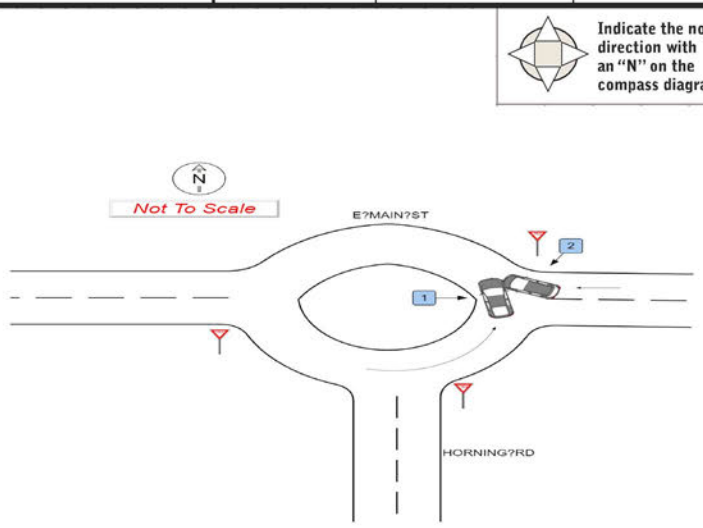
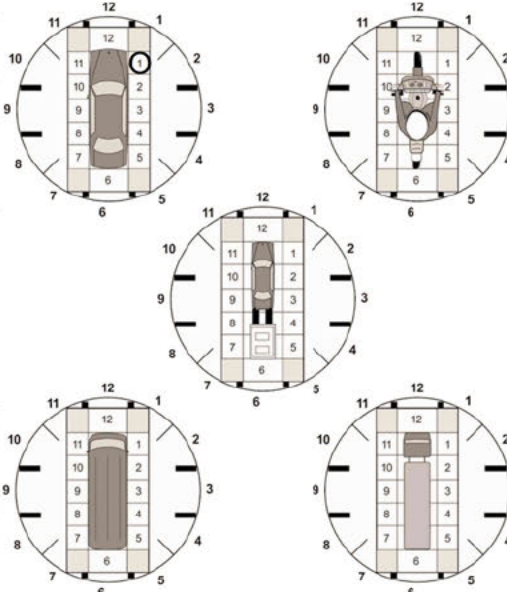
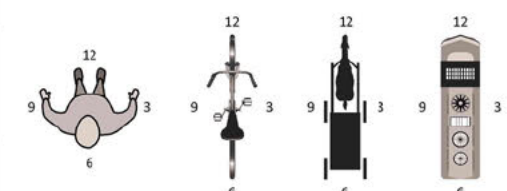
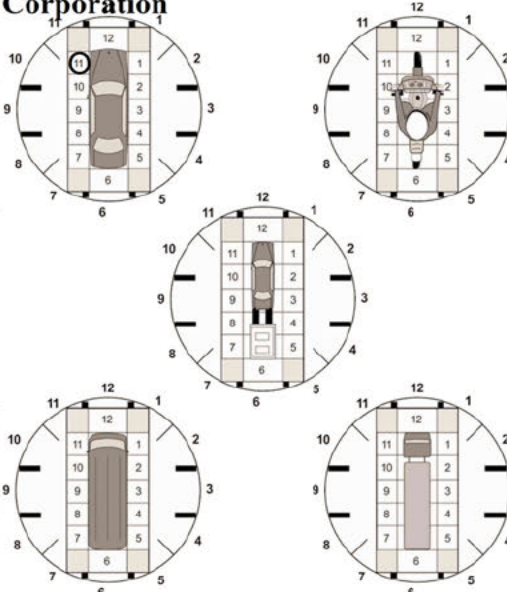


| | | | | | | | | | | | |
|---|------------|---|-------------------------------|---|--|---------------------------|---------------------|--|----------------------------|---|------------------------------------|
| <input type="checkbox"/> PHOTOS TAKEN | | <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | | 2 0 2 6 - 0 0 0 0 1 0 7 3 | | | | | |
| <input type="checkbox"/> SECONDARY CRASH | | <input checked="" 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 | 1 - SOLVED 2 - UNSOLVED | 0 2 | 0 2 98 - ANIMAL 99 - UNKNOWN |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | | | CRASH DATE / TIME* | | CRASH SEVERITY | | | |
| 6 7 | 1 | Kent | | | | 0 1 2 4 2 0 2 5 / 2 1 3 2 | | 5 | | | |
| LOCATION | ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME | | ROUTE TYPE | LATITUDE | CRASH SEVERITY | | | |
| | S R | 5 9 | 3 | MAIN | | S T | 4 1 . 1 5 3 8 5 6 | 1 - FATAL | | | |
| REFERENCE | ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | | ROUTE TYPE | LONGITUDE | 2 - SERIOUS INJURY SUSPECTED | | | |
| | | | | HORNING | | R D | - 8 1 . 3 3 8 9 0 2 | 3 - MINOR INJURY SUSPECTED | | | |
| REFERENCE POINT | | DIRECTION FROM REFERENCE | | ROUTE TYPE | | ROAD TYPE | | INTERSECTION RELATED | | | |
| 1 - INTERSECTION | | 1 - NORTH | | IR - INTERSTATE ROUTE (TP) | | AL - ALLEY | | <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH | | | |
| 2 - MILE POST | | 2 - SOUTH | | US - FEDERAL US ROUTE | | AV - AVENUE | | <input type="checkbox"/> WITHIN INTERCHANGE AREA | | | |
| 3 - HOUSE # | | 3 - EAST | | SR - STATE ROUTE | | BL - BOULEVARD | | NUMBER OF APPROACHES | | | |
| | | 4 - WEST | | CR - NUMBERED COUNTY ROUTE | | MP - MILEPOST | | 3 | | | |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE | | TR - NUMBERED TOWNSHIP ROUTE | | OV - OVAL | | ROADWAY | | | |
| | | 1 - MILES | | | | CT - COURT | | <input type="checkbox"/> ROADWAY DIVIDED | | | |
| | | 2 - FEET | | | | PK - PARKWAY | | | | | |
| | | 3 - YARDS | | | | DR - DRIVE | | | | | |
| | | | | | | PI - PIKE | | | | | |
| | | | | | | WA - WAY | | | | | |
| | | | | | | PL - PLACE | | | | | |
| LOCATION OF FIRST HARMFUL EVENT | | | | MANNER OF CRASH COLLISION/IMPACT | | | | DIRECTION OF TRAVEL | | MEDIAN TYPE | |
| 1 - ON ROADWAY | | | | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT | | | | 1 - NORTH | | 1 - DIVIDED FLUSH MEDIAN (<4 FEET) | |
| 2 - ON SHOULDER | | | | 2 - REAR-END | | | | 2 - SOUTH | | 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) | |
| 3 - IN MEDIAN | | | | 3 - HEAD-ON | | | | 3 - EAST | | 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) | |
| 4 - ON ROADSIDE | | | | 4 - REAR-TO-REAR | | | | 4 - WEST | | 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) | |
| 5 - ON GORE | | | | 5 - BACKING | | | | | | 9 - OTHER/UNKNOWN | |
| 6 - OUTSIDE TRAFFIC WAY | | | | 6 - ANGLE | | | | | | | |
| 7 - ON RAMP | | | | 7 - SIDESWIPE, SAME DIRECTION | | | | | | | |
| 8 - OFF RAMP | | | | 8 - SIDESWIPE, OPPOSITE DIRECTION | | | | | | | |
| 9 - CROSSOVER | | | | 9 - OTHER / UNKNOWN | | | | | | | |
| 10 - DRIVEWAY/ALLEY ACCESS | | | | | | | | | | | |
| 11 - RAILWAY GRADE CROSSING | | | | | | | | | | | |
| 12 - SHARED USE PATHS OR TRAILS | | | | | | | | | | | |
| 13 - BIKE LANE | | | | | | | | | | | |
| 14 - TOLL BOOTH | | | | | | | | | | | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | |
| <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 | | 1 | | 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 - 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 IN THE ROUNDABOUT ON E MAIN ST AT HORNING RD. UNIT 2 WAS TRAVELING WESTBOUND ON E MAIN ST, ENTERING THE ROUNDABOUT AT HORNING RD. UNIT 2 FAILED TO YIELD TO UNIT 1 IN THE ROUNDABOUT, CAUSING UNIT 2 TO STRIKE UNIT 1. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | | REPORT TAKEN BY | | | |
| 0 1 2 4 2 0 2 6 / 2 1 3 2 | | 0 1 2 4 2 0 2 6 / 2 1 3 3 | | 0 1 2 4 2 0 2 6 / 2 1 4 0 | | 0 1 2 4 2 0 2 6 / 2 1 5 2 | | <input checked="" type="checkbox"/> POLICE AGENCY | | | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | | OFFICER'S NAME* | | CHECKED BY OFFICER'S NAME* | | <input type="checkbox"/> MOTORIST | |
| 0 0 0 | | 0 1 0 | | 0 2 9 | | Strebel, Tyler Austin | | Nelson, Josh | | <input type="checkbox"/> SUPPLEMENT | |
| | | | | | | OFFICER'S BADGE NUMBER* | | CHECKED BY OFFICER'S BADGE NUMBER* | | (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) | |
| 0 0 0 | | 0 1 0 | | 0 2 9 | | 2 3 5 | | 2 3 2 | | | |

| | | | | | |
|---|--|---|--|--|----------------------------------|
| OWNER | UNIT # 0 1 | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) DRUHOT, KELSEY, DIANE | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1) | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 63 GAYLORD DR, Munroe Falls, OH 44262 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE O H | LICENSE PLATE # JVD8533 | VEHICLE IDENTIFICATION # 1 GNE K13 ZX2 J 2 9 5 1 9 2 | VEHICLE YEAR 2 0 0 2 | VEHICLE MAKE Chevrolet |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY progressive | INSURANCE POLICY # 914168165 | COLOR MAR | VEHICLE MODEL TAHOE |
| | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE | TOWED BY: COMPANY NAME | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 0 2 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | |
| | TYPE OF USE | | US DOT # | VEHICLE WEIGHT GVWR/GCWR | |
| | <input type="checkbox"/> PASSENGER CAR | | <input type="checkbox"/> MOTORCYCLE 2-WHEELED | <input type="checkbox"/> GOLF CART | |
| | <input type="checkbox"/> PASSENGER VAN (MINIVAN) | | <input type="checkbox"/> MOTORCYCLE 3-WHEELED | <input type="checkbox"/> SNOWMOBILE | |
| | <input type="checkbox"/> SPORT UTILITY VEHICLE | | <input type="checkbox"/> AUTOCYCLE | <input type="checkbox"/> SINGLE UNIT TRUCK | |
| | <input type="checkbox"/> PICK UP | | <input type="checkbox"/> MOPED OR MOTORIZED BICYCLE | <input type="checkbox"/> SEMI-TRACTOR | |
| | <input type="checkbox"/> CARGO VAN | | <input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV) | <input type="checkbox"/> FARM EQUIPMENT | |
| <input type="checkbox"/> VAN (9-15 SEATS) | | | <input type="checkbox"/> MOTORHOME | | |
| # OF TRAILING UNITS 00 | | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER/UNKNOWN | | | |
| AUTONOMOUS MODE LEVEL 0 | | 1-NO AUTOMATION 2-PARTIAL AUTOMATION 3-CONDITIONAL AUTOMATION 4-HIGH AUTOMATION 5-FULL AUTOMATION 9-UNKNOWN | | | |
| SPECIAL FUNCTION 0 1 | | 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-MAIL CARRIER 21-OTHER / UNKNOWN | | | |
| CARGO BODY TYPE 0 1 | | 1-NO CARGO BODY TYPE / NOT APPLICABLE 2-BUS 3-VEHICLE TOWING ANOTHER MOTORVEHICLE 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 | | | |
| VEHICLE DEFECTS 0 1 | | 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 | | | |
| NON-MOTORIST LOCATION AT IMPACT 0 1 | | 1-INTERSECTION - MARKED CROSSWALK 2-INTERSECTION - UNMARKED CROSSWALK 3-INTERSECTION - OTHER 4-MIDBLOCK - MARKED CROSSWALK 5-TRAVEL LANE - OTHER LOCATION 6-BICYCLE LANE 7-SHOULDER / ROADSIDE 8-SIDEWALK 9-MEDIAN/CROSSING ISLAND 10-DRIVEWAY ACCESS 11-SHARED USE PATHS OR TRAILS 12-FIRST RESPONDER AT INCIDENT SCENE 99-OTHER / UNKNOWN | | | |
| ACTION 5 | | 1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK 9-OTHER / UNKNOWN 1-STRIGHT 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 | | | |
| CONTRIBUTING CIRCUMSTANCES 0 1 | | 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-WRONG WAY 17-VISION OBSTRUCTION 18-OPERATING DEFECTIVE EQUIPMENT 19-LOAD SHIFTING/FALLING/SPILLING 20-IMPROPER CROSSING 21-LYING IN ROADWAY 22-NOT DISCERNIBLE 23-OPENING DOOR INTO ROADWAY 99-OTHER IMPROPER ACTION | | | |
| SEQUENCE OF EVENTS | | NON-COLLISION 1-OVERTURN/ROLLOVER 2-FIRE/EXPLOSION 3-IMMERSION 4-JACKKNIFE 5-CARGO / EQUIPMENT LOSS OR SHIFT 6-EQUIPMENT FAILURE 7-SEPARATION OF UNITS 8-RAN OFF ROAD RIGHT 9-RAN OFF ROAD LEFT 10-CROSS MEDIAN 11-CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12-DOWNHILL RUNAWAY 13-OTHER NON-COLLISION 14-PEDESTRIAN 15-PEDALCYCLE 16-RAILWAY VEHICLE 17-ANIMAL - FARM 18-ANIMAL - DEER 19-ANIMAL - OTHER 20-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTORVEHICLE 22-WORK ZONE MAINTENANCE EQUIPMENT 23-STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24-OTHER MOVABLE OBJECT | | | |
| COLLISION WITH FIXED OBJECT - STRUCK | | 25-IMPACT ATTENUATOR / CRASH CUSHION 26-BRIDGE OVERHEAD STRUCTURE 27-BRIDGE PIER OR ABUTMENT 28-BRIDGE PARAPET 29-BRIDGE RAIL 30-GUARDRAIL FACE 31-GUARDRAIL END 32-PORTABLE BARRIER 33-MEDIAN CABLE BARRIER 34-MEDIAN GUARDRAIL BARRIER 35-MEDIAN CONCRETE BARRIER 36-MEDIAN OTHER BARRIER 37-TRAFFIC SIGN POST 38-OVERHEAD SIGN POST 39-LIGHT / LUMINARIES SUPPORT 40-UTILITY POLE 41-OTHER POST, POLE OR SUPPORT 42-CULVERT 43-CURB 44-DITCH 45-EMBANKMENT 46-FENCE 47-MAILBOX 48-TREE 49-FIRE HYDRANT 50-WORK ZONE MAINTENANCE EQUIPMENT 51-WALL 52-BUILDING 53-TUNNEL 54-OTHER FIXED OBJECT 99-OTHER / UNKNOWN | | | |
| FIRST HARMFUL EVENT 1 | | MOST HARMFUL EVENT 1 | | | |

| | |
|--|---|
| LOCAL REPORT NUMBER 2 0 2 6 - 0 0 0 0 1 0 7 3 | |
| DAMAGE DAMAGE SCALE 2 1-NONE 3-FUNCTIONAL DAMAGE 2-MINOR DAMAGE 4-DISABLING DAMAGE 9-UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
|  | |
|  | |
| <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 0 1 0-NO DAMAGE 14-UNDERCARRIAGE 1-12-REFER TO UNIT DIAGRAM 15-VEHICLE NOT AT SCENE 13-TOP 99-UNKNOWN | |
| TRAFFIC TRAFFICWAY FLOW 1 1-ONE-WAY 2-TWO-WAY TRAFFIC CONTROL 1 1-ROUNDBOUT 4-STOP SIGN 2-SIGNAL 5-YIELD SIGN 3-FLASHER 6-NO CONTROL | |
| # OF THROUGH LANES ON ROAD 3 | RAIL GRADE CROSSING 1 1-NOT INVOLVED 2-INVOLVED-ACTIVE CROSSING 3-INVOLVED-PASSIVE CROSSING |
| 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 0 1 0 | DETECTED SPEED 1 1-STATED / ESTIMATED SPEED 2-CALCULATED / EDR 3-UNDETERMINED |
| POSTED SPEED 3 5 | |

| | | | | | |
|---|---|---|---|---|-----------------------------------|
| OWNER | UNIT # 0 2 | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) LITTLE, ANTHONY, LEE | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1) | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 16431 MAHONING AVE, LAKE MILTON, OH 44429 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE O H | LICENSE PLATE # KSG1370 | VEHICLE IDENTIFICATION # 3 KPF3 4 AD6 KE1 1 3 7 8 0 | VEHICLE YEAR 2 0 1 9 | VEHICLE MAKE Kia Motors |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY progressive | INSURANCE POLICY # 40568200 | COLOR BLK | VEHICLE MODEL FORTE |
| | 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 | | #OCCUPANTS 0 1 | 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. | | | | |
| | UNIT TYPE 0 1 | | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 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 | | |
| | # OF TRAILING UNITS 00 | | | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | | |
| | SPECIAL FUNCTION 0 1 | | 1 - NONE 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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | | |
| | CARGO BODY TYPE 0 1 | | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 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 | | |
| VEHICLE DEFECTS | | 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 | | | |
| NON-MOTORIST LOCATION AT IMPACT | | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN | | | |
| ACTION 5 | | 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 | | | |
| CONTRIBUTING CIRCUMSTANCES 0 2 | | 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 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION | | | |
| SEQUENCE OF EVENTS | | NON-COLLISION 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTORVEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT | | | |
| COLLISION WITH FIXED OBJECT - STRUCK | | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | | | |
| FIRST HARMFUL EVENT 1 | | MOST HARMFUL EVENT 1 | | | |

| | |
|---|---|
| LOCAL REPORT NUMBER 2 0 2 6 - 0 0 0 0 1 0 7 3 | |
| DAMAGE DAMAGE SCALE 2 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY  <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 1 1 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN | |
| TRAFFIC TRAFFICWAY FLOW 1 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 1 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL | |
| # OF THROUGH LANES ON ROAD 3 | RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 0 1 0 | 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 6 - 0 0 0 0 1 0 7 3 | | | | | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | |
| 0 1 | DRUHOT, AIDEN, JAMES | | | | 0 5 2 5 2 0 0 5 | | 1 9 | M | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| 16455 VERNON DR, PARKMAN, OH 44080 | | | | | REDACTED PER ORC 149.43(A)(1) | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| 5 | | | | | 0 4 | <input type="checkbox"/> | 0 1 | 1 | 1 | 1 | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | |
| O H | REDACTED PER ORC 4501:1-12 | | | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | | |
| 4 | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | 1 | STATUS | TYPE | VALUE | STATUS | TYPE | RESULT SELECT UP TO 4 | |
| | | | | | | | 1 | 1 | | 1 | 1 | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | |
| 0 2 | LITTLE, ANTHONY, LEE | | | | 0 3 1 9 1 9 9 8 | | 2 6 | M | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| 16431 MAHONING AVE, LAKE MILTON, OH 44429 | | | | | REDACTED PER ORC 149.43(A)(1) | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| 5 | | | | | 0 4 | <input type="checkbox"/> | 0 1 | 1 | 1 | 1 | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | |
| O H | REDACTED PER ORC 4501:1-12 | | 331.18 | | X | Operation of Vehicle | | 10039 | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | | |
| 4 | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | 1 | STATUS | TYPE | VALUE | STATUS | TYPE | RESULT SELECT UP TO 4 | |
| | | | | | | | 1 | 1 | | 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 | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| | | | | | | <input type="checkbox"/> | | | | | | | |
| 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 | | 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 MOPEL 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 | | 6 - PASSENGER | | ALCOHOL TEST TYPE | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | EJECTION | | H - HAZMAT | | 7 - EXCEPT TRACTOR-TRAILER | | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | 1 - NONE | |
| 2 - EMS | | 8 - THIRD - MIDDLE | | 1 - NOT EJECTED | | M - MOTORCYCLE | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | | 2 - BLOOD | |
| 3 - POLICE | | 9 - THIRD - RIGHT SIDE | | 2 - PARTIALLY EJECTED | | P - PASSENGER | | 9 - LEARNER'S PERMIT RESTRICTIONS | | 9 - OTHER / UNKNOWN | | 3 - URINE | |
| 9 - OTHER / UNKNOWN | | 10 - SLEEPER SECTION OF TRUCK CAB | | 3 - TOTALLY EJECTED | | N - TANKER | | 10 - LIMITED TO DAYLIGHT ONLY | | CONDITION | | 4 - BREATH | |
| SAFETY EQUIPMENT | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 4 - NOT APPLICABLE | | Q - MOTOR SCOOTER | | 11 - LIMITED TO EMPLOYMENT | | 1 - APPARENTLY NORMAL | | 5 - OTHER | |
| 1 - NONE USED | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | TRAPPED | | R - THREE-WHEEL MOTORCYCLE | | 12 - LIMITED - OTHER | | 2 - PHYSICAL IMPAIRMENT | | DRUG TEST TYPE | |
| 2 - SHOULDER BELT ONLY USED | | 13 - TRAILING UNIT | | 1 - NOT TRAPPED | | S - SCHOOL BUS | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | | 1 - NONE | |
| 3 - LAP BELT ONLY USED | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 2 - EXTRICATED BY MECHANICAL MEANS | | T - DOUBLE & TRIPLE TRAILERS | | 14 - MILITARY VEHICLES ONLY | | 4 - ILLNESS | | 2 - BLOOD | |
| 4 - SHOULDER & LAP BELT USED | | 15 - NON-MOTORIST | | 3 - FREED BY NON-MECHANICAL MEANS | | X - TANKER / HAZMAT | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | 3 - URINE | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | 99 - OTHER / UNKNOWN | | GENDER | | | | 16 - OUTSIDE MIRROR | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | 4 - OTHER | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | | F - FEMALE | | | | 17 - PROSTHETIC AID | | 9 - OTHER / UNKNOWN | | DRUG TEST RESULT(S) | |
| 7 - BOOSTER SEAT | | | | M - MALE | | | | 18 - OTHER | | | | 1 - AMPHETAMINES | |
| 8 - HELMET USED | | | | U - OTHER / UNKNOWN | | | | | | | | 2 - BARBITURATES | |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | 3 - BENZODIAZEPINES | |
| 10 - REFLECTIVE CLOTHING | | | | | | | | | | | | 4 - CANNABINOIDS | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | | 5 - COCAINE | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | | 6 - OPIATES / OPIOIDS | |
| | | | | | | | | | | | | 7 - OTHER | |
| | | | | | | | | | | | | 8 - NEGATIVE RESULTS | |

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 6 - 0 0 0 0 1 0 7 3

| | | | | | | | | | | |
|----------|---|---|-------------------|---|-------------------------------------|---|--------------------------------|---------------------------|----------------------|---------------------|
| OCCUPANT | UNIT # 01 | NAME: LAST, FIRST, MIDDLE MORRIS, MICAH, JOSIAH | | | | DATE OF BIRTH 0 5 1 8 2 0 0 4 | | AGE 2 0 | GENDER M | |
| | ADDRESS: STREET, CITY, STATE, ZIP 14809 THOMPSON AVE, MIDDLEFIELD, OH 44062 | | | | | CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1) | | | | |
| | 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 3 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 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 | TRAPPED |
| 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 | TRAPPED |
| 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 | TRAPPED |

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

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