



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 0 2 1 - 0 0 0 0 3 0 3 8

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 PRIVATE PROPERTY

LOCAL INFORMATION
 REPORTING AGENCY NAME*
City of Kent Police
 NCIC*
0 6 7 0 3

HIT/SKIP
 1 - SOLVED **0 1**
 2 - UNSOLVED
 NUMBER OF UNITS
0 1
 UNIT IN ERROR
 98 - ANIMAL
 99 - UNKNOWN
0 1

COUNTY* **6 7** LOCALITY* **1** LOCATION: CITY, VILLAGE, TOWNSHIP*
Kent

CRASH DATE / TIME*
03012021/0248
 CRASH SEVERITY
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY
5

ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
LONGMERE
 ROAD TYPE
D R

LATITUDE DECIMAL DEGREES
41.147690

ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
NORWOOD
 ROAD TYPE
S T

LONGITUDE DECIMAL DEGREES
-81.377560

REFERENCE POINT
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #
1
 DIRECTION FROM REFERENCE
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

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 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
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA
 NUMBER OF APPROACHES
 ROADWAY
 ROADWAY DIVIDED

DISTANCE FROM REFERENCE
 DISTANCE UNIT OF MEASURE
 1 - MILES
 2 - FEET
 3 - YARDS

LOCATION OF FIRST HARMFUL EVENT
 1 - ON ROADWAY
 2 - ON SHOULDER
 3 - IN MEDIAN
 4 - ON ROADSIDE
 5 - ON GORE
 6 - OUTSIDE TRAFFIC WAY
 7 - ON RAMP
 8 - OFF RAMP
 9 - CROSSOVER
 10 - DRIVEWAY/ALLEY ACCESS
 11 - RAILWAY GRADE CROSSING
 12 - SHARED USE PATHS OR TRAILS
 13 - BIKE LANE
 14 - TOLL BOOTH
 99 - OTHER / UNKNOWN
0 1
 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
1

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

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE

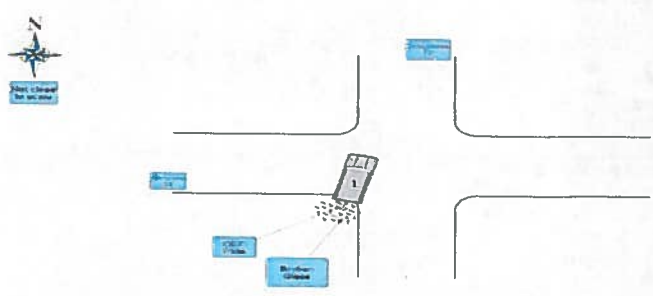
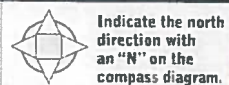
WORK ZONE TYPE
 1 - LANE CLOSURE
 2 - LANE SHIFT/CROSSOVER
 3 - WORK ON SHOULDER OR MEDIAN
 4 - INTERMITTENT OR MOVING WORK
 5 - OTHER
 LOCATION OF CRASH IN WORK ZONE
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
 2 - ADVANCE WARNING AREA
 3 - TRANSITION AREA
 4 - ACTIVITY AREA
 5 - TERMINATION AREA

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

LIGHT CONDITION
3
 1 - DAYLIGHT
 2 - DAWN/DUSK
 3 - DARK - LIGHTED ROADWAY
 4 - DARK - ROADWAY NOT LIGHTED
 5 - DARK - UNKNOWN ROADWAY LIGHTING
 9 - OTHER / UNKNOWN

WEATHER
0 2
 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

NARRATIVE
UNIT #1 WAS BACKING UP ON LONGMERE TO TURN ONTO NORWOOD. UNIT #1 STRUCK A UTILITY POLE. THERE WAS NO VISIBLE DAMAGE DONE TO THE POLE. THE LABEL INDICATED THAT IT WAS OWNED BY OEC. THE POLE # WAS 59BD2D-13.



CRASH REPORTED DATE / TIME
03012021/0248
 DISPATCH DATE / TIME
03012021/0249
 ARRIVAL DATE / TIME
03012021/0252
 SCENE CLEARED DATE / TIME
03012021/0321
 REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXIST. REPORT) (SEE 7.2.1.1)

TOTAL TIME ROADWAY CLOSED
0 0 0
 OTHER INVESTIGATION TIME
0 3 0
 TOTAL MINUTES
0 6 2

OFFICER'S NAME*
Oldham, Peter Drake
 OFFICER'S BADGE NUMBER*
2 1 8

CHECKED BY OFFICER'S NAME*
Wheeler, George
 CHECKED BY OFFICER'S BADGE NUMBER*
2 4 3

OWNER

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (SAVE AS DRIVER) **LEONARDI, LISAMARIE** OWNER PHONE: (INCLUDE AREA CODE) (SAME AS DRIVER) _____

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
3760 OLMSBY DR, Brimfield Twp, OH 44240

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____ COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE) _____

DAMAGE

DAMAGE SCALE

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

VEHICLE

LP STATE **OH** LICENSE PLATE # **HPN1811** VEHICLE IDENTIFICATION # **3C4PDCAB6JT497922** VEHICLE YEAR **2018** VEHICLE MAKE **Dodge**

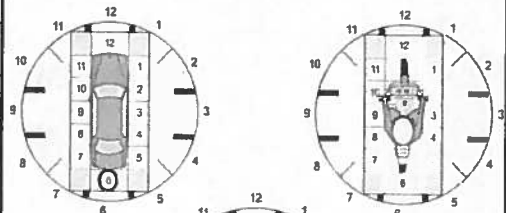
INSURANCE VERIFIED INSURANCE COMPANY **ALLSTATE** INSURANCE POLICY # **826161464** COLOR **DBL** VEHICLE MODEL **JOURNEY**

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME _____

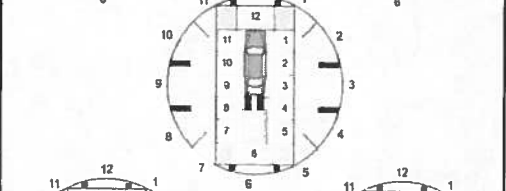
HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # _____ PLACARD ID # _____
 PLACARD _____



UNIT TYPE **0 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 **0**

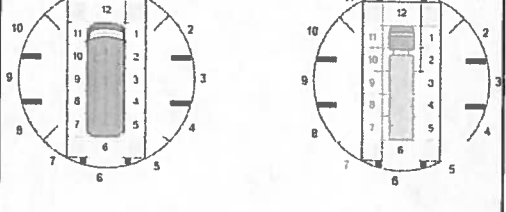


WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**

1 - YES 2 - NO 9 - OTHER / UNKNOWN

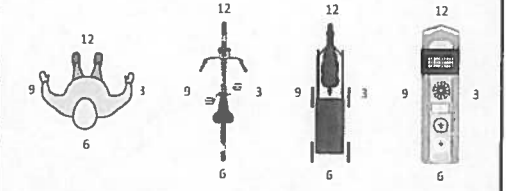
AUTONOMOUS MODE LEVEL **0**

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION



SPECIAL FUNCTION **0 1**

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 **0 1**

1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
2 - BUS	4 - LOGGING	6 - CARGO VAN ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
			11 - DUMP	99 - OTHER / UNKNOWN

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

VEHICLE DEFECTS **0 1**

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 **0 1**

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

ACTION **0 3**

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 - DR. VERLESS		

INITIAL POINT OF CONTACT **0 6**

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

CONTRIBUTING CIRCUMSTANCES **0 1 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	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			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

TRAFFICWAY FLOW **0 2**

1 - ONE-WAY
 2 - TWO-WAY

TRAFFIC CONTROL **0 6**

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

SEQUENCE OF EVENTS **0 1 2 3 4 5 6**

EVENTS **0 9**

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 - CARV	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	
5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	
			21 - PARKED MOTOR VEHICLE	

OF THROUGH LANES ON ROAD **0 2**

RAIL GRADE CROSSING **0**

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

COLLISION WITH FIXED OBJECT - STRUCK **0 1**

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 - 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
			49 - FIRE HYDRANT	

FIRST HARMFUL EVENT **0 1** MOST HARMFUL EVENT **0 1**

UNIT / NON-MOTORIST DIRECTION **0 1 2**

FROM **1** TO **2**

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

UNIT SPEED **0 0 2**

POSTED SPEED **0 2 5**

DETECTED SPEED **0 1**

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
 2 0 2 1 - 0 0 0 0 3 0 3 8

UNIT # **0 1** NAME: LAST, FIRST, MIDDLE
LEONARDI, LISAMARIE

DATE OF BIRTH **1 2 3 1 1 9 6 3** AGE **5 7** GENDER **F**

ADDRESS: STREET, CITY, STATE, ZIP
3760 OLMSBY DR ,Brimfield Twp ,OH 44240

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** DOT-COMPLIANT MC HELMET SEATING POSITION **0 1** AIR BAG USAGE **1** EJECTION **1** TRAPPED **1**

OL STATE **O,H** OPERATOR LICENSE NUMBER _____ OFFENSE CHARGED **331.13** LOCAL CODE OFFENSE DESCRIPTION **Starting and Backing** CITATION NUMBER **61406**

OL CLASS **4** ENDORSEMENT SELECT UP TO 2 _____ RESTRICTION SELECT UP TO 3 _____ DRIVER DISTRACTED BY **1** ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG CONDITION **1** ALCOHOL TEST STATUS **1** TYPE **1** VALUE _____ DRUG TEST(S) 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 _____ 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 ALCOHOL MARIJUANA 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 _____

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 _____

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



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2, 0, 2, 1 - 0, 0, 0, 0, 3, 0, 3, 8

UNIT # **NAME: LAST, FIRST, MIDDLE**
01 **LEONARDI, ISABELLA**
ADDRESS: STREET, CITY, STATE, ZIP
3760 OLMSBY DR, Brimfield Twp, OH 44240

DATE OF BIRTH **AGE** **GENDER**
0, 2, 1, 2, 2, 0, 1, 3 **08** **F**
CONTACT PHONE - INCLUDE AREA CODE

INJURIES **INJURED TAKEN BY** **EMS AGENCY (NAME)** **INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)** **SAFETY EQUIPMENT USED**
5 **01**

DOT-COMPLIANT MC HELMET **SEATING POSITION** **AIR BAG USAGE** **EJECTION** **TRAPPED**
0 **5** **1** **1** **1**

UNIT # **NAME: LAST, FIRST, MIDDLE**
ADDRESS: STREET, CITY, STATE, ZIP
CONTACT PHONE - INCLUDE AREA CODE

DATE OF BIRTH **AGE** **GENDER**
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**

UNIT # **NAME: LAST, FIRST, MIDDLE**
ADDRESS: STREET, CITY, STATE, ZIP
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DATE OF BIRTH **AGE** **GENDER**
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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)	EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
2 - EMS	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
3 - POLICE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
9 - OTHER / UNKNOWN	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
GENDER	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
F - FEMALE		13 - TRAILING UNIT	1 - NOT TRAPPED
M - MALE		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
U - OTHER / UNKNOWN		15 - NON-MOTORIST	3 - FREED BY NON MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

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