

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY	<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME* City of Kent Police NCIC* 06703	2021-00012030
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COUNTY* 67	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* Kent	CRASH DATE / TIME* 07252021 / 0204	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
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ROUTE TYPE S R	ROUTE NUMBER 43	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME GOUGLER	ROAD TYPE A V	LATITUDE DECIMAL DEGREES 41.157396
ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROCKWELL	ROAD TYPE	LONGITUDE DECIMAL DEGREES 81.359261

REFERENCE POINT 1- INTERSECTION 2- MILE POST 3- HOUSE # 1	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST 2	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED
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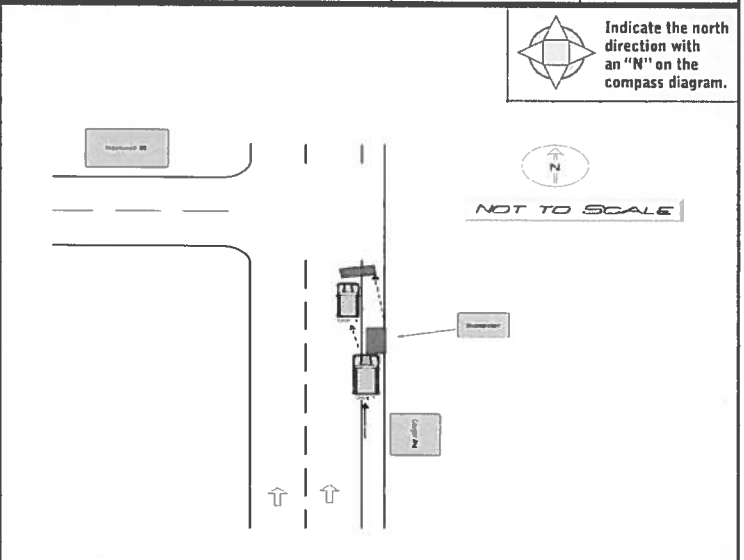
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 02	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN
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<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	CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	CONDITIONS 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
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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 6 - SNOW 2 - CLOUDY 7 - SEVERE CROSSWINDS 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE 5 - SLEET, HAIL 99 - OTHER / UNKNOWN 01
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NARRATIVE

Unit 1 was North bound on Gougler Ave., South of Rockwell St. There was a steel dumpster on the East side of Gougler Ave., on the shoulder of the roadway. Unit 1 drifted out of its lane of travel and struck the dumpster. Unit 1 was heavily damaged and was unable to be driven. Unit 1 pushed the dumpster into the road, so that it was perpendicular to Gougler Ave. The driver of unit 1, Lydia Kushner, was found to be impaired and placed under arrest for OVI.



CRASH REPORTED DATE / TIME 07252021 / 0204	DISPATCH DATE / TIME 07252021 / 0206	ARRIVAL DATE / TIME 07252021 / 0208	SCENE CLEARED DATE / TIME 07252021 / 0323	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT - SENT TO CSRS)
TOTAL TIME ROADWAY CLOSED 075	OTHER INVESTIGATION TIME 030	TOTAL MINUTES 107	OFFICER'S NAME* Womack, Alec M	CHECKED BY OFFICER'S NAME* Ennemoser, James
			OFFICER'S BADGE NUMBER* 258	CHECKED BY OFFICER'S BADGE NUMBER* 255

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **KUSHNER, JOHN, A**
 OWNER PHONE: () F AREA () () SAME AS DRIVER
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
6193 ARMISTICE AVE NW, Canton, OH 44718
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

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

VEHICLE

LP STATE OH LICENSE PLATE # HYN5088 VEHICLE IDENTIFICATION # 5N1MSH13E97H0618578 VEHICLE YEAR 2007 VEHICLE MAKE Hyundai
 INSURANCE VERIFIED INSURANCE COMPANY Ohio Mutual Ins. Co. INSURANCE POLICY # AAO0018384 COLOR BLU VEHICLE MODEL SANTA FE
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME Bakers Towing
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 04 VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS 2 - 10,001 - 26K LBS 3 - >26K LBS HAZARDOUS MATERIAL CLASS # PLACARD ID #
 PLACARD

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

UNIT TYPE 01 # OF TRAILING UNITS 00

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (1+ 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

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

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

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

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

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

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 3

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

INITIAL POINT OF CONTACT

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

ACTION 3 **PRE-CRASH ACTIONS** 01

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

TRAFFIC

TRAFFICWAY FLOW 1 1 - ONE-WAY 2 - TWO-WAY
TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

CONTRIBUTING CIRCUMSTANCES 11

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 12 - IMPROPER BACKING

OF THROUGH LANES ON ROAD 2 **RAIL GRADE CROSSING** 1

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

SEQUENCE OF EVENTS

1 0 8 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 2 2 4 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 1 1 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
 4 1 1 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT
 5 1 1 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDAL CYCLE 21 - PARKED MOTOR VEHICLE

COLLISION WITH FIXED OBJECT - STRUCK

4 1 1 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
 5 1 1 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
 6 1 1 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 2 **MOST HARMFUL EVENT** 2

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

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

UNIT SPEED 0 3 5 **DETECTED SPEED** 1

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

POSTED SPEED 3 5



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 0 2 1 - 0 0 0 1 2 0 3 0

UNIT # 0, 1	NAME: LAST, FIRST, MIDDLE KUSHNER, LYDIA, JANE	DATE OF BIRTH 0 4 / 1 5 / 2 0 0 0	AGE 2 1	GENDER F
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ADDRESS: STREET, CITY, STATE, ZIP
3892 N GLENRIDGE RD, Green, OH 44319

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 2	EJECTION 1	TRAPPED 1
OL STATE O, H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.202	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Failure to Control		CITATION NUMBER 16840		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 6	ALCOHOL TEST STATUS: 4 TYPE: 4 VALUE: 2, 2, 1		DRUG TEST(S) STATUS: 1 TYPE: 1 RESULT SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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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

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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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 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY			EJECTION			ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER	6 - PASSENGER	1 - NONE
2 - EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	TRAPPED		8 - INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	8 - THIRD - MIDDLE	1 - NOT TRAPPED	H - HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	3 - URINE
9 - OTHER / UNKNOWN	9 - THIRD - RIGHT SIDE	2 - EXTRICATED BY MECHANICAL MEANS	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	4 - BREATH
SAFETY EQUIPMENT			P - PASSENGER	11 - LIMITED TO EMPLOYMENT	DRUG TEST TYPE	
1 - NONE USED	10 - SLEEPER SECTION OF TRUCK CAB	3 - FREED BY NON-MECHANICAL MEANS	N - TANKER	12 - LIMITED - OTHER	1 - APPARENTLY NORMAL	1 - NONE
2 - SHOULDER BELT ONLY USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	OL ENDORSEMENT		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - PHYSICAL IMPAIRMENT	2 - BLOOD
3 - LAP BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	H - HAZMAT	Q - MOTOR SCOOTER	14 - MILITARY VEHICLES ONLY	3 - EMOTIONAL (E.G., DEPRESSED ANGRY DISTURBED)	3 - URINE
4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT	M - MOTORCYCLE	R - THREE-WHEEL MOTORCYCLE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - ILLNESS	4 - OTHER
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	P - PASSENGER	S - SCHOOL BUS	16 - OUTSIDE MIRROR	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST	N - TANKER	T - DOUBLE & TRIPLE TRAILERS	17 - PROSTHETIC AID	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - BREATH
7 - BOOSTER SEAT	99 - OTHER / UNKNOWN	Q - MOTOR SCOOTER	X - TANKER / HAZMAT	18 - OTHER	9 - OTHER / UNKNOWN	7 - OTHER
8 - HELMET USED	GENDER		CONDITION		DRUG TEST RESULT(S)	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	F - FEMALE	F - FEMALE	1 - APPARENTLY NORMAL	1 - AMPHETAMINES	1 - NONE	1 - AMPHETAMINES
10 - REFLECTIVE CLOTHING	M - MALE	M - MALE	2 - PHYSICAL IMPAIRMENT	2 - BARBITURATES	2 - BLOOD	2 - BARBITURATES
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	U - OTHER / UNKNOWN	U - OTHER / UNKNOWN	3 - EMOTIONAL (E.G., DEPRESSED ANGRY DISTURBED)	3 - BENZODIAZEPINES	3 - URINE	3 - BENZODIAZEPINES
99 - OTHER / UNKNOWN			4 - ILLNESS	4 - CANNABINOIDS	4 - OTHER	4 - CANNABINOIDS
				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - OTHER	5 - COCAINE
				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - BREATH	6 - OPIATES / OPIOIDS
				9 - OTHER / UNKNOWN	7 - OTHER	7 - OTHER
					8 - NEGATIVE RESULTS	8 - NEGATIVE RESULTS



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER			
2	0	2	1
-	0	0	1
2	0	3	0

OCCUPANT	UNIT # 01	NAME: LAST, FIRST, MIDDLE HOFFMEIER, SOPHIE, ELIZABETH	DATE OF BIRTH 11 / 29 / 1998	AGE 22	GENDER F				
	ADDRESS: STREET, CITY, STATE, ZIP 70 PARMELEE DR, Hudson, OH 44236		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, 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0, 3	AIR BAG USAGE 2, 2	EJECTION 1

OCCUPANT	UNIT # 01	NAME: LAST, FIRST, MIDDLE KUSHNER, GRACE, ELIZABETH	DATE OF BIRTH 04 / 15 / 2000	AGE 21	GENDER F				
	ADDRESS: STREET, CITY, STATE, ZIP 3892 N GLENRIDGE RD, Green, OH 44319		CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0, 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0, 6	AIR BAG USAGE 2, 2	EJECTION 1

OCCUPANT	UNIT # 01	NAME: LAST, FIRST, MIDDLE BULLOCK, MEREDITH, LEE	DATE OF BIRTH 08 / 03 / 1997	AGE 23	GENDER F				
	ADDRESS: STREET, CITY, STATE, ZIP 1604 E MAIN ST 3, 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, 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0, 4	AIR BAG USAGE 2, 2	EJECTION 1

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER				
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OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION

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

LOCAL REPORT NUMBER

2 0 2 1 - 0 0 0 1 2 0 3 0

Ptl. Womack #258