

LOCAL REPORT NUMBER\*  
2020-00002697

PHOTOS TAKEN  
 SECONDARY CRASH  
 OH-2  
 OH-IP  
 PRIVATE PROPERTY  
 OH-3  
 OTHER

LOCAL INFORMATION  
REPORTING AGENCY NAME\*  
**City of Kent Police**  
NCIC\*  
06703

HIT/SKIP  
1 - SOLVED  
2 - UNSOLVED  
NUMBER OF UNITS  
02  
UNIT IN ERROR  
98 - ANIMAL  
99 - UNKNOWN  
02

COUNTY\*  
67  
LOCALITY\*  
1  
LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**Kent**

CRASH DATE / TIME\*  
02062020/1825

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

ROUTE TYPE  
ROUTE NUMBER  
PREFIX  
3  
LOCATION ROAD NAME  
**SUMMIT**

ROAD TYPE  
S T  
LATITUDE DECIMAL DEGREES  
41.141102

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**LOOP**

ROUTE TYPE  
ROUTE NUMBER  
PREFIX  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

ROAD TYPE  
R D  
LONGITUDE DECIMAL DEGREES  
-81.335770

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
NUMBER OF APPROACHES  
4

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

ROUTE TYPE  
IR - INTERSTATE ROUTE(TP)  
US - FEDERAL US ROUTE  
SR - STATE ROUTE  
CR - NUMBERED COUNTY ROUTE  
TR - NUMBERED TOWNSHIP ROUTE

ROADWAY  
 ROADWAY DIVIDED

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

ROAD TYPE  
AL - ALLEY  
AV - AVENUE  
BL - BOULEVARD  
CR - CIRCLE  
CT - COURT  
DR - DRIVE  
HE - HEIGHTS

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  
01

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

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

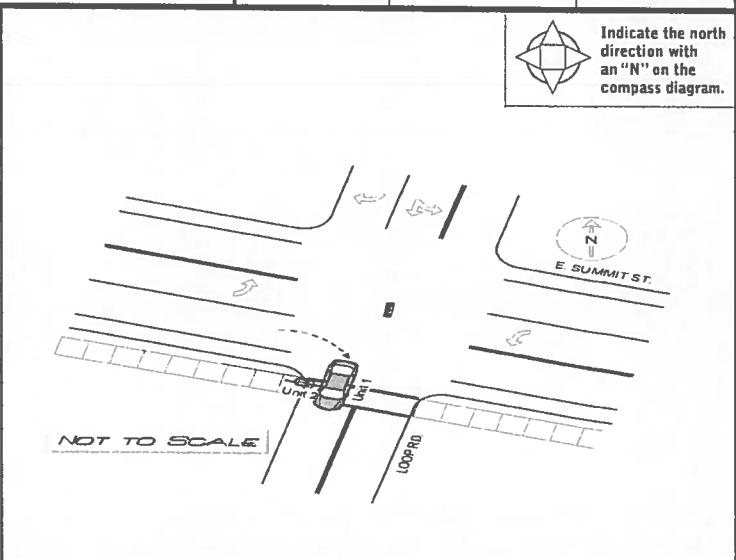
CONDITIONS  
2  
1 - DRY  
2 - WET  
3 - SNOW  
4 - ICE  
5 - SAND, MUD, DIRT, OIL, GRAVEL  
6 - WATER (STANDING, MOVING)  
7 - SLUSH  
9 - OTHER/UNKNOWN

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

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

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  
04

NARRATIVE  
UNIT ONE WAS TRAVELING EASTBOUND ON E. SUMMIT ST. THEN TURNED RIGHT ONTO LOOP RD. UNIT TWO WAS CROSSING THE CROSSWALK EASTBOUND ALONG E. SUMMIT ST. UNIT TWO STRUCK UNIT ONE CAUSING PROPERTY DAMAGE TO UNIT ONE AND MINOR INJURY TO UNIT TWO.



CRASH REPORTED DATE / TIME  
02062020/1825

DISPATCH DATE / TIME  
02062020/1826

ARRIVAL DATE / TIME  
02062020/1827

SCENE CLEARED DATE / TIME  
02062020/1854

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
029  
OTHER INVESTIGATION TIME  
020

TOTAL MINUTES  
048  
OFFICER'S NAME\*  
McNulty, Samantha S  
OFFICER'S BADGE NUMBER\*  
236

CHECKED BY OFFICER'S NAME\*  
Ennemoser, Jennifer  
CHECKED BY OFFICER'S BADGE NUMBER\*  
229

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS)

**OWNER**

UNIT # 0, 1 OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER) **SUN, MINGZE** OWNER PHONE: (INT) (LINE AREA CODE) (EXT) (AREA CODE) (NUMBER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER) **1689 OLYMPUS DR, Kent, OH 44240**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE \_\_\_\_\_

**VEHICLE**

LP STATE OH LICENSE PLATE # HWC4604 VEHICLE IDENTIFICATION # 1G1ZE5S18HF280670 VEHICLE YEAR 2017 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED  INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 931637037 COLOR BLK VEHICLE MODEL MALIBU

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 0, 1 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

HAZARDOUS MATERIAL MATERIAL CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

**UNIT TYPE**

0, 1

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - 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

# OF TRAILING UNITS \_\_\_\_\_

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

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

**AUTONOMOUS MODE LEVEL**

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

**SPECIAL FUNCTION**

0, 1

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

**CARGO BODY TYPE**

0, 1

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

**VEHICLE DEFECTS**

1

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

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER CROSSWALK 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLEBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 13 - STANDING  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

**ACTION**

3

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

**CONTRIBUTING CIRCUMSTANCES**

0, 1

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 - CARGO / EQUIPMENT UNSAFE SPEED 11 - DROVE OFF ROAD 21 - WORK ZONE MAINTENANCE EQUIPMENT  
 6 - IMPROPER TURN 12 - IMPROPER BACKING 22 - OTHER MOVABLE OBJECT

**SEQUENCE OF EVENTS**

1, 5

1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXP. OSION 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 20 - MOTOR VEHICLE IN TRANSPORT

**COLLISION WITH FIXED OBJECT - STRUCK**

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 48 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER 2020-00002697

**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, 3

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

**TRAFFIC**

**TRAFFICWAY FLOW**

2 1 - ONE-WAY 2 - TWO-WAY

**TRAFFIC CONTROL**

2 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 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 4 TO 2

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

**UNIT SPEED**

0, 1, 5

**POSTED SPEED**

2, 5

**DETECTED SPEED**

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

LOCAL REPORT NUMBER  
**2020-00002697**

**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

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

**VEHICLE**

LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE **Other - See Narrative** VEHICLE MODEL

INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # TOWED BY: COMPANY NAME

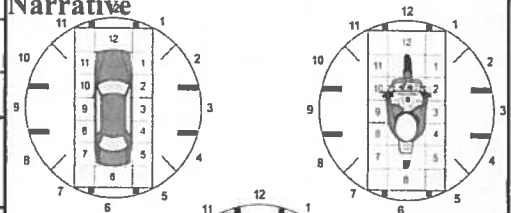
HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # PLACARD ID #  PLACARD

DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY

UNIT TYPE **2,6**

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

# of TRAILING UNITS

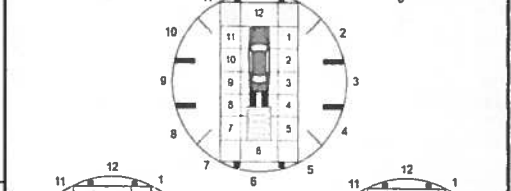


WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

1 - YES 2 - NO 9 - OTHER / UNKNOWN

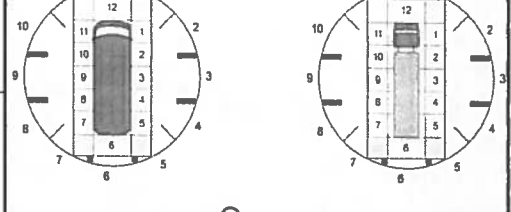
AUTONOMOUS MODE LEVEL

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



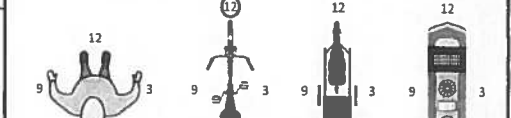
SPECIAL FUNCTION **0,1**

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



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 |                                 |                                   |                      |



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 - 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 |  |

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

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

ACTION **3**

|                            |                        |                                    |  |  |
|----------------------------|------------------------|------------------------------------|--|--|
| 1 - NON-CONTACT            | 1 - STRAIGHT AHEAD     | 7 - MAKING U-TURN                  | 13 - NEGOTIATING A CURVE                     | 18 - APPROACHING OR LEAVING VEHICLE    |
| 2 - NON-COLLISION          | 2 - BACKING            | 8 - ENTERING TRAFFIC LANE          | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 19 - STANDING                          |
| 3 - STRIKING               | 3 - CHANGING LANES     | 9 - LEAVING TRAFFIC LANE           | 15 - WALKING, RUNNING, JOGGING, PLAYING      | 20 - OTHER NON-MOTORIST                |
| 4 - STRUCK                 | 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                    |  |  |

TRAFFIC

TRAFFICWAY FLOW

**2** 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL

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

CONTRIBUTING CIRCUMSTANCES **0,2**

|                      |                                |  |                                     |                                |
|----------------------|--------------------------------|--|-------------------------------------|--------------------------------|
| 1 - NONE             | 7 - LEFT OF CENTER             | 13 - IMPROPER START FROM A PARKED POSITION | 17 - VISION OBSTRUCTION             | 21 - LYING IN ROADWAY          |
| 2 - FAILURE TO YIELD | 8 - FOLLOWING TOO CLOSE / ACDA | 14 - STOPPED OR PARKED ILLEGALLY           | 18 - OPERATING DEFECTIVE EQUIPMENT  | 22 - NOT DISCERNIBLE           |
| 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            |  |                                     |                                |
| 6 - IMPROPER TURN    | 12 - IMPROPER BACKING          |  |                                     |                                |

# OF THROUGH LANES ON ROAD **2**

RAIL GRADE CROSSING

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

SEQUENCE OF EVENTS

**1,2,0** 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

EVENTS

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

UNIT / NON-MOTORIST DIRECTION

FROM **4** TO **3**

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

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 SPEED **010**

POSTED SPEED **35**

DETECTED SPEED **1**

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2,020-00002697

|   |   |                                   |  |   |  |                                 |   |                        |   |
|---|---|-----------------------------------|--|---|--|---------------------------------|---|------------------------|---|
| <b>UNIT #</b><br>0, 1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>SUN, MINGZE |                                   |  | <b>DATE OF BIRTH</b><br>0, 6, 1, 3, 1, 9, 9, 7  |  | <b>AGE</b><br>2, 2              | <b>GENDER</b><br>M  |                        |   |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1689 OLYMPUS DR, Kent, OH 44240 |   |                                   |  | <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>UZ697943      |                                   | <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: 1, 1   TYPE: 1, 1   VALUE: . |                        | <b>DRUG TEST(S)</b><br>STATUS: 1   TYPE:   RESULT: SELECT UP TO 4 |

|   |   |                                   |   |   |  |                                 |   |                                 |   |
|---|---|-----------------------------------|---|---|--|---------------------------------|---|---------------------------------|---|
| <b>UNIT #</b><br>0, 2   | <b>NAME: LAST, FIRST, MIDDLE</b><br>GRAY, TRACE, PIERCE |                                   |   | <b>DATE OF BIRTH</b><br>0, 9, 1, 0, 1, 9, 9, 8  |  | <b>AGE</b><br>2, 1              | <b>GENDER</b><br>M  |                                 |   |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>8045 MCFADDEN RD, SHREVE, OH 44676 9541 |   |                                   |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |  |                                 |   |                                 |   |
| <b>INJURIES</b><br>3  | <b>INJURED TAKEN BY</b><br>9                            | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br>UHK | <b>SAFETY EQUIPMENT USED</b><br>0, 1  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET   | <b>SEATING POSITION</b><br>9, 9 | <b>AIR BAG USAGE</b><br>5                                   | <b>EJECTION</b><br>4            | <b>TRAPPED</b><br>1   |
| <b>OL STATE</b><br>O, H   | <b>OPERATOR LICENSE NUMBER</b><br>UH469868              |                                   | <b>OFFENSE CHARGED</b><br>371.01                              | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/>  | <b>OFFENSE DESCRIPTION</b><br>Right of Way in Cros |                                 |   | <b>CITATION NUMBER</b><br>65275 |   |
| <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: 1, 1   TYPE: 1, 1   VALUE: . |                                 | <b>DRUG TEST(S)</b><br>STATUS: 1   TYPE:   RESULT: SELECT UP TO 4 |

|  |                                   |                                   |  |   |  |                         |   |                        |   |
|--|-----------------------------------|-----------------------------------|--|---|--|-------------------------|---|------------------------|---|
| <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: 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 - COL 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 / UNSABLE |
| 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               |
| <b>INJURED TAKEN BY</b>                       | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 6 - EXCEPT CLASS A & CLASS B BUS   | 6 - PASSENGER  | <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   | 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  | <b>CONDITION</b>   | 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   | 1 - APPARENTLY NORMAL  | 5 - OTHER                                     |
| 1 - NONE USED                                 | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     | Q - MOTOR SCOOTER            | 12 - LIMITED - OTHER   | 2 - PHYSICAL IMPAIRMENT  | <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) | 3 - EMOTIONAL (E.G. DE RES'ED, ANGRY, DIST, RBEED)                                   | 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  | 4 - ILLNESS  | 2 - BLOOD                                     |
| 4 - SHOULDER & LAP BELT USED                  | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 3 - URINE                                     |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |  |                                    | X - TANKER / HAZMAT          | 16 - OUTSIDE MIRROR  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 4 - OTHER                                     |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                    | <b>GENDER</b>                | 17 - PROSTHETIC AID  | 9 - OTHER / UNKNOWN  | <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 / OPIOIDS                         |
|   |  |                                    |                              |  |  | 7 - OTHER                                     |
|   |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                          |

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2020-00002697

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

| 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                 |
| <b>INJURED TAKEN BY</b>                |   | 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)  | <b>EJECTION</b>                    |
| 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                |
| <b>GENDER</b>                          |   | 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  | <b>TRAPPED</b>                     |
| 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<br><b>WALTON, AMANDA, JO</b>                             | DATE OF BIRTH<br>07241975         | AGE<br>44 | GENDER<br>F |
|         | ADDRESS: STREET, CITY, STATE, ZIP<br><b>332 E HIGHLAND AVE ,Ravenna, ,OH 44266</b> | CONTACT PHONE - INCLUDE AREA CODE |           |             |
|         | NAME: LAST, FIRST, MIDDLE  | DATE OF BIRTH                     | AGE       | GENDER      |
| WITNESS | 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 |           |             |