



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

PHOTOS TAKEN
 SECONDARY CRASH
 PRIVATE PROPERTY

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

2 0 2 1 - 0 0 0 1 1 2 1 3
 HIT/SKIP
 1 - SOLVED
 2 - UNSOLVED
 NUMBER OF UNITS
 0 2
 UNIT IN ERROR
 98 - ANIMAL
 99 - UNKNOWN
 0 2

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

CRASH DATE / TIME*
 0 7 1 2 2 0 2 1 / 1 5 0 7
 CRASH SEVERITY
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY
5

ROUTE TYPE LOCATION
 ROUTE NUMBER 5 9
 PREFIX 3
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

LOCATION ROAD NAME
MAIN
 ROAD TYPE
S T

LATITUDE DECIMAL DEGREES
 4 1 0 1 5 3 7 4 7

ROUTE TYPE REFERENCE
 ROUTE NUMBER
 PREFIX
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
HORNING
 ROAD TYPE
R D

LONGITUDE DECIMAL DEGREES
 8 1 3 3 8 8 8 0

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
3
 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 4

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

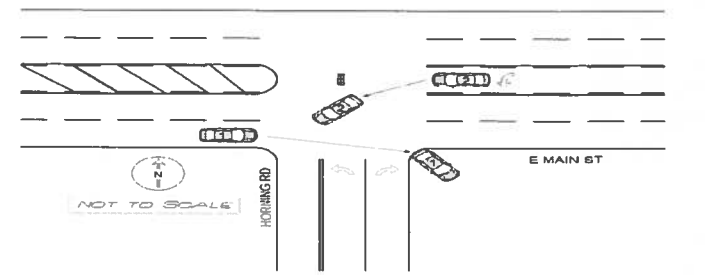
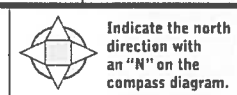
LOCATION OF CRASH IN WORK ZONE
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
 2 - ADVANCE WARNING AREA
 3 - TRANSITION AREA
 4 - ACTIVITY AREA
 5 - TERMINATION AREA
 MANNER OF CRASH COLLISION/IMPACT
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
 2 - REAR-END
 3 - HEAD-ON
 4 - REAR-TO-REAR
 5 - BACKING
 6 - ANGLE
 7 - SIDESWIPE, SAME DIRECTION
 8 - SIDESWIPE, OPPOSITE DIRECTION
 9 - OTHER / UNKNOWN

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

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
0 2

NARRATIVE
UNIT 1 WAS TRAVELING EASTBOUND ON E MAIN ST APPROACHING THE INTERSECTION AT HORNING RD IN THE CURB LANE. UNIT 2 WAS TRAVELING WESTBOUND IN THE TURNING LANE ON E MAIN ST BEGAN TO MAKE THE TURN ONTO HORNING RD. UNIT 1 SWERVED TO AVOID HITTING UNIT 2 AND RAN OFF THE ROAD ON THE SOUTHEAST CORNER OF E MAIN ST AND HORNING RD. THERE WAS NO COLLISION BETWEEN UNIT 1 AND UNIT 2 AND UNIT 2 DID NOT STOP.



CRASH REPORTED DATE / TIME
 0 7 1 2 2 0 2 1 / 1 5 0 7
 DISPATCH DATE / TIME
 0 7 1 2 2 0 2 1 / 1 5 1 5
 ARRIVAL DATE / TIME
 0 7 1 2 2 0 2 1 / 1 5 3 5
 SCENE CLEARED DATE / TIME
 0 7 1 2 2 0 2 1 / 1 5 4 9

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO CLPS)

TOTAL TIME ROADWAY CLOSED
 0 0 0
 OTHER INVESTIGATION TIME
 0 3 0

OFFICER'S NAME*
Hadaway, Joseph
 OFFICER'S BADGE NUMBER*
 2 1 6

CHECKED BY OFFICER'S NAME*
Nelson, Josh
 CHECKED BY OFFICER'S BADGE NUMBER*
 2 3 2

TOTAL MINUTES
 0 6 4

CRASH REPORTED DATE / TIME
 0 7 1 2 2 0 2 1 / 1 5 0 7

DISPATCH DATE / TIME
 0 7 1 2 2 0 2 1 / 1 5 1 5

ARRIVAL DATE / TIME
 0 7 1 2 2 0 2 1 / 1 5 3 5

SCENE CLEARED DATE / TIME
 0 7 1 2 2 0 2 1 / 1 5 4 9

OWNER

VEHICLE

EVENT(S)

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: (INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)																																			
01	MALLARDI, SANDRA, MARIA	L																																			
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)																																					
4580 PINERIDGE DR, Stow, OH 44224																																					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE																																			
LP STATE		VEHICLE IDENTIFICATION #																																			
OH	HOL8279	J M I B L 1 M 5 8 C 1 5 5 9 6 5 9																																			
LICENSE PLATE #		VEHICLE YEAR																																			
HOL8279		2012																																			
VEHICLE MAKE		VEHICLE MODEL																																			
Mazda		MAZDA 3																																			
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #																																			
	STATE FARM	9846189C1735A																																			
TYPE OF USE		US DOT #																																			
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT																																				
<input type="checkbox"/> IN EMERGENCY RESPONSE		VEHICLE WEIGHT GVWR/GCWR																																			
		1 - ≤10K LBS																																			
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		3 - >26K LBS																																			
TOWED BY: COMPANY NAME		HAZARDOUS MATERIAL																																			
Joes Auto		<input type="checkbox"/> MATERIAL RELEASED																																			
		<input type="checkbox"/> PLACARD																																			
		CLASS # PLACARD ID #																																			
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POSTED SPEED	
3 5	

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR VEHICLE MAKE
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR VEHICLE MODEL
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
TYPE OF USE 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)	
UNIT TYPE 0 1		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	
# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL	
2 1-YES 2-NO 9-OTHER/UNKNOWN		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 19 - OT-HER / UNKNOWN		3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 99 - OTHER / UNKNOWN	
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 9 9		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 7 - GRAIN/CHIPS/GRAVEL 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 13 - AUTO TRANSPORTER	
VEHICLE DEFECTS		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN	
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE		3 - TAIL LAMPS 6 - TIRE BLOWOUT 10 - DISABLED FROM PRIOR ACCIDENT	
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE	
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS		8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN	
5 - TRAVEL LANE - OTHER LOCATION		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	
ACTION 2		1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING	
0 6 PRE-CRASH ACTIONS		2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 20 - OTHER NON-MOTORIST	
4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN		9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - OVER/VERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN	
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MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

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

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE MALLARDI, JOSEPH, DOMINIC				DATE OF BIRTH 0 5 / 1 7 / 2 0 0 0		AGE 2 1	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 1632 E MAIN ST 102 ,Kent ,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	<input type="checkbox"/> 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		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		DRUG TEST(S)	

UNIT # 0 2	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	
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OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)	

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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 & CLASS B 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	1 - NOT EJECTED	OL ENDORSEMENT			1 - NONE
2 - EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2 - PARTIALLY EJECTED	H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER	2 - BLOOD	
3 - POLICE	8 - THIRD - MIDDLE	3 - TOTALLY EJECTED	M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	3 - URINE	
9 - OTHER / UNKNOWN	9 - THIRD - RIGHT SIDE	4 - NOT APPLICABLE	P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	4 - BREATH	
SAFETY EQUIPMENT			TRAPPED			DRUG TEST TYPE
1 - NONE USED	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT TRAPPED	N - TANKER	10 - LIMITED TO DAYLIGHT ONLY	1 - NONE	
2 - SHOULDER BELT ONLY USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - EXTRICATED BY MECHANICAL MEANS	Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT	2 - BLOOD	
3 - LAP BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED BY NON-MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER	3 - URINE	
4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT		S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	4 - OTHER	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY	DRUG TEST RESULT(S)	
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST		X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	1 - AMPHETAMINES	
7 - BOOSTER SEAT	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR	2 - BARBITURATES	
8 - HELMET USED				17 - PROSTHETIC AID	3 - BENZODIAZEPINES	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			GENDER	18 - OTHER	4 - CANNABINOIDS	
10 - REFLECTIVE CLOTHING			F - FEMALE		5 - COCAINE	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			M - MALE		6 - OPIATES / OPIOIDS	
99 - OTHER / UNKNOWN			U - OTHER / UNKNOWN		7 - OTHER	
					8 - NEGATIVE RESULTS	



OCCUPANT / WITNESS ADDENDUM

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

OCCUPANT	UNIT # 01	NAME: LAST, FIRST, MIDDLE GONZALEZ, FRANCESCA, MARIA	DATE OF BIRTH 06 / 22 / 2001	AGE 20	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 609 S LINCOLN ST M202 ,Kent ,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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 1 1	EJECTION 1	TRAPPED 1
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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	TRAPPED
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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	TRAPPED
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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	TRAPPED
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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	

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		