DEGREES<br>- 8 1 . 3 5 5 1 0 9 |

|  |   |   |  |   |
|--|---|---|--|---|
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1 | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>4 | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>3 |
| DISTANCE FROM REFERENCE<br>0   | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2             |   |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |

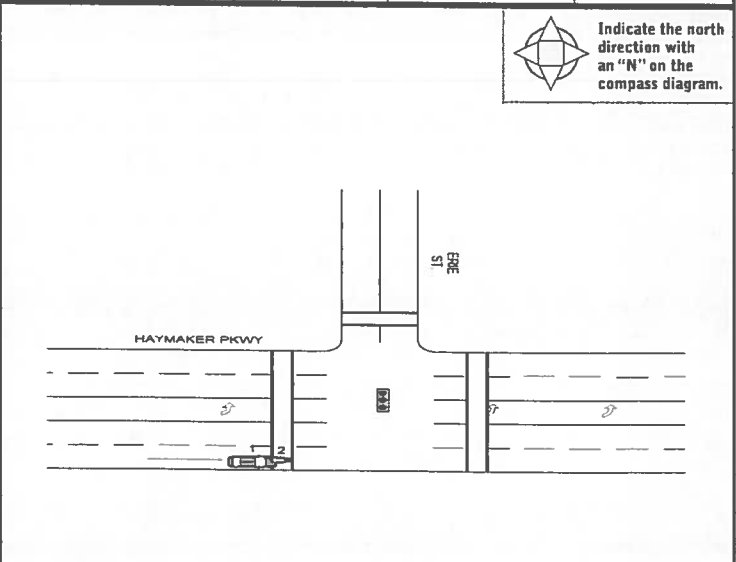
|  |  |   |  |
|--|--|---|--|
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>0 1 | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>1 | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |
|--|--|---|--|

|   |  |   |              |                 |              |
|---|--|---|--------------|-----------------|--------------|
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR<br>1 | CONDITIONS<br>2 | SURFACE<br>2 |
|---|--|---|--------------|-----------------|--------------|

|   |  |   |   |  |
|---|--|---|---|--|
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>3 | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br>0 4 | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN |
|---|--|---|---|--|

NARRATIVE

Unit 1 was traveling east on Haymaker PKWY in the curb Lane. Unit 2 walked into the crosswalk from the south side sidewalk and into traffic. Unit 1 struck Unit 2.



|   |   |  |  |   |
|---|---|--|--|---|
| CRASH REPORTED DATE / TIME<br>0 1 2 6 2 0 2 0 / 0 2 2 3 | DISPATCH DATE / TIME<br>0 1 2 6 2 0 2 0 / 0 2 2 3 | ARRIVAL DATE / TIME<br>0 1 2 6 2 0 2 0 / 0 2 2 4 | SCENE CLEARED DATE / TIME<br>0 1 2 6 2 0 2 0 / 0 4 3 9 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO TSPS) |
| TOTAL TIME ROADWAY CLOSED<br>1 0 4                      | OTHER INVESTIGATION TIME<br>0 6 0                 | TOTAL MINUTES<br>1 9 6                           | OFFICER'S NAME*<br>Kunka, Leonard B                    | CHECKED BY OFFICER'S NAME*<br>Short, Jason M  |
|   |   |  | OFFICER'S BADGE NUMBER*<br>2 5 0                       | CHECKED BY OFFICER'S BADGE NUMBER*<br>2 2 8   |

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) LEWIS, DANIEL, A  
 OWNED BUONE (INCLUDE AREA CODE) (SAME AS UNIT #)  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
6754 GREENBRIAR DR, PARMA HTS, OH 44130  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # ETT5598 VEHICLE IDENTIFICATION # KNAFG528X97278315 VEHICLE YEAR 2009 VEHICLE MAKE Kia Motors Corp.  
 INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR DBL VEHICLE MODEL RONDO

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME Bakers Towing  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS 02 VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD # \_\_\_\_\_ CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

UNIT TYPE 01 # OF TRAILING UNITS 0  
 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 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HITS/SKIP

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

SPECIAL FUNCTION 01  
 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

CARGO BODY TYPE 01  
 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 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS  
 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

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

ACTION 3 PRE-CRASH ACTIONS 01  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION  
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING  
 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 20 - OTHER NON-MOTORIST  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 21 - STANDING OUTSIDE DISABLED VEHICLE  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 22 - WORKING

CONTRIBUTING CIRCUMSTANCES 01  
 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  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 21 - DRIVEWAY ACCESS 22 - NOT DISCERNIBLE  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

SEQUENCE OF EVENTS  
 1 1 4 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDAL CYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN

LOCAL REPORT NUMBER  
2020-00001839

DAMAGE  
 DAMAGE SCALE  
3 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  
1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

TRAFFICWAY FLOW  
2 1 - ONE-WAY 2 - TWO-WAY  
 # OF THROUGH LANES ON ROAD 4

TRAFFIC CONTROL  
2 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

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

UNIT SPEED 030 DETECTED SPEED 1  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED  
 POSTED SPEED 35

LOCAL REPORT NUMBER  
**2020-00001839**

**OWNER**

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

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

COMMERCIAL CARRIER: 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 LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE

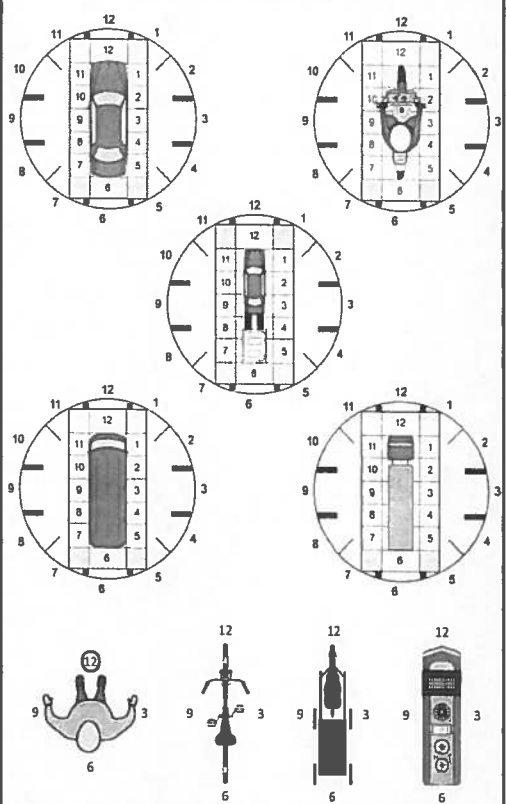
INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # PLACARD ID #  PLACARD

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY



UNIT TYPE: **2,3**

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 21 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 26 - BICYCLE  
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP  
6 - VAN (9-15 SEATS) 17 - MOTORHOME

# OF TRAILING UNITS

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

**1** - YES **2** - NO **9** - OTHER / UNKNOWN

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

**SPECIAL FUNCTION**

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

**CARGO BODY TYPE**

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 - AUTO TRANSPORTER  
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE  
11 - DUMP 99 - OTHER / UNKNOWN

**VEHICLE DEFECTS**

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

- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]  
 - TOP [ 13 ]  - ALL AREAS [ 15 ]  
 - UNIT NOT AT SCENE [ 16 ]

**NON-MOTORIST LOCATION AT IMPACT**

**0,1**

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 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 99 - OTHER / UNKNOWN  
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

**ACTION**

**4**

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 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK **1,5** 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

**INITIAL POINT OF CONTACT**

0 - NO DAMAGE 14 - UNDERCARRIAGE  
**1,2** 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN  
13 - TOP

**CONTRIBUTING CIRCUMSTANCES**

**9,9**

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 / ACCA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY  
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
6 - IMPROPER TURN 12 - IMPROPER BACKING

**TRAFFIC**

**TRAFFICWAY FLOW**  
1 - ONE-WAY  
**2** 2 - TWO-WAY

**TRAFFIC CONTROL**  
1 - ROUNDABOUT 4 - STOP SIGN  
**2** 2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

**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 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 21 - PARKED MOTOR VEHICLE  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE

**# OF THROUGH LANES ON ROAD**  
**4**

**RAIL GRADE CROSSING**  
1 - NOT INVOLVED  
**1** 2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

**FIRST HARMFUL EVENT** **1** **MOST HARMFUL EVENT** **1**

**UNIT / NON-MOTORIST DIRECTION**

FROM **1** TO **2**

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

**UNIT SPEED**  
**0,0,1**

**POSTED SPEED**  
**3,5**

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**2,0,2,0 - 0,0,0,0,1,8,3,9**

|   |   |  |                  |                    |
|---|---|--|------------------|--------------------|
| <b>UNIT #</b><br>0, 1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>LEWIS, ARDEN, ELIZABETH | <b>DATE OF BIRTH</b><br>0, 5, 2, 5, 2, 0, 0, 1 | <b>AGE</b><br>18 | <b>GENDER</b><br>F |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>6754 GREENBRIAR DR, PARMA HTS, OH 44130 |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>       |                  |                    |

|                         |  |                                   |  |   |  |                                 |   |                      |   |  |
|-------------------------|--|-----------------------------------|--|---|--|---------------------------------|---|----------------------|---|--|
| <b>INJURIES</b><br>5    | <b>INJURED TAKEN BY</b>                    | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>0, 4  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0, 1 | <b>AIR BAG USAGE</b><br>1                           | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1                                   |  |
| <b>OL STATE</b><br>O, H | <b>OPERATOR LICENSE NUMBER</b><br>US647752 | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b><br><input type="checkbox"/>          | <b>OFFENSE DESCRIPTION</b>  |  | <b>CITATION NUMBER</b>          |   |                      |   |  |
| <b>OL CLASS</b><br>4    | <b>ENDORSEMENT SELECT UP TO 2</b>          | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1           | <b>ALCOHOL TEST</b><br>STATUS: 2, TYPE: 1, VALUE: 1 |                      | <b>DRUG TEST(S)</b><br>STATUS: 1, TYPE: 1, RESULT: SE |  |

|  |  |  |                  |                    |
|--|--|--|------------------|--------------------|
| <b>UNIT #</b><br>0, 2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>FIX, TANNER, JEFFERY | <b>DATE OF BIRTH</b><br>0, 7, 1, 3, 1, 9, 9, 8 | <b>AGE</b><br>21 | <b>GENDER</b><br>M |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>950 PAISLEY CT, PICKERINGTON, OH 43147 |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>       |                  |                    |

|                         |  |                                       |   |   |  |                                 |   |                 |   |  |
|-------------------------|--|---------------------------------------|---|---|--|---------------------------------|---|-----------------|---|--|
| <b>INJURIES</b><br>2    | <b>INJURED TAKEN BY</b><br>2               | <b>EMS AGENCY (NAME)</b><br>Kent Fire | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br>UHPMC | <b>SAFETY EQUIPMENT USED</b><br>0, 1  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>1, 5 | <b>AIR BAG USAGE</b>                                | <b>EJECTION</b> | <b>TRAPPED</b>  |  |
| <b>OL STATE</b><br>O, H | <b>OPERATOR LICENSE NUMBER</b><br>UG771860 | <b>OFFENSE CHARGED</b>                | <b>LOCAL CODE</b><br><input type="checkbox"/>                   | <b>OFFENSE DESCRIPTION</b>  |  | <b>CITATION NUMBER</b>          |   |                 |   |  |
| <b>OL CLASS</b><br>4    | <b>ENDORSEMENT SELECT UP TO 2</b>          | <b>RESTRICTION SELECT UP TO 3</b>     | <b>DRIVER DISTRACTED BY</b><br>9                                | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>9           | <b>ALCOHOL TEST</b><br>STATUS: 1, TYPE: 1, VALUE: 1 |                 | <b>DRUG TEST(S)</b><br>STATUS: 1, TYPE: 1, RESULT: SE |  |

|  |                                  |  |            |               |
|--|----------------------------------|--|------------|---------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b>                     | <b>AGE</b> | <b>GENDER</b> |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |            |               |

|                 |                                   |                                   |  |   |  |                         |   |                 |   |  |
|-----------------|-----------------------------------|-----------------------------------|--|---|--|-------------------------|---|-----------------|---|--|
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>                            | <b>EJECTION</b> | <b>TRAPPED</b>                                      |  |
| <b>OL STATE</b> | <b>OPERATOR LICENSE NUMBER</b>    | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b><br><input type="checkbox"/>          | <b>OFFENSE DESCRIPTION</b>  |  | <b>CITATION NUMBER</b>  |   |                 |   |  |
| <b>OL CLASS</b> | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b><br>STATUS: , TYPE: , VALUE: |                 | <b>DRUG TEST(S)</b><br>STATUS: , TYPE: , RESULT: SE |  |

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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 0 2 0 - 0 0 0 0 1 8 3 9

|   |        |                           |  |  |                                   |   |   |   |     |        |   |    |
|---|--------|---------------------------|--|--|-----------------------------------|---|---|---|-----|--------|---|----|
| OCCUPANT                                  | UNIT # | NAME: LAST, FIRST, MIDDLE |  |  | DATE OF BIRTH                     |   |   |   | AGE | GENDER |   |    |
|   | 01     | BREWER, TYLER, JACOB      |  |  | 1                                 | 0 | 0 | 7 | 1   | 9      | 9 | 20 |
| ADDRESS: STREET, CITY, STATE, ZIP         |        |                           |  |  | CONTACT PHONE - INCLUDE AREA CODE |   |   |   |     |        |   |    |
| 6451 WESTMINSTER DR, PARMA, OH 44129 4945 |        |                           |  |  |                                   |   |   |   |     |        |   |    |

|          |                  |                   |   |                       |  |                  |               |          |         |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| 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                  |  | 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 |  |  |  |     |        |  |
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|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| 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 |  |  |  |     |        |  |
|                                   |        |                           |  |  |                                   |  |  |  |     |        |  |

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|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| 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           |
|                              | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN       |
|                              | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                              |
|                              | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   |                              |
|                              | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE   |                              |
|                              | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB  |                              |
|                              | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                              |
|                              | 99 - 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   |                              |

|   |                           |               |   |   |                                   |        |   |   |   |    |   |
|---|---------------------------|---------------|---|---|-----------------------------------|--------|---|---|---|----|---|
| WITNESS                                   | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH |   |   | AGE                               | GENDER |   |   |   |    |   |
|   | REGALBUTO, RENEE, ELYCE   | 0             | 5 | 2 | 5                                 | 1      | 9 | 9 | 9 | 20 | F |
| ADDRESS: STREET, CITY, STATE, ZIP         |                           |               |   |   | CONTACT PHONE - INCLUDE AREA CODE |        |   |   |   |    |   |
| 31100 AINSWORTH DR, PEPPER PIKE, OH 44124 |                           |               |   |   |                                   |        |   |   |   |    |   |

|                                   |                           |               |   |   |                                   |        |   |   |   |    |   |
|-----------------------------------|---------------------------|---------------|---|---|-----------------------------------|--------|---|---|---|----|---|
| WITNESS                           | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH |   |   | AGE                               | GENDER |   |   |   |    |   |
|                                   | COLLINS, NICKLAUS, JAMES  | 0             | 4 | 2 | 6                                 | 1      | 9 | 9 | 8 | 21 | M |
| ADDRESS: STREET, CITY, STATE, ZIP |                           |               |   |   | CONTACT PHONE - INCLUDE AREA CODE |        |   |   |   |    |   |
| 3959 DUGANS LN, PERRY, OH 44081   |                           |               |   |   |                                   |        |   |   |   |    |   |

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