

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2 0 2 1 - 0 0 0 0 6 9 1 4

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

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

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

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

**CRASH DATE / TIME\***  
 0 5 0 2 2 0 2 1 / 1 7 5 2  
**CRASH SEVERITY**  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
 5

**ROUTE TYPE**  
 LOCATION  
**ROUTE NUMBER**  
**PREFIX**  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
**LOCATION ROAD NAME**  
 FAIRCHILD  
**ROAD TYPE**  
 A V

**LATITUDE** DECIMAL DEGREES  
 4 1 . 1 5 8 3 5 5

**ROUTE TYPE**  
**ROUTE NUMBER**  
**PREFIX**  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
**REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)**  
 MANTUA  
**ROAD TYPE**  
 S T

**LONGITUDE** DECIMAL DEGREES  
 - 8 1 . 3 5 8 0 6 1

**REFERENCE POINT**  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
 1  
**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  
 PK - PARKWAY  
 PI - PIKE  
 PL - PLACE  
 RD - ROAD  
 SQ - SQUARE  
 ST - STREET  
 TE - TERRACE  
 TL - TRAIL  
 WA - WAY

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

**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  
 0 1  
 9 - CROSSOVER  
 10 - DRIVEWAY/ALLEY ACCESS  
 11 - RAILWAY GRADE CROSSING  
 12 - SHARED USE PATHS OR TRAILS  
 13 - BIKE LANE  
 14 - TOLL BOOTH  
 99 - OTHER / UNKNOWN

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

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

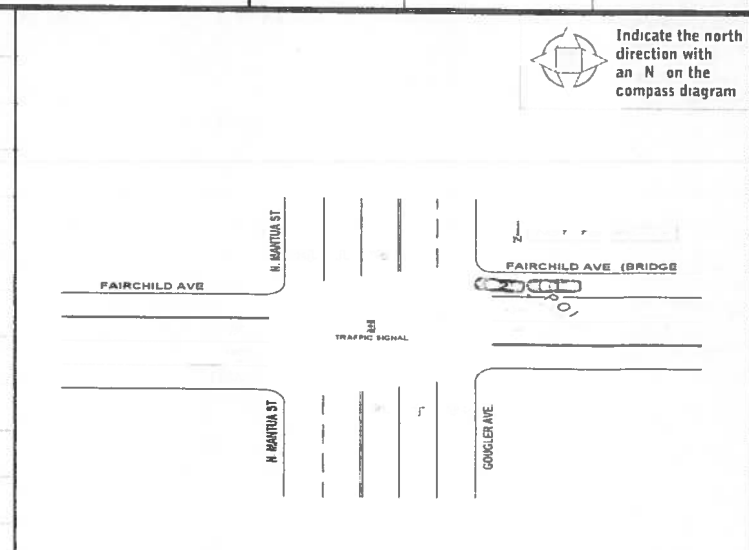
**LOCATION OF CRASH IN WORK ZONE**  
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN  
 2 - ADVANCE WARNING AREA  
 3 - TRANSITION AREA  
 4 - ACTIVITY AREA  
 5 - TERMINATION AREA

**CONTOUR**  
 2  
 1 - STRAIGHT LEVEL  
 2 - STRAIGHT GRADE  
 3 - CURVE LEFT  
 4 - CURVE GRADE  
 9 - OTHER/UNKNOWN  
**CONDITIONS**  
 1  
 1 DRY  
 2 WET  
 3 SNOW  
 4 ICE  
 5 SAND MUD DIRT OIL GRAVEL  
 6 WATER (STANDING MOVING)  
 7 SLUSH  
 9 - OTHER/UNKNOWN  
**SURFACE**  
 1  
 1 - CONCRETE  
 2 - BLACKTOP, BITUMINOUS ASPHALT  
 3 - BRICK/BLOCK  
 4 - SLAG, GRAVEL STONE  
 5 - DIRT  
 9 - OTHER

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

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

**NARRATIVE**  
**BOTH UNITS WERE WESTBOUND ON FAIRCHILD AVE. UNIT 1 WAS BEHIND UNIT 2. UNIT 2 STOPPED AT THE RED LIGHT AT N. MANTUA ST. UNIT 1 STOPPED BEHIND UNIT 2. UNIT 2 STARTED TO TURN RIGHT BUT STOPPED. UNIT 1 STARTED TO TURN AS WELL BUT WAS UNABLE TO STOP IN TIME BEFORE STRIKING UNIT 2.**



**CRASH REPORTED DATE / TIME** 0 5 0 2 2 0 2 1 / 1 7 5 2  
**DISPATCH DATE / TIME** 0 5 0 2 2 0 2 1 / 1 7 5 3  
**ARRIVAL DATE / TIME** 0 5 0 2 2 0 2 1 / 1 7 5 7  
**SCENE CLEARED DATE / TIME** 0 5 0 2 2 0 2 1 / 1 8 2 7  
**REPORT TAKEN BY**  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT)

**TOTAL TIME ROADWAY CLOSED** 0 0 5  
**OTHER INVESTIGATION TIME** 0 3 0  
**TOTAL MINUTES** 0 6 4  
**OFFICER'S NAME\*** Luff, Kevin M  
**OFFICER'S BADGE NUMBER\*** 2 4 6  
**CHECKED BY OFFICER'S NAME\*** Nelson, Josh  
**CHECKED BY OFFICER'S BADGE NUMBER\*** 2 3 2

**OWNER**

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)  
**KILE, JOHN, MICHAEL**

OWNFR PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)  
 \_\_\_\_\_

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  
**229 LILAC DR, BARBERTON, OH 44203**

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  
 \_\_\_\_\_

**DAMAGE**

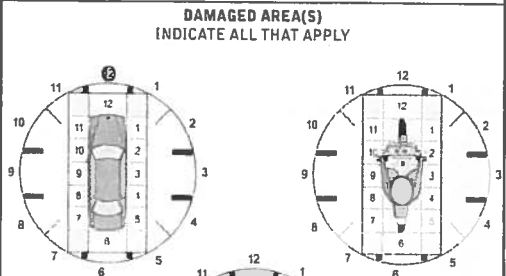
**DAMAGE SCALE**

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

**VEHICLE**

LP STATE **O H** LICENSE PLATE # **HWT8459** VEHICLE IDENTIFICATION # **2 B 3 K A 4 3 G 2 7 H 8 1 0 2 1 2** VEHICLE YEAR **2 0 0 7** VEHICLE MAKE **Dodge**

INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR **RED** VEHICLE MODEL **CHARGER**



TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

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

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 - MOPEE 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) 99 - UNKNOWN OR HIT/SKIP

# of TRAILING UNITS **0 0**

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 - TRANSPORT/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 **0 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 **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 - MDDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 13 - TOP  
 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 - DR VERLESS

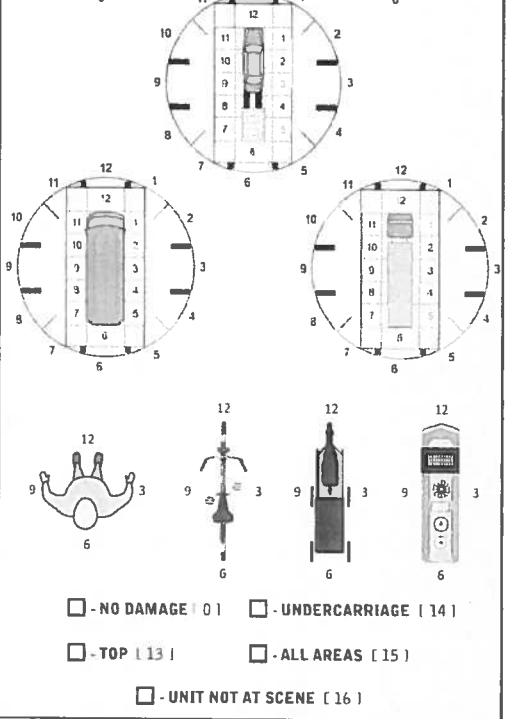
CONTRIBUTING CIRCUMSTANCES **0 8**

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 21 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

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 25 - WORK ZONE MAINTENANCE EQUIPMENT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEJALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 51 - WALL  
 6 - IMPROPER TURN 12 - IMPROPER BACKING 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 52 - BUILDING  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 53 - TUNNEL  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 54 - OTHER FIXED OBJECT  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 99 - OTHER / UNKNOWN  
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE  
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 49 - FIRE HYDRANT

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



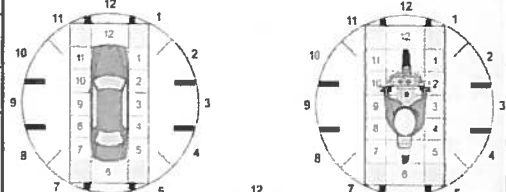
**OWNER**  
**UNIT #** 02 **OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)** LASHLEY, RICHARD, A  
**OWNER PHONE: (INC. USE AREA CODE)** (773) 441-1111  
**OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)**  
 663 ELLEN CT, Ravenna, OH 44266  
**COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP** \_\_\_\_\_  
**COMMERCIAL CARRIER PHONE: (INC. USE AREA CODE)** \_\_\_\_\_

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

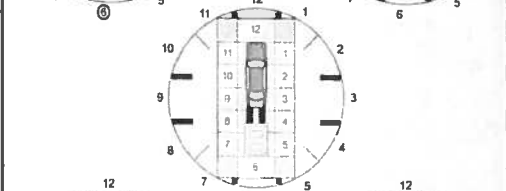
**LP STATE** OH **LICENSE PLATE #** EQU3663  
**VEHICLE IDENTIFICATION #** JTDBL140E59J029892  
**VEHICLE YEAR** 2009 **VEHICLE MAKE** Toyota  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** NATIONWIDE **INSURANCE POLICY #** 92345121494  
**COLOR** SIL **VEHICLE MODEL** COROLLA

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

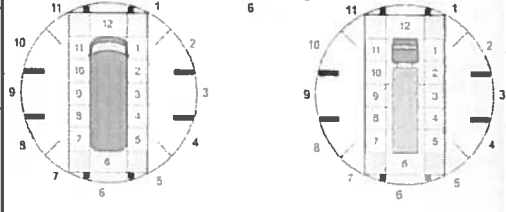
**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE**  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 01  
**VEHICLE WEIGHT GVWR/GCWR**  
 1 - ≤10K LBS  
 2 - 10,001 - 26K LBS  
 3 - >26K LBS  
**TOWED BY: COMPANY NAME** \_\_\_\_\_  
 **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**  
 **PLACARD** \_\_\_\_\_



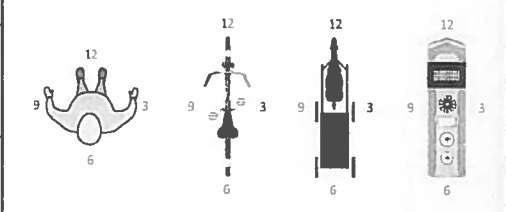
**UNIT TYPE** 01  
**# OF TRAILING UNITS** 00  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (6+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICKUP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGOVAN 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 19 - TOWING 99 - UNKNOWN OR HIT/SKIP



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



**SPECIAL FUNCTION** 01  
 1 - NONE 5 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MCM/ING 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 / NCT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN (ENCLOSED BACK) 10 - FLAT BED 13 - AUTO TRANSPORTER  
 7 - GRAY/CHIPS/GRAVEL 11 - DUMP 19 - TOWING 99 - OTHER UNKNOWN

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

**VEHICLE DEFECTS**  
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLOTTED 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 - MEDIA CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 13 - DRIVEWAY ACCESS  
 3 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER UNKNOWN

**ACTION** 4  
**PRE-CRASH ACTIONS** 111  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 16 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 6 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRUCK 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK & STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRUCK & 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 - DR VERLESS

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

**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 / ACCA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCOVERABLE  
 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** 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

**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 - IMPESSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - OTHER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - MOTOR VEHICLE IN TRANSPORT  
 5 - CARGO EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDAL CYCLE 21 - PARKED MOTOR VEHICLE

**# OF THROUGH LANES ON ROAD** 2  
**RAIL GRADE CROSSING** 1  
 1 - NOT INVOLVED  
 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 BARRIER 33 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EYEBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER UNKNOWN  
 49 - FIRE HYDRANT

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

**UNIT SPEED** 000  
**POSTED SPEED** 25  
**DETECTED SPEED** 1  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 1 - 0 0 0 0 6 9 1 4

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> KILE, JOHN, MICHAEL	<b>DATE OF BIRTH</b> 0 1 / 0 7 / 1 9 9 4	<b>AGE</b> 2 7	<b>GENDER</b> M
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 229 LILAC DR, BARBERTON, OH 44203		<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

<b>INJURIES</b> 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> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b> 333.03	<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Maximum Speed Limits		<b>CITATION NUMBER</b> 66380			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 TYPE: 1 VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1 TYPE: 1 RESULT: .

<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> LASHLEY, RICHARD, A	<b>DATE OF BIRTH</b> 0 4 / 0 1 / 1 9 5 1	<b>AGE</b> 7 0	<b>GENDER</b> M
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 663 ELLEN CT, Ravenna, OH 44266		<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

<b>INJURIES</b> 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> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 TYPE: 1 VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1 TYPE: 1 RESULT: .

<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</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> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS: TYPE: VALUE:		<b>DRUG TEST(S)</b> STATUS: TYPE: RESULT:

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 / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MC MOPED ONLY	5 - EXCEPT CLASS A BUS	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 - OTHER DISTRACTION INSIDE THE VEHICLE	<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 - OTHER DISTRACTION OUTSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	9 - OTHER / UNKNOWN	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	<b>CONDITION</b>	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	1 APPARENTLY NORMAL	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	2 PHYSICAL IMPAIRMENT	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>	Q - MOTOR SCOOTER	12 LIMITED - OTHER	3 EMOTIONAL	<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)	4 ILLNESS	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	5 FELL ASLEEP FAINTED FATIGUED, ETC	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	6 UNDER THE INFLUENCE OF MEDICATIONS / DRUGS ALCOHOL	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	9 - OTHER / UNKNOWN	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING			<b>GENDER</b>	17 - PROSTHETIC AID		<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  
2 0 2 1 - 0 0 0 0 6 9 1 4

**OCCUPANT**

UNIT # 01 NAME: LAST, FIRST, MIDDLE  
**BURNETTE, ZOIE**

ADDRESS: STREET, CITY, STATE, ZIP  
**946 MESA VERDA DR, BARBERTON, OH 44203**

INJURIES 5 INJURED TAKEN BY      EMS AGENCY (NAME)      INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)      SAFETY EQUIPMENT USED 0, 4

DATE OF BIRTH 0 8 / 1 4 / 2 0 0 6 AGE 1 4 GENDER F

CONTACT PHONE - INCLUDE AREA CODE     

DOT-COMPLIANT MC HELMET SEATING POSITION 0 3 AIR BAG USAGE 1 1 EJECTION 1 TRAPPED 1

**OCCUPANT**

UNIT # 01 NAME: LAST, FIRST, MIDDLE  
**KILE, KASHTON**

ADDRESS: STREET, CITY, STATE, ZIP  
**229 LILAC PL, Barberton, OH 44203**

INJURIES 5 INJURED TAKEN BY      EMS AGENCY (NAME)      INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)      SAFETY EQUIPMENT USED 0, 5

DATE OF BIRTH 0 4 / 3 0 / 2 0 1 7 AGE 0 4 GENDER M

CONTACT PHONE - INCLUDE AREA CODE     

DOT-COMPLIANT MC HELMET SEATING POSITION 0 6 AIR BAG USAGE 1 1 EJECTION 1 TRAPPED 1

**OCCUPANT**

UNIT #      NAME: LAST, FIRST, MIDDLE  
    

ADDRESS: STREET, CITY, STATE, ZIP  
    

INJURIES      INJURED TAKEN BY      EMS AGENCY (NAME)      INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)      SAFETY EQUIPMENT USED     

DATE OF BIRTH     /    /     AGE      GENDER     

CONTACT PHONE - INCLUDE AREA CODE     

DOT-COMPLIANT MC HELMET SEATING POSITION      AIR BAG USAGE      EJECTION      TRAPPED     

**OCCUPANT**

UNIT #      NAME: LAST, FIRST, MIDDLE  
    

ADDRESS: STREET, CITY, STATE, ZIP  
    

INJURIES      INJURED TAKEN BY      EMS AGENCY (NAME)      INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)      SAFETY EQUIPMENT USED     

DATE OF BIRTH     /    /     AGE      GENDER     

CONTACT PHONE - INCLUDE AREA CODE     

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
<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  
    

ADDRESS: STREET, CITY, STATE, ZIP  
    

DATE OF BIRTH     /    /     AGE      GENDER     

CONTACT PHONE - INCLUDE AREA CODE     

**WITNESS**

NAME: LAST, FIRST, MIDDLE  
    

ADDRESS: STREET, CITY, STATE, ZIP  
    

DATE OF BIRTH     /    /     AGE      GENDER     

CONTACT PHONE - INCLUDE AREA CODE     

**WITNESS**

NAME: LAST, FIRST, MIDDLE  
    

ADDRESS: STREET, CITY, STATE, ZIP  
    

DATE OF BIRTH     /    /     AGE      GENDER     

CONTACT PHONE - INCLUDE AREA CODE