

**TRAFFIC CRASH REPORT**

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION			LOCAL REPORT NUMBER*			
		<b>REPORTING AGENCY NAME*</b> <b>City of Kent Police</b>			NCIC*	HIT/SKIP	NUMBER OF UNITS	
					<b>06703</b>	1 - SOLVED 2 - UNSOLVED	<b>0 2</b>	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
COUNTY* <b>6 7</b>		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP <b>1</b>		LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Kent</b>			CRASH DATE / TIME*	CRASH SEVERITY
ROUTE TYPE <b>S R</b>		ROUTE NUMBER <b>43</b>	PREFIX <b>2</b>	LOCATION ROAD NAME <b>WATER</b>	ROAD TYPE <b>S T</b>	LATITUDE DECIMAL DEGREES <b>41.151142</b>		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
ROUTE TYPE <b>S R</b>		ROUTE NUMBER <b>59</b>	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>HAYMAKER</b>	ROAD TYPE <b>P K</b>	LONGITUDE DECIMAL DEGREES <b>-81.358205</b>		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROUTE TYPE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <b>4</b> NUMBER OF APPROACHES		
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	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	2 - 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	ROADWAY	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE			WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	CONDITIONS <b>3</b>	SURFACE <b>2</b>	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			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	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN			
<p>NARRATIVE</p> <p><b>UNIT 1 WAS STOPPED AT THE RED LIGHT IN THE NORTHBOUND right, LEFT TURN LANE OF S WATER ST AT HAYMAKER PKWY. UNIT 2 WAS BEHIND UNIT 1. UNIT 2 DID NOT STOP IN TIME AND STRUCK UNIT 1 FROM BEHIND.</b></p> <div style="text-align: right; margin-top: 20px;">    Indicate the north direction with an "N" on the compass diagram.   <p>NOT TO SCALE</p>  </div>								
CRASH REPORTED DATE / TIME <b>12142025/1147</b>		DISPATCH DATE / TIME <b>12142025/1148</b>		ARRIVAL DATE / TIME <b>12142025/1153</b>		SCENE CLEARED DATE / TIME <b>12142025/1214</b>		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED <b>0 0 0</b>		OTHER INVESTIGATION TIME <b>0 1 0</b>		TOTAL MINUTES <b>0 3 6</b>		OFFICER'S NAME* <b>Driscoll, Sean D</b>	CHECKED BY OFFICER'S NAME* <b>Nelson, Josh</b>	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
						OFFICER'S BADGE NUMBER* <b>2 2 0</b>	CHECKED BY OFFICER'S BADGE NUMBER* <b>2 3 2</b>	<input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO COPS)

OWNER UNIT # <b>0 1</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER) <b>ADKINS, RYAN, D</b>	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER) <b>3420 STONEY CREEK CIR ,Rootstown ,OH 44266</b>	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		

LP STATE <b>O H</b>	LICENSE PLATE # <b>FOH2647</b>	VEHICLE IDENTIFICATION # <b>WDC0G4KB7KV163293</b>	VEHICLE YEAR <b>2019</b>	VEHICLE MAKE <b>Mercedes-Benz</b>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>ERIE INSURANCE</b>	INSURANCE POLICY # <b>Q025407758</b>	COLOR <b>BLK</b>	VEHICLE MODEL <b>GLC-CLAS</b>
TYPE OF USE <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		<b>#OCCUPANTS</b> <b>0 3</b>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤ 10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <b>CLASS #</b> <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD

1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELER
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELER
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE
4 - PICKUP	10 - MOPED OR MOTORIZED BICYCLE
5 - CARGO VAN	
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV)

0 # OF TRAILING UNITS

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

<b>0 1</b>	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
<b>SPECIAL FUNCTION</b>	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	

<b>0 1</b> <b>CARGO BODY TYPE</b>	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 - AUTOTRANSPORTER
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
				11 - DUMP	99 - OTHER / UNKNOWN

<b>VEHICLE DEFECTS</b>	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
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1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER
CROSSWALK				AT INCIDENT SCENE
NON-MOTORIST	4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
LOCATION	CROSSWALK	B - SIDEWALK	11 - SHARED USE PATHS OR	99 - OTHER / UNKNOWN
AT IMPACT	5 - TRAVEL LANE - OTHER LOCATION		TRAILS	

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

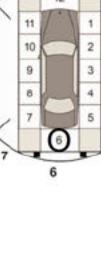
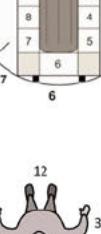
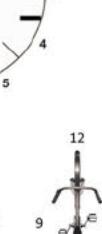
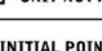
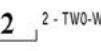
<b>01</b> <b>CONTRIBUTING CIRCUMSTANCES</b>	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID SPILLING	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			

## SEQUENCE OF EVENTS

		NON-COLLISION					
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		17 - ANIMAL - FARM	
			3 - IMMERSION	8 - RAN OFF ROAD RIGHT		18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO
2			4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	ANYTHING SET IN MOTION
			5 - CARGO / EQUIPMENT LOSS/SHIFT	10 - CROSS MEDIAN	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE
					14 - PEDESTRIAN		24 - OTHER MOVEABLE OBJECT
					15 - PEDAL CYCLE	21 - PARKED MOTORVEHICLE	

COLLISION WITH FIXED OBJECT - STRUCK

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

LOCAL REPORT NUMBER														
2	0	2	5	-	0	0	0	1	7	4	6	8		
DAMAGE														
DAMAGE SCALE														
<u>3</u>	1 - NONE				3 - FUNCTIONAL DAMAGE									
	2 - MINOR DAMAGE				4 - DISABLING DAMAGE									
	9 - UNKNOWN													
DAMAGED AREA(S) INDICATE ALL THAT APPLY														
en														
S														
														
														
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]														
INITIAL POINT OF CONTACT														
<u>0</u>		<u>6</u>		0 - NO DAMAGE				14 - UNDERCARRIAGE						
1		1		1-12 - REFER TO UNIT DIAGRAM				15 - VEHICLE NOT AT SCENE						
1		3		13 - TOP				99 - UNKNOWN						
TRAFFIC														
TRAFFICWAY FLOW		TRAFFIC CONTROL												
<u>1</u>		1 - ONE-WAY												
<u>2</u>		2 - TWO-WAY												
<u>2</u>		<u>2</u> - SIGNAL												
# OF THROUGH LANES ON ROAD		3 - FLASHER												
<u>4</u>		1 - ROUNDABOUT												
		2 - SIGNAL												
		3 - FLASHER												
RAIL GRADE CROSSING														
# OF THROUGH LANES ON ROAD		1 - NOT INVOLVED												
<u>4</u>		2 - INVOLVED-ACTIVE CROSSING												
		3 - INVOLVED-PASSIVE CROSSING												
UNIT / NON-MOTORIST DIRECTION														
FROM <u>2</u>		TO <u>1</u>		1 - NORTH										
				5 - NORTHEAST										
				2 - SOUTH										
				6 - NORTHWEST										
				3 - EAST										
				7 - SOUTHEAST										
				4 - WEST										
				8 - SOUTHWEST										
				9 - OTHER / UNKNOWN										
UNIT SPEED		DETECTED SPEED												
<u>0</u>		1 - STATED / ESTIMATED SPEED												
<u>0</u>		2 - CALCULATED / EDR												
<u>0</u>		3 - UNDETERMINED												
POSTED SPEED														
<u>2</u>		<u>5</u>												

UNIT # **0 2** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER) **VIZMEG LANDSCAPE INC**

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

**778 MCCAULEY RD ,Stow ,OH 44224**

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

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER)  
REDACTED PER ORC 149.43(A)(1)

LOCAL REPORT NUMBER  
**2 0 2 5 - 0 0 0 1 7 4 6 8**

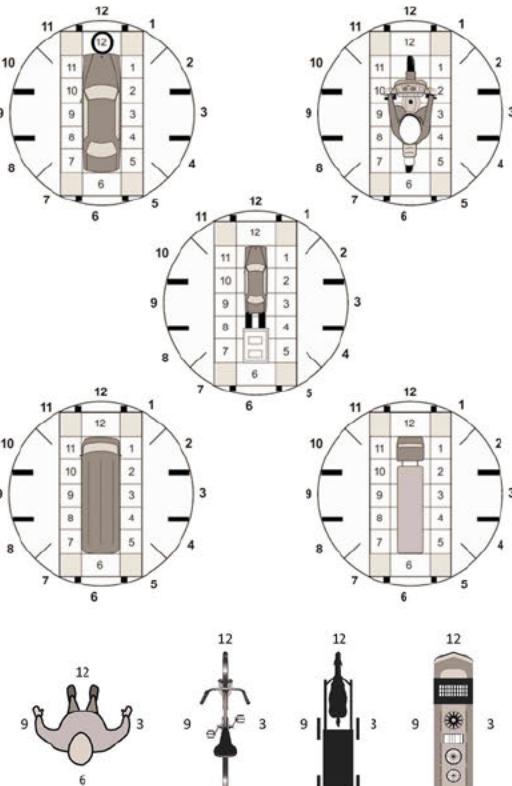
DAMAGE

DAMAGE SCALE

<b>2</b>	1 - NONE	3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE
	9 - UNKNOWN	

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]

- TOP [ 13 ]  - ALL AREAS [ 15 ]

- UNIT NOT AT SCENE [ 16 ]

INITIAL POINT OF CONTACT

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

TRAFFIC

TRAFFICWAY FLOW

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

TRAFFIC CONTROL

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

# OF THROUGH LANES ON ROAD

**4**

RAIL GRADE CROSSING

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

UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED

**0 0 5**

DETECTED SPEED

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

POSTED SPEED

**2 5**

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
<b>O H</b>	<b>PKK4823</b>	<b>1 F TB F 2 A 6 2 D E B 2 5 3 9 9</b>	<b>2 0 1 3</b>	<b>Ford</b>
INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
			<b>WHI</b>	<b>F-250</b>

UNIT TYPE	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT	<b>#OCCUPANTS</b> <b>0 2</b>		
		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
			<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
<b>0 4</b>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICKUP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP

**00** # OF TRAILING UNITS

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

<b>0 1</b>	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL
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<b>0 1</b>	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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<b>0 1</b>	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
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<b>0 1</b>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK	5 - BICYCLE LANE 6 - SHOULDER / ROADSIDE 7 - SIDEWALK	8 - MEDIAN/CROSSING ISLAND 9 - DRIVEWAY ACCESS 10 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE
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<b>0 1</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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<b>0 8</b>	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID	16 - VISION OBSTRUCTION 17 - OPERATING DEFECTIVE EQUIPMENT 18 - LOAD SHIFTING/FALLING/SPILLING 19 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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<b>0 8</b>	1 - FIRST HARMFUL EVENT	2 - MOST HARMFUL EVENT	3 - SEQUENCE OF EVENTS
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NON-COLLISION

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 MOBILE OBJECT
4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER	
5 - CARGO / EQUIPMENT LOSS/SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	
			21 - PARKED MOTOR VEHICLE	

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	45 - EMBANKMENT	52 - BUILDING
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - SUPPORT	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	

LOCAL REPORT NUMBER  
2 0 2 5 - 0 0 0 1 7 4 6 8

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE <b>0 1 ADKINS, RYAN, D</b>					DATE OF BIRTH <b>1 1 1 6 1 9 7 5</b>	AGE <b>50</b>	GENDER <b>M</b>	
	ADDRESS: STREET, CITY, STATE, ZIP <b>3420 STONEY CREEK CIR, Rootstown, OH 44266</b>						CONTACT PHONE - INCLUDE AREA CODE <b>REDACTED PER ORC 149.43(A)(1)</b>			
	INJURIES <b>5</b>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY (NAME) <input type="checkbox"/>	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/>	SAFETY EQUIPMENT USED <b>0 4</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	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>REDACTED PER ORC 4501:1-12</b>		OFFENSE CHARGED <input type="checkbox"/>	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS <b>4</b>	ENDORSEMENT SELECT UP TO 2 <input type="checkbox"/>	RESTRICTION SELECT UP TO 3 <input type="checkbox"/>	DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>1</b>	ALCOHOL TEST STATUS <b>1</b> TYPE <b>1</b> VALUE <b>1</b>	DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> RESULT <input type="checkbox"/>			
UNIT # <b>0 2</b>	NAME: LAST, FIRST, MIDDLE <b>VEGA, MARCO, ANTONIO</b>					DATE OF BIRTH <b>0 1 2 1 1 9 9 5</b>	AGE <b>30</b>	GENDER <b>M</b>		
ADDRESS: STREET, CITY, STATE, ZIP <b>1512 HIGHWAY 54 W 152B, FAYETTEVILLE, GA 30214</b>						CONTACT PHONE - INCLUDE AREA CODE <b>REDACTED PER ORC 149.43(A)(1)</b>				
INJURIES <b>5</b>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY (NAME) <input type="checkbox"/>	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/>	SAFETY EQUIPMENT USED <b>0 4</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>0 1</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>	
OL STATE <b>G A</b>	OPERATOR LICENSE NUMBER <b>REDACTED PER ORC 4501:1-12</b>		OFFENSE CHARGED <b>333.03</b>	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER <b>30477</b>			
OL CLASS <b>4</b>	ENDORSEMENT SELECT UP TO 2 <input type="checkbox"/>	RESTRICTION SELECT UP TO 3 <input type="checkbox"/>	DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>1</b>	ALCOHOL TEST STATUS <b>1</b> TYPE <b>1</b> VALUE <b>1</b>	DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> RESULT <input type="checkbox"/>			
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY (NAME) <input type="checkbox"/>	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED <input type="checkbox"/>	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2 <input type="checkbox"/>	RESTRICTION SELECT UP TO 3 <input type="checkbox"/>	DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>1</b>	ALCOHOL TEST STATUS <b>1</b> TYPE <b>1</b> VALUE <b>1</b>	DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> RESULT <input type="checkbox"/>			
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- 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- TEST GIVEN, RESULTS KNOWN					
5- NO APPARENT INJURY	5- SECOND - MIDDLE	5- NOTAPPLICABLE	5- M/C MOPED ONLY	5- EXCEPT CLASS A BUS	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					
1- NOT TRANSPORTED /TREATED AT SCENE	7- THRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7- THRD - MIDDLE	8- THRD - RIGHT SIDE	7- EXCEPT TRACTOR-TRAILER						
2- EMS	8- THIRD - MIDDLE	9- THIRD - RIGHT SIDE	10- SLEEPER SECTION OF TRUCK CAB	8- INTERMEDIATE LICENSE RESTRICTIONS						
3- POLICE				9- LEARNER'S PERMIT RESTRICTIONS						
9- OTHER / UNKNOWN				10- LIMITED TO DAYLIGHT ONLY						
SAFETY EQUIPMENT				11- LIMITED TO EMPLOYMENT						
1- NONE USED	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1- NOT EJECTED	H- HAZMAT	12- LIMITED - OTHER						
2- SHOULDER BELT ONLY USED	12- PASSENGER IN UNENCLOSED CARGO AREA	2- PARTIALLY EJECTED	M- MOTORCYCLE	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)						
3- LAP BELT ONLY USED	13- TRAILING UNIT	3- TOTALLY EJECTED	P- PASSENGER	14- MILITARY VEHICLES ONLY						
4- SHOULDER & LAP BELT USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	4- NOTAPPLICABLE	N- TANKER	15- MOTOR VEHICLES WITHOUT AIR BRAKES						
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	15- NON-MOTORIST		Q- MOTOR SCOOTER	16- OUTSIDE MIRROR						
6- CHILD RESTRAINT SYSTEM - REAR FACING	99- OTHER / UNKNOWN		R- THREE-WHEEL MOTORCYCLE	17- PROSTHETIC AID						
7- BOOSTER SEAT			S- SCHOOL BUS	18- OTHER						
8- HELMET USED			T- DOUBLE & TRIPLE TRAILERS							
9- PROTECTIVE PADS USED (ELBOW KNEES, ETC.)			X- TANKER / HAZMAT							
10- REFLECTIVE CLOTHING										
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY										
99- OTHER / UNKNOWN										
EJECTION		OL ENDORSEMENT	TEST STATUS							
1- NOT EJECTED	H- HAZMAT	1- ALCOHOL TEST TYPE	1- NONE							
2- PARTIALLY EJECTED	M- MOTORCYCLE	2- BLOOD								
3- TOTALLY EJECTED	P- PASSENGER	3- URINE								
4- NOTAPPLICABLE	N- TANKER	4- BREATH								
TRAPPED		5- OTHER								
1- NOTTRAPPED	R- THREE-WHEEL MOTORCYCLE	ALCOHOL TEST TYPE								
2- EXTRICATED BY MECHANICAL MEANS	S- SCHOOL BUS	1- NONE								
3- FREED BY NON-MECHANICAL MEANS	T- DOUBLE & TRIPLE TRAILERS	2- BLOOD								
GENDER		2- URINE								
F- FEMALE	X- TANKER / HAZMAT	3- OTHER								
M- MALE		4- BREATH								
U- OTHER / UNKNOWN		5- OTHER								
CONDITION		DRUG TEST TYPE								
1- APPARENTLY NORMAL	1- BLOOD									
2- PHYSICAL IMPAIRMENT	3- URINE									
3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	4- OTHER									
4- ILLNESS	DRUG TEST RESULT(S)									
5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	1- AMPHETAMINES									
6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	2- BARBITURATES									
9- OTHER / UNKNOWN	3- BENZODIAZEPINES									
	4- CANNABINOID									
	5- COCAINE									
	6- OPIATES / OPIOIDS									
	7- OTHER									
	8- NEGATIVE RESULTS									



# OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 1 7 4 6 8										
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER			
01	SCHNAIDT, MICHAEL, THOMAS			0 6 0 5 1 9 5 1		7 4	M				
ADDRESS: STREET, CITY, STATE, ZIP 5348 WHITEFORD RD ,SYLVANIA ,OH 43560											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)						
5				0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET <b>0 3</b> 1      1      1      1						
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER				
01	ADKINS, DELANEY			1 2 2 1 2 0 1 4		1 0	F				
ADDRESS: STREET, CITY, STATE, ZIP 3420 STONEY CREEK CIR ,Rootstown ,OH 44266											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)						
5				0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET <b>0 4</b> 1      1      1      1						
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER				
02	HEARD, PHILLIP, ALLEN			1 0 1 2 1 9 9 3		3 2	M				
ADDRESS: STREET, CITY, STATE, ZIP 1139 TOBY TER N ,Akron ,OH 44306											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)						
5				0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET <b>0 3</b> 1      1      1      1						
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	CONTACT PHONE - INCLUDE AREA CODE						
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 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE			9 - DEPLOYMENT UNKNOWN			
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			EJECTION					
2 - EMS	8 - HELMET USED		8 - THIRD - MIDDLE			1 - NOT EJECTED					
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE			2 - PARTIALLY EJECTED					
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB			3 - TOTALLY EJECTED					
GENDER			11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			4 - NOT APPLICABLE			
F - FEMALE	99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA			TRAPPED					
M - MALE			13 - TRAILING UNIT			1 - NOT TRAPPED					
U - 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								
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						