

<input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION	2 0 2 2 - 0 0 0 0 5 3 7 6			
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
<input type="checkbox"/> PRIVATE PROPERTY			City of Kent Police	0 6 7 0 3	2 1 - SOLVED 2 2 - UNSOLVED	0 2	9 9 98 - ANIMAL 99 - UNKNOWN

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
6 7	1	Kent	0 4 0 7 2 0 2 2 / 1 3 2 5	3

ROUTE TYPE	ROUTE NUMBER	PREFIX	N - NORTH S - SOUTH E - EAST W - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
		3		SUMMIT	S T	4 1 1 5 0 8 0 4
ROUTE TYPE	ROUTE NUMBER	PREFIX	N - NORTH S - SOUTH E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
				MORRIS	R D	8 1 3 4 8 2 2 5

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

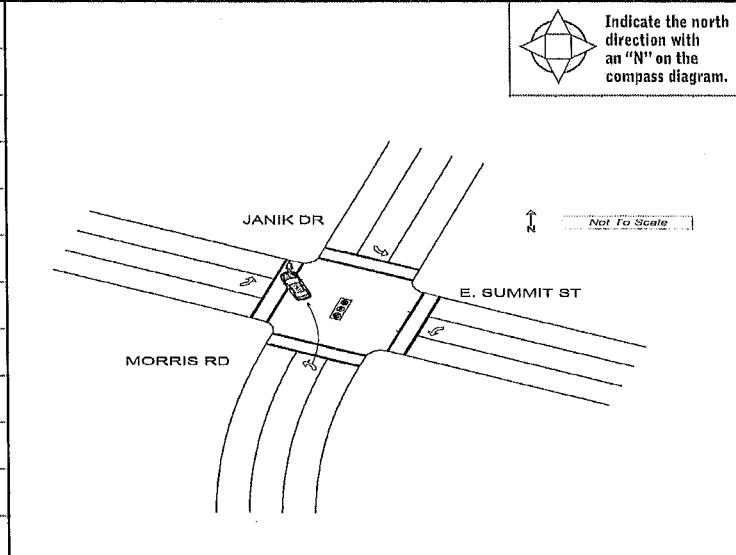
LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
0 1	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	N - NORTH S - SOUTH E - EAST W - WEST	1 - DIVIDED FLUSH MEDIAN (<4 FEET)
2 - ON SHOULDER	4 - REAR-TO-REAR		2 - DIVIDED FLUSH MEDIAN (≥4 FEET)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

<input type="checkbox"/> WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT	1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	2	2	2
<input type="checkbox"/> LAW ENFORCEMENT PRESENT	2 - LANE SHIFT/CROSSOVER	2 - ADVANCE WARNING AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE
<input type="checkbox"/> ACTIVE SCHOOL ZONE	3 - WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA	2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
	4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA	3 - CURVE LEVEL	3 - SNOW	3 - BRICK/BLOCK
	5 - OTHER	5 - TERMINATION AREA	4 - CURVE GRADE	4 - ICE	4 - SLAG, GRAVEL, STONE
			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT
				6 - WATER (STANDING, MOVING)	9 - OTHER/UNKNOWN
				7 - SLUSH	
				9 - OTHER/UNKNOWN	

LIGHT CONDITION	WEATHER
1	0 2
1 - DAYLIGHT	1 - CLEAR
2 - DAWN/DUSK	2 - CLOUDY
3 - DARK - LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN
5 - DARK - UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL
9 - OTHER / UNKNOWN	6 - SNOW
	7 - SEVERE CROSSWINDS
	8 - BLOWING SAND, SOIL, DIRT, SNOW
	9 - FREEZING RAIN OR FREEZING DRIZZLE
	99 - OTHER / UNKNOWN

NARRATIVE

Unit 1 was stopped northbound on Morris Rd for the red light at E Summit St. Unit 1 turned left from Morris Rd to westbound E Summit St. Unit 2 (Pedestrian) was southbound crossing E Summit St in the crosswalk on west side of the intersection. Unit 1 struck Unit 2.



CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
0 4 0 7 2 0 2 2 / 1 3 2 7	0 4 0 7 2 0 2 2 / 1 3 2 7	0 4 0 7 2 0 2 2 / 1 3 3 0	0 4 0 7 2 0 2 2 / 1 4 1 0	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*
0 0 0	0 9 0	1 3 3	Darrah, Benjamin	Wheeler, George
			OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*
			2 2 6	2 4 3
			<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR BLU	VEHICLE MODEL	
	<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 checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	UNIT TYPE 01		1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)
	# OF TRAILING UNITS		2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	23 - PEDESTRIAN / SKATER
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	19 - BUS (16+ PASSENGERS)
	SPECIAL FUNCTION		4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	24 - WHEELCHAIR (ANY TYPE)
	CARGO BODY TYPE		5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV/UTV)	16 - FARM EQUIPMENT	25 - OTHER NON-MOTORIST
	VEHICLE DEFECTS		6 - VAN (9-15 SEATS)		17 - MOTORHOME	26 - BICYCLE
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	
ACTION 3		2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
CONTRIBUTING CIRCUMSTANCES 22		5 - UNSAFE SPEED	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	
SEQUENCE OF EVENTS		6 - IMPROPER TURN				
FIRST HARMFUL EVENT 1						
MOST HARMFUL EVENT 1						

DAMAGE

DAMAGE SCALE

9 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
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW 2	TRAFFIC CONTROL 2
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1

UNIT / NON-MOTORIST DIRECTION

FROM 2 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 3 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED _____	

OWNER

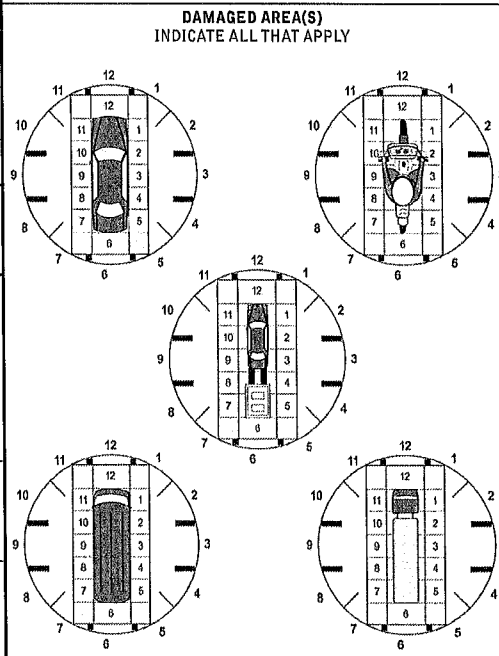
UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

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

VEHICLE

LP STATE _____ LICENSE PLATE # _____ VEHICLE IDENTIFICATION # _____ VEHICLE YEAR _____ VEHICLE MAKE _____
 INSURANCE VERIFIED INSURANCE COMPANY _____ INSURANCE POLICY # _____ COLOR _____ VEHICLE MODEL _____
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME _____
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS _____ VEHICLE WEIGHT GVWR/GCWR
 1 - ≤10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.
 MATERIAL RELEASED HAZARDOUS MATERIAL CLASS # _____ PLACARD ID # _____
 PLACARD _____



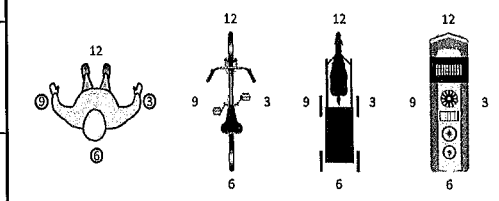
UNIT TYPE
2 3
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE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

OF TRAILING UNITS _____

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

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

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



VEHICLE DEFECTS
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

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

NON-MOTORIST LOCATION AT IMPACT
 0 1
 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 14 - GARBAGE/REFUSE
 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN
 5 - TRAVEL LANE - OTHER LOCATION

ACTION
 4
 1 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 PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 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
 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
 9 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT
 0 9
 0 - NO DAMAGE 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 99 - UNKNOWN
 13 - TOP

CONTRIBUTING CIRCUMSTANCES
 2 2
 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 16 - WRONG WAY
 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 - 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 20 - 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

EVENT(S)

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

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

UNIT SPEED

POSTED SPEED

DETECTED SPEED

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

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
 2 0 2 2 - 0 0 0 0 5 3 7 6

UNIT # 0 1	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	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
			9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		9	STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	RESULT SELECT UP TO 4

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE KOSTER, EVAN, KELLY				DATE OF BIRTH 0 8 / 1 7 / 2 0 0 0		AGE 2 1	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP 950 S LINCOLN ST, Kent, OH 44240					CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) Kent Fire	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) UHPMC		SAFETY EQUIPMENT USED 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1 5	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE O, H	OPERATOR LICENSE NUMBER UV052885		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	RESULT SELECT UP TO 4

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	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - MC MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT			ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN		CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 2 - 0 0 0 0 5 3 7 6

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 []

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 []

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 []

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 []

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 MITCHELL, TRACIE, LYNN	DATE OF BIRTH 0 1 / 2 3 / 1 9 7 4	AGE 4 8	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 321 PARK AVE, Kent, OH 44240			
	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 []			