

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 PRIVATE PROPERTY

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

2 0 2 2 - 0 0 0 0 1 5 4 7
 HIT/SKIP 1 - SOLVED 2 - UNSOLVED
 NUMBER OF UNITS **0 2**
 UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
0 2

COUNTY* **6 7**
 LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP
1

LOCATION: CITY, VILLAGE, TOWNSHIP*
Kent

CRASH DATE / TIME*
0 2 0 2 2 0 2 2 / 1 8 3 9

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

ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST
3

LOCATION ROAD NAME
SUMMIT
 ROAD TYPE **S T**

LATITUDE DECIMAL DEGREES
4 1 1 1 4 8 0 8 5

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
JANIK
 ROAD TYPE **D R**

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

DIRECTION FROM REFERENCE N - NORTH S - SOUTH E - EAST W - WEST
3

ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - STATED 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 **8**

DISTANCE FROM REFERENCE
1 0

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

ROADWAY
 ROADWAY DIVIDED

DIRECTION OF TRAVEL N - NORTH S - SOUTH E - EAST W - WEST

MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN

LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN
0 1

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

WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT ACTIVE SCHOOL ZONE
 WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER
 LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

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

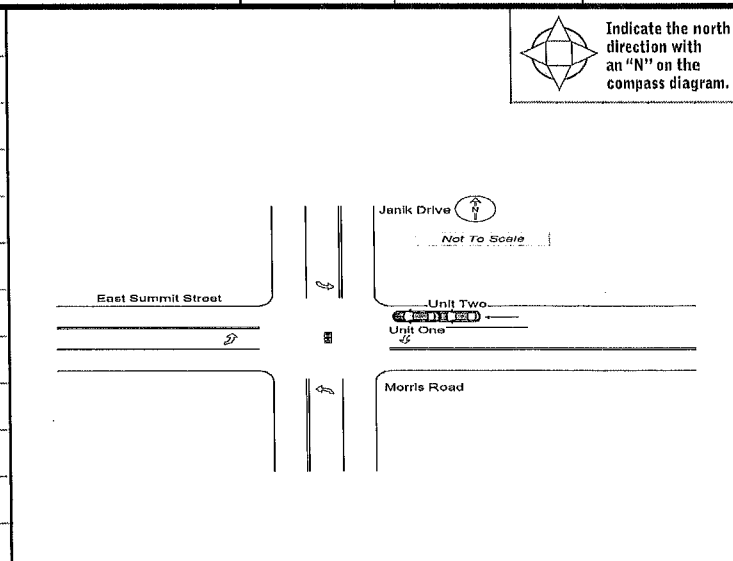
CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN
2

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

LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN
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
0 4

NARRATIVE
Both units were stopped at the red light at Summit and Janik. The operator of unit two accidentally depressed the gas pedal, lurching forward striking unit one.



CRASH REPORTED DATE / TIME
0 2 0 2 2 0 2 2 / 1 8 3 9

TOTAL TIME ROADWAY CLOSED
0 0 0

OTHER INVESTIGATION TIME
0 1 0

DISPATCH DATE / TIME
0 2 0 2 2 0 2 2 / 1 8 4 2

TOTAL MINUTES
0 4 8

OFFICER'S NAME*
Butcher, Matthew

OFFICER'S BADGE NUMBER*
2 3 4

ARRIVAL DATE / TIME
0 2 0 2 2 0 2 2 / 1 8 4 8

CHECKED BY OFFICER'S NAME*
Short, Jason M

CHECKED BY OFFICER'S BADGE NUMBER*
2 2 8

SCENE CLEARED DATE / TIME
0 2 0 2 2 0 2 2 / 1 9 2 0

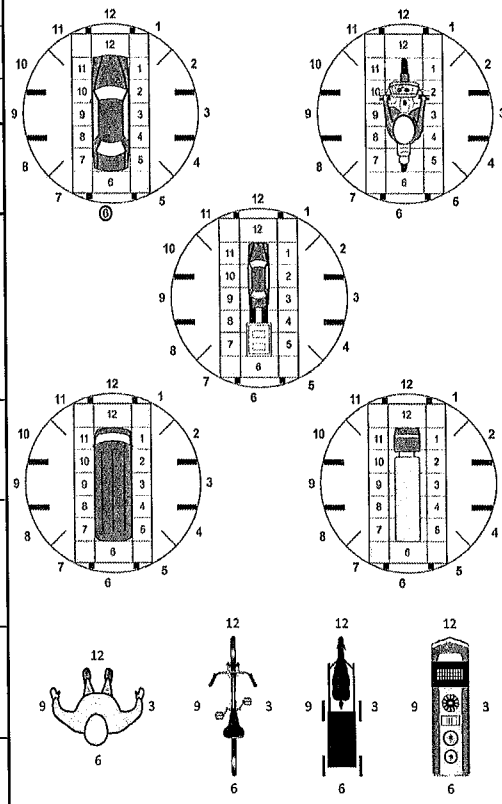
REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)

| | | | |
|--------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| OWNER | UNIT # 01 | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) SCHELLENBERGER, ERIN, LEALAND | OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER) L |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER) 721 BRUNSDORPH RD, FAIRLAWN, OH 44333 | | |
| | 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 | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| LP STATE OH | LICENSE PLATE # GXS2111 | VEHICLE IDENTIFICATION # JTJHBA30G965169125 | VEHICLE YEAR 2006 | VEHICLE MAKE Lexus |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY STATE FARM | INSURANCE POLICY # 9241096C0135 | COLOR GLD | VEHICLE MODEL ES330 |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 01 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | |
| VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | CLASS # PLACARD ID # | | |

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



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

| | | | | | |
|------------------------|-----------------------------|--------------------------------------|------------------------|------------------------------------------------|----------------------------|
| UNIT TYPE 01 | 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 00 | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 | AUTONOMOUS MODE LEVEL 0 | 0 - NO AUTOMATION | 3 - CONDITIONAL AUTOMATION | 9 - UNKNOWN |
| | 1 - YES 2 - NO 9 - OTHER / UNKNOWN | 1 - DRIVER ASSISTANCE | 1 - DRIVER ASSISTANCE | 4 - HIGH AUTOMATION | |
| | | 2 - PARTIAL AUTOMATION | 2 - PARTIAL AUTOMATION | 5 - FULL AUTOMATION | |

| | | | | | |
|-------------------------------|-----------------------------|------------------------|-----------------------------|----------------------------|----------------------|
| 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 | 10 - FLAT BED | 14 - GARBAGE/REFUSE |
| | | | | 11 - DUMP | 99 - OTHER / UNKNOWN |

| | | | | | |
|------------------------------|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| VEHICLE DEFECTS 01 | 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 01 | 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 | 14 - GARBAGE/REFUSE |
| | | 5 - TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK | 11 - SHARED USE PATHS OR TRAILS | 99 - OTHER / UNKNOWN |

| | | | | | |
|--------------------|----------------------------|------------------------|------------------------------------|----------------------------------------------|----------------------------------------|
| 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 | 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 |
| 1-12 - 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 / 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 | | | |

| TRAFFIC | |
|-----------------|-----------------|
| TRAFFICWAY FLOW | TRAFFIC CONTROL |
| 2 | 2 |
| 1 - ONE-WAY | 1 - ROUNDABOUT |
| 2 - TWO-WAY | 4 - STOP SIGN |
| | 5 - YIELD SIGN |
| | 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 | |
| | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 20 - MOTOR VEHICLE IN TRANSPORT | |

| # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING |
|----------------------------|-------------------------------|
| 2 | 1 |
| | 1 - NOT INVOLVED |
| | 2 - INVOLVED-ACTIVE CROSSING |
| | 3 - INVOLVED-PASSIVE CROSSING |

| COLLISION WITH FIXED OBJECT - STRUCK | | | | | |
|--------------------------------------|----------------------------------------|-------------------------------|----------------------------------|-------------------|--------------------------------------|
| 4 | 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 | |

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

| UNIT SPEED | DETECTED SPEED |
|--------------|------------------------------|
| 000 | 1 |
| | 1 - STATED / ESTIMATED SPEED |
| | 2 - CALCULATED / EDR |
| | 3 - UNDETERMINED |
| POSTED SPEED | |
| 35 | |

OWNER

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
LALLY, KAREN, S

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)
13578 HOLLO OVAL RD, STRONGSVILLE, OH 44149

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

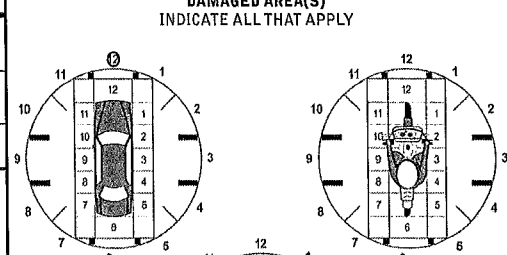
LP STATE OH LICENSE PLATE # GXJ6387 VEHICLE IDENTIFICATION # 1G1BE5S1M2G7320521 VEHICLE YEAR 2016 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 9226723B1735B COLOR GRY VEHICLE MODEL CRUZE

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

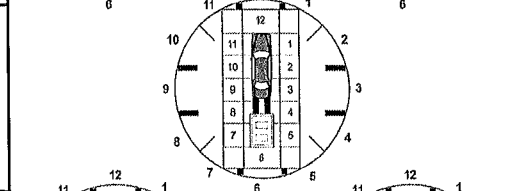
HAZARDOUS MATERIAL CLASS # _____ PLACARD ID # _____



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 _____

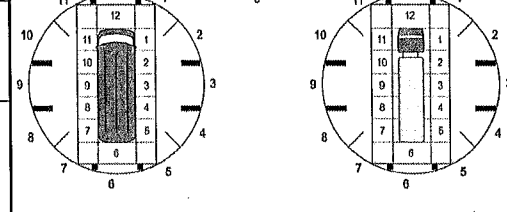


WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

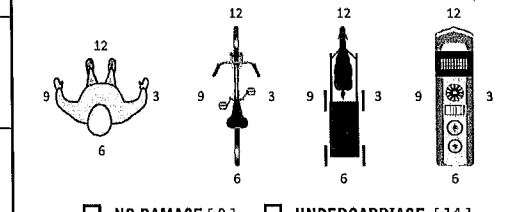
AUTONOMOUS MODE LEVEL 0

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



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 | 10 - FLAT BED | 14 - GARBAGE/REFUSE |
| | | | 11 - DUMP | 99 - OTHER / UNKNOWN |

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

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 - 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 | |

INITIAL POINT OF CONTACT

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

1 2

ACTION 0 1

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

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 / 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 | | | |

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

EVENT(S)

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 | |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 20 - MOTOR VEHICLE IN TRANSPORT | |

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 | 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 | |

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 4

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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

UNIT SPEED

0 0 5

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 2 - 0 0 0 0 1 5 4 7

| | | | | |
|----------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------|------------|-------------|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE SCHELLENBERGER, MONTE, WORKMAN | DATE OF BIRTH 0 8 / 1 3 / 2 0 0 0 | AGE 2 1 | GENDER M |
| ADDRESS: STREET, CITY, STATE, ZIP 721 BRUNSDORPH RD, FAIRLAWN, OH 44333 | | CONTACT PHONE - INCLUDE AREA CODE | | |

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

| | | | | |
|----------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------|------------|-------------|
| UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE LALLY, MORGAN, MARY | DATE OF BIRTH 0 8 / 2 7 / 2 0 0 0 | AGE 2 1 | GENDER F |
| ADDRESS: STREET, CITY, STATE, ZIP 13578 HOLLO OVAL RD, STRONGSVILLE, OH 44149 | | CONTACT PHONE - INCLUDE AREA CODE | | |

| | | | | | | | | | |
|-----------------|----------------------------|----------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------|------------------------------------------|---------------|----------------------------------------------------------|
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED 333.03 | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Maximum Speed Limits | | CITATION NUMBER 23882 | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 |

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

| | | | | | | | | | |
|----------|----------------------------|----------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------|-----------------------------------|----------|---------------------------------------------------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST STATUS TYPE VALUE | | DRUG TEST(S) 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 - 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 - MC MOPED ONLY | 5 - EXCEPT CLASS A BUS | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5 - TEST GIVEN, RESULTS UNKNOWN |
| INJURED TAKEN BY | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL | 6 - EXCEPT CLASS A & CLASS B BUS | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | ALCOHOL TEST TYPE |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION | OL ENDORSEMENT | 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 | CONDITION | 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 |
| SAFETY EQUIPMENT | 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 | TRAPPED | Q - MOTOR SCOOTER | 12 - LIMITED - OTHER | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | DRUG TEST TYPE |
| 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 - AMPHETAMINES |
| 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 - BARBITURATES |
| 4 - SHOULDER & LAP BELT USED | 99 - OTHER / UNKNOWN | 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 - BENZODIAZEPINES |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | | X - TANKER / HAZMAT | 16 - OUTSIDE MIRROR | 9 - OTHER / UNKNOWN | 4 - CANNABINOIDS |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | GENDER | 17 - PROSTHETIC AID | | 5 - COCAINE |
| 7 - BOOSTER SEAT | | | F - FEMALE | 18 - OTHER | | 6 - OPIATES / OPIOIDS |
| 8 - HELMET USED | | | M - MALE | | | 7 - OTHER |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | U - OTHER / UNKNOWN | | | 8 - NEGATIVE RESULTS |
| 10 - REFLECTIVE CLOTHING | | | | | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | |
| 99 - OTHER / UNKNOWN | | | | | | |

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 2 - 0 0 0 0 1 5 4 7

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

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

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

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

| INJURIES | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE |
|----------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------|
| 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT |
| 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE |
| 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT/SIDE |
| 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE |
| INJURED TAKEN BY | | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION |
| 2 - EMS | 7 - BOOSTER SEAT | 8 - THIRD - MIDDLE | 1 - NOT EJECTED |
| 3 - POLICE | 8 - HELMET USED | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED |
| 9 - OTHER / UNKNOWN | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED |
| GENDER | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE |
| F - FEMALE | 10 - REFLECTIVE CLOTHING | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED |
| M - MALE | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 13 - TRAILING UNIT | 1 - NOT TRAPPED |
| U - OTHER / UNKNOWN | 99 - OTHER / UNKNOWN | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS |
| | | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS |
| | | 99 - OTHER / UNKNOWN | |

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

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

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