

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2023-00012432

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME* <b>City of Kent Police</b>
<input type="checkbox"/> PRIVATE PROPERTY	NCIC* <b>06703</b>		HIT/SKIP 1 - SOLVED 2 - UNSOLVED
COUNTY* <b>67</b> LOCALITY* <b>1</b> LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Kent</b>			NUMBER OF UNITS <b>02</b>
ROUTE TYPE ROUTE NUMBER PREFIX LOCATION ROAD NAME ROAD TYPE			UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN

CRASH DATE / TIME* <b>08092023/1353</b>	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
LATITUDE DECIMAL DEGREES <b>41.141344</b>	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED
LONGITUDE DECIMAL DEGREES <b>-81.360668</b>	

REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>1</b>	DIRECTION FROM REFERENCE N - NORTH S - SOUTH E - EAST W - WEST <b>1</b>	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 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	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
DISTANCE FROM REFERENCE <b>5</b>	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS <b>3</b>	ROUTE TYPE FRANKLIN CHERRY	ROAD TYPE <b>AV</b> <b>ST</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 <b>01</b>	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 <b>5</b>	DIRECTION OF TRAVEL N - NORTH S - SOUTH E - EAST W - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN
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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 <b>1</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	CONDITIONS <b>1</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE <b>1</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
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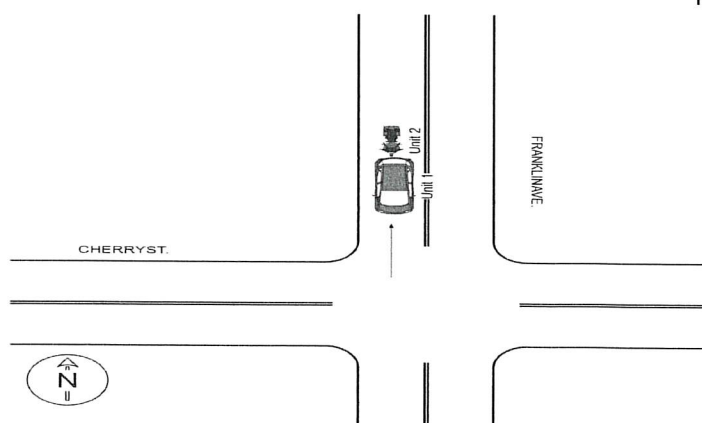
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN <b>1</b>	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN <b>01</b>
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NARRATIVE

**UNIT 2 WAS SOUTHBOUND ON FRANKLIN AVE. STOPPED IN TRAFFIC ON FRANKLIN AVE. AT CHERRY ST. UNIT 1 WAS IN FRONT OF UNIT 2. UNIT 1 BEGAN TO REVERSE AND STRUCK UNIT 2.**



Indicate the north direction with an "N" on the compass diagram.



CHERRYST.

FRANKLIN AVE.

Unit 1

Unit 2

Not To Scale

CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES
OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*
OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*

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

OWNER INFORMATION: UNIT # 01, OWNER NAME: STANDEN, KRISTY, LEA, OWNER ADDRESS: 238 CHERRY ST, Kent, OH 44240, OWNER PHONE: Redacted per ORC 149.43 (A)(1)(m)

VEHICLE IDENTIFICATION: LP STATE OH, LICENSE PLATE # Q073211, VEHICLE IDENTIFICATION # W08A1T271985038789, VEHICLE YEAR 2008, VEHICLE MAKE Saturn, VEHICLE MODEL ASTRA, COLOR BLK

TYPE OF USE: COMMERCIAL, GOVERNMENT, IN EMERGENCY RESPONSE. US DOT #, TOWED BY: COMPANY NAME. HAZARDOUS MATERIAL CLASS #, PLACARD ID #.

UNIT TYPE: 01 (Passenger Car). # OF TRAILING UNITS. WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 (Yes).

SPECIAL FUNCTION: 01 (None). CARGO BODY TYPE: 01 (None). VEHICLE DEFECTS: 01 (None).

NON-MOTORIST LOCATION AT IMPACT: 01 (None). ACTION: 03 (Striking). PRE-CRASH ACTIONS: 02 (Backing).

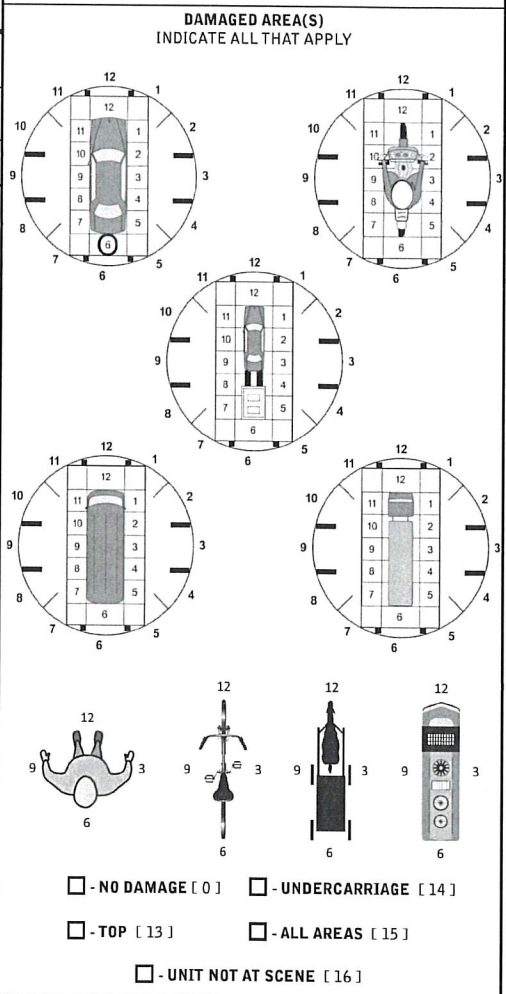
CONTRIBUTING CIRCUMSTANCES: 1, 2 (None, Failure to Yield). SEQUENCE OF EVENTS: 1, 2, 0 (Overturn/Rollover).

NON-COLLISION: 11 (Cross Centerline - Opposite Direction of Travel). COLLISION WITH FIXED OBJECT - STRUCK: 31 (Guardrail End).

FIRST HARMFUL EVENT, MOST HARMFUL EVENT. UNIT SPEED, POSTED SPEED, DETECTED SPEED.

LOCAL REPORT NUMBER: 2023-00012432

DAMAGE: DAMAGE SCALE 2 (Minor Damage). DAMAGE SCALE: 1 - NONE, 2 - MINOR DAMAGE, 3 - FUNCTIONAL DAMAGE, 4 - DISABLING DAMAGE, 9 - UNKNOWN.



INITIAL POINT OF CONTACT: 06 (Refer to Unit Diagram). INITIAL POINT OF CONTACT: 0 - NO DAMAGE, 1-12 - REFER TO UNIT DIAGRAM, 13 - TOP, 14 - UNDERCARRIAGE, 15 - VEHICLE NOT AT SCENE, 99 - UNKNOWN.

TRAFFIC: TRAFFICWAY FLOW 2 (Two-Way), TRAFFIC CONTROL 2 (Signal), # OF THROUGH LANES ON ROAD 2, RAIL GRADE CROSSING 1 (Involved-Active Crossing).

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

UNIT SPEED, POSTED SPEED, DETECTED SPEED.

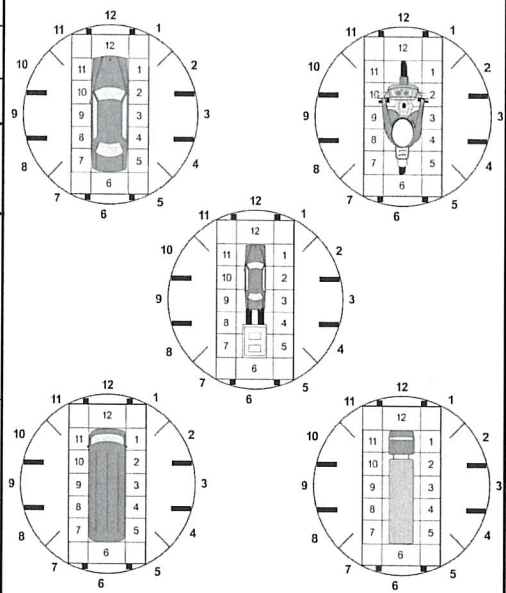
OWNER INFORMATION: UNIT # 02, OWNER NAME: DOLIN, JOHN, W, OWNER PHONE: Redacted per ORC 149.43 (A)(1)(m), OWNER ADDRESS: 5751 5, Charlestown, OH 44266

LOCAL REPORT NUMBER: 2023-00012432

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

VEHICLE IDENTIFICATION: LP STATE OH, LICENSE PLATE LAT89, VEHICLE IDENTIFICATION # 1HFS C22 02 NA 40 1 5 8 2, VEHICLE YEAR 1992, VEHICLE MAKE Honda, VEHICLE MODEL GL1500A

DAMAGED AREA(S) INDICATE ALL THAT APPLY



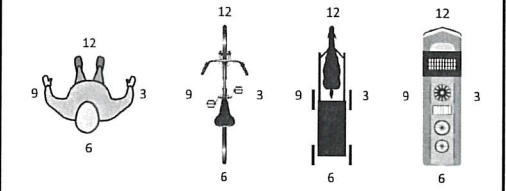
VEHICLE TYPE: 07, TYPE OF USE: PASSENGER CAR, INSURANCE COMPANY: GEICO, INSURANCE POLICY # 6018877386, COLOR RED, HAZARDOUS MATERIAL CLASS #

VEHICLE WEIGHT GVWR/GCWR: 2, AUTONOMOUS MODE WHEN CRASH OCCURRED: 0, AUTONOMOUS MODE LEVEL: 0

SPECIAL FUNCTION: 01, 1 - NONE, 2 - TAXI, 3 - ELECTRONIC RIDE SHARING, 4 - SCHOOL TRANSPORT, 5 - BUS - TRANSIT/COMMUTER

CARGO BODY TYPE: 01, 1 - NO CARGO BODY TYPE / NOT APPLICABLE, 2 - BUS, 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE, 4 - LOGGING

VEHICLE DEFECTS: 1 - TURN SIGNALS, 2 - HEAD LAMPS, 3 - TAIL LAMPS, 4 - BRAKES, 5 - STEERING, 6 - TIRE BLOWOUT



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

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

ACTION: 4, PRE-CRASH ACTIONS: 11, 1 - NON-CONTACT, 2 - NON-COLLISION, 3 - STRIKING, 4 - STRUCK, 5 - BOTH STRIKING & STRUCK, 9 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT: 12, 0 - NO DAMAGE, 14 - UNDERCARRIAGE, 15 - VEHICLE NOT AT SCENE, 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES: 01, 1 - NONE, 2 - FAILURE TO YIELD, 3 - RAN RED LIGHT, 4 - RAN STOP SIGN, 5 - UNSAFE SPEED, 6 - IMPROPER TURN

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

SEQUENCE OF EVENTS: 120, 1 - OVERTURN/ROLLOVER, 2 - FIRE/EXPLOSION, 3 - IMMERSION, 4 - JACKKNIFE, 5 - CARGO / EQUIPMENT LOSS OR SHIFT

# of THROUGH LANES ON ROAD: 2, RAIL GRADE CROSSING: 1, 1 - NOT INVOLVED, 2 - INVOLVED-ACTIVE CROSSING, 3 - INVOLVED-PASSIVE CROSSING

COLLISION WITH FIXED OBJECT - STRUCK: 4, 25 - IMPACT ATTENUATOR / CRASH CUSHION, 26 - BRIDGE OVERHEAD STRUCTURE, 27 - BRIDGE PIER OR ABUTMENT, 28 - BRIDGE PARAPET, 29 - BRIDGE RAIL, 30 - GUARDRAIL FACE

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

FIRST HARMFUL EVENT, MOST HARMFUL EVENT

UNIT SPEED, POSTED SPEED, DETECTED SPEED: 1 - STATED / ESTIMATED SPEED, 2 - CALCULATED / EDR, 3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 3 - 0 0 0 1 2 4 3 2

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE STANDEN, KRISTY, LEA				DATE OF BIRTH 1 0 2 9 1 9 8 2		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP 238 CHERRY ST, Kent, OH 44240				CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION	TRAPPED
OL STATE O, H	OPERATOR LICENSE NUMBER Redacted per ORC 4501:1-12		OFFENSE CHARGED 331.13	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Starting and Backing			CITATION NUMBER 25320		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE DOLIN, JOHN, W				DATE OF BIRTH 0 6 1 2 1 9 6 1		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP 5751 STHY 5, Charlestown, OH 44266				CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43						
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 1	AIR BAG USAGE 5	EJECTION	TRAPPED
OL STATE O, H	OPERATOR LICENSE NUMBER Redacted per ORC 4501:1-12		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE 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 <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
<b>INJURED TAKEN BY</b>	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	7 - EXCEPT TRACTOR-TRAILER	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	9 - OTHER / UNKNOWN	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	<b>CONDITION</b>	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	1 - APPARENTLY NORMAL	4 - BREATH
<b>SAFETY EQUIPMENT</b>	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	2 - PHYSICAL IMPAIRMENT	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	<b>DRUG TEST TYPE</b>
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	4 - ILLNESS	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS /ALCOHOL	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	9 - OTHER / UNKNOWN	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING			<b>GENDER</b>	17 - PROSTHETIC AID		<b>DRUG TEST RESULT(S)</b>
7 - BOOSTER SEAT			F - FEMALE	18 - OTHER		1 - AMPHETAMINES
8 - HELMET USED			M - MALE			2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			U - OTHER / UNKNOWN			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 3 - 0 0 0 1 2 4 3 2

<b>OCCUPANT</b>	UNIT # <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>DOLIN, PATRICIA, ANN</b>	DATE OF BIRTH <b>1 2 0 4 1 9 6 5</b>	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP <b>5751 STATE ,RAVENNA ,OH 44266</b>		CONTACT PHONE - INCLUDE AREA CODE <b>Redacted per QRC 149.43</b>		
	INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0 1</b>

<b>OCCUPANT</b>	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

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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

<b>OCCUPANT</b>	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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

<b>WITNESS</b>	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

<b>WITNESS</b>	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

<b>WITNESS</b>	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