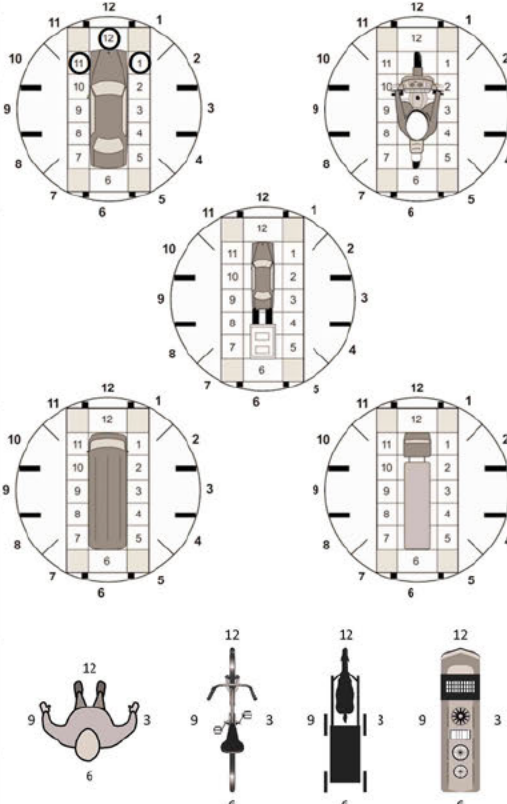




|   |   |  |   |   |                               |
|---|---|--|---|---|-------------------------------|
| OWNER   | UNIT #<br><b>0 1</b>  | OWNER NAME: LAST, FIRST, MIDDLE (NAME AS DRIVER)<br><b>LIMBACH, ALEXANDER, E</b>   | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)<br><b>REDACTED PER ORC 149.43(A)(1)</b>   |   |                               |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)<br><b>1580 WILTSHIRE RD, Akron, OH 44313</b>                                 |  |   |   |                               |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |   |   |                               |
| VEHICLE   | LP STATE<br><b>O H</b>  | LICENSE PLATE #<br><b>KNN2913</b>  | VEHICLE IDENTIFICATION #<br><b>4 T 1 B G 2 2 K 8 Y U 6 9 5 9 5 6</b>  | VEHICLE YEAR<br><b>2 0 0 0</b>  | VEHICLE MAKE<br><b>Toyota</b> |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY<br><b>The General</b>  | INSURANCE POLICY #<br><b>1g-ohio-9006569</b>  | COLOR<br><b>SIL</b>   | VEHICLE MODEL<br><b>CAMRY</b> |
|   | TYPE OF USE<br><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<br><b>0 1</b>  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                               |
|   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   |  |   |   |                               |
|   | UNIT TYPE<br><b>0 1</b>   |  | 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   |  |   |   |                               |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><b>2</b> 1-YES 2-NO 9-OTHER/UNKNOWN                                  |  | AUTONOMOUS MODE LEVEL<br><b>0</b> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN   |   |                               |
|   | SPECIAL FUNCTION<br><b>0 1</b>  |  | 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<br><b>0 1</b>   |  | 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 |   |   |                               |
| EVENT(S)  | 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<br><b>4</b>  |  | 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<br><b>0 1</b>  |  | 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<br>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 <b>1</b>  |  | MOST HARMFUL EVENT <b>1</b>   |   |                               |

|  |   |
|--|---|
| LOCAL REPORT NUMBER<br><b>2 0 2 5 - 0 0 0 1 6 0 6 6</b>  |   |
| DAMAGE<br>DAMAGE SCALE<br><b>3</b> 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN  |   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |   |
|    |   |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |   |
| INITIAL POINT OF CONTACT<br><b>1 2</b> 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN   |   |
| TRAFFICWAY FLOW<br><b>2</b> 1 - ONE-WAY 2 - TWO-WAY  | TRAFFIC CONTROL<br><b>2</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br><b>5</b>   | RAIL GRADE CROSSING<br><b>1</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM <b>2</b> TO <b>1</b><br>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN  |   |
| UNIT SPEED<br><b>0 0 0</b>   | DETECTED SPEED<br><b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED                 |
| POSTED SPEED<br><b>3 5</b>   |   |



|   |   |  |   |   |                                 |
|---|---|--|---|---|---------------------------------|
| OWNER   | UNIT #<br><b>0 2</b>  | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)<br><b>DAKDOK, CAMIELLE, D</b>   | OWNED PHONE: INCLUDE AREA CODE (SAME AS DRIVER)<br>REDACTED PER ORC 149.43(A)(1)  |   |                                 |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)<br><b>3945 PINE CIR, RICHFIELD, OH 44286</b>                                 |  |   |   |                                 |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |   |   |                                 |
| VEHICLE   | LP STATE<br><b>O H</b>  | LICENSE PLATE #<br><b>KNK1374</b>  | VEHICLE IDENTIFICATION #<br><b>5 N1 A L0 M M3 E C5 5 1 2 0 9</b>  | VEHICLE YEAR<br><b>2 0 1 4</b>  | VEHICLE MAKE<br><b>Infiniti</b> |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY<br><b>SAFECO</b>   | INSURANCE POLICY #<br><b>K4294219</b>   | COLOR<br><b>SIL</b>   | VEHICLE MODEL<br><b>QX60</b>    |
|   | TYPE OF USE<br><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<br><b>0 2</b>  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                                 |
|   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   |  |   |   |                                 |
|   | UNIT TYPE<br><b>0 3</b>   |  | 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   |  |   |   |                                 |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><b>2</b> 1 - YES 2 - NO 9 - OTHER / UNKNOWN                          |  | AUTONOMOUS MODE LEVEL<br><b>0</b> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN   |   |                                 |
|   | SPECIAL FUNCTION<br><b>0 1</b>  |  | 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<br><b>0 1</b>   |  | 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 |   |   |                                 |
| EVENT(S)  | 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<br><b>3</b>  |  | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN  |   |                                 |
|   | PRE-CRASH ACTIONS<br><b>0 2</b>   |  | 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<br><b>1 2</b>  |  | 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<br>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<br><b>1</b>   |  | MOST HARMFUL EVENT<br><b>1</b>  |   |                                 |

|  |   |
|--|---|
| LOCAL REPORT NUMBER<br><b>2 0 2 5 - 0 0 0 1 6 0 6 6</b>  |   |
| DAMAGE<br>DAMAGE SCALE<br><b>2</b> 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN  |   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |   |
|  |   |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |   |
| INITIAL POINT OF CONTACT<br><b>0 6</b> 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN   |   |
| TRAFFICWAY FLOW<br><b>2</b> 1 - ONE-WAY 2 - TWO-WAY  | TRAFFIC CONTROL<br><b>2</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br><b>5</b>   | RAIL GRADE CROSSING<br><b>1</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM <b>1</b> TO <b>2</b><br>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN  |   |
| UNIT SPEED<br><b>0 0 3</b>   | DETECTED SPEED<br><b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED                 |
| POSTED SPEED<br><b>3 5</b>   |   |



## MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER                           |                            |  |   |  |                                     |                              |                  |  |              |  |      |  |  |
|---|----------------------------|--|---|--|-------------------------------------|------------------------------|------------------|--|--------------|--|------|--|--|
| 2 0 2 5 - 0 0 0 1 6 0 6 6                     |                            |  |   |  |                                     |                              |                  |  |              |  |      |  |  |
| UNIT #  | NAME: LAST, FIRST, MIDDLE  |  |   |  | DATE OF BIRTH                       |                              | AGE              | GENDER   |              |  |      |  |  |
| 0 1   | LIMBACH, ALEXANDER, E      |  |   |  | 0 7 2 2 1 9 8 7                     |                              | 3 8              | M  |              |  |      |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP             |                            |  |   |  | CONTACT PHONE - INCLUDE AREA CODE   |                              |                  |  |              |  |      |  |  |
| 1580 WILTSHIRE RD ,Akron ,OH 44313            |                            |  |   |  | 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 |  |   |  | <input type="checkbox"/>            |                              |                  |  |              |  |      |  |  |
| 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<br><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   | GARCIA, KAROL, MELISSA     |  |   |  | 0 1 2 5 2 0 0 6                     |                              | 1 9              | F  |              |  |      |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP             |                            |  |   |  | CONTACT PHONE - INCLUDE AREA CODE   |                              |                  |  |              |  |      |  |  |
| 3945 PINE CIR ,RICHFIELD ,OH 44286            |                            |  |   |  | 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 |  | 331.13  |  | <input checked="" type="checkbox"/> | Starting and Backing         |                  | 30761  |              |  |      |  |  |
| 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<br><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  |              |  |      |  |  |
|   |                            |  |   |  | <input type="checkbox"/>            |                              |                  |  |              |  |      |  |  |
| 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<br><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 5 - 0 0 0 1 6 0 6 6**

| <b>OCCUPANT</b>  | <b>UNIT #</b>   | <b>NAME: LAST, FIRST, MIDDLE</b>  |   |  |                              | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
|--|---|---|---|--|------------------------------|---|-------------------------|----------------------|-----------------|----------------|----------|-----------------------|------------------|---------------|--|---|---|---|---|--|--|--|--|--|--|--|
|  | <b>02</b>   | <b>PISTOLATTI, DEBORA, CRISTINA</b>   |   |  |                              | <b>0 3 2 5 2 0 0 2</b>                                  |                         | <b>23</b>            | <b>F</b>        |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>OCCUPANT</b>  | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>  |   |   |  |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
|  | <b>441 CASTLE DR, FAIRLAWN, OH 44333</b>  |   |   |  |                              | <b>REDACTED PER ORC 149.43(A)(1)</b>                    |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>OCCUPANT</b>  | <b>INJURIES</b>   | <b>INJURED TAKEN BY</b>   | <b>EMS AGENCY (NAME)</b>  | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
|  | <b>5</b>  |   |   |  | <b>0 4</b>                   |   | <b>0 4</b>              | <b>1</b>             | <b>1</b>        | <b>1</b>       |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>OCCUPANT</b>  | <b>UNIT #</b>   | <b>NAME: LAST, FIRST, MIDDLE</b>  |   |  |                              | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
|  |   |   |   |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>OCCUPANT</b>  | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>  |   |   |  |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
|  |   |   |   |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>OCCUPANT</b>  | <b>INJURIES</b>   | <b>INJURED TAKEN BY</b>   | <b>EMS AGENCY (NAME)</b>  | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
|  |   |   |   |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>OCCUPANT</b>  | <b>UNIT #</b>   | <b>NAME: LAST, FIRST, MIDDLE</b>  |   |  |                              | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
|  |   |   |   |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>OCCUPANT</b>  | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>  |   |   |  |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
|  |   |   |   |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>OCCUPANT</b>  | <b>INJURIES</b>   | <b>INJURED TAKEN BY</b>   | <b>EMS AGENCY (NAME)</b>  | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
|  |   |   |   |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">INJURIES</th> <th style="width:25%;">SAFETY EQUIPMENT USED</th> <th style="width:25%;">SEATING POSITION</th> <th style="width:25%;">AIR BAG USAGE</th> </tr> <tr> <td>           1 - FATAL<br/>           2 - SUSPECTED SERIOUS INJURY<br/>           3 - SUSPECTED MINOR INJURY<br/>           4 - POSSIBLE INJURY<br/>           5 - NO APPARENT INJURY         </td> <td>           1 - NONE USED - VEHICLE OCCUPANT<br/>           2 - SHOULDER BELT ONLY USED<br/>           3 - LAP BELT ONLY USED<br/>           4 - SHOULDER &amp; LAP BELT USED<br/>           5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br/>           6 - CHILD RESTRAINT SYSTEM - REAR FACING<br/>           7 - BOOSTER SEAT<br/>           8 - HELMET USED<br/>           9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br/>           10 - REFLECTIVE CLOTHING<br/>           11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br/>           99 - OTHER / UNKNOWN         </td> <td>           1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br/>           2 - FRONT - MIDDLE<br/>           3 - FRONT - RIGHT SIDE<br/>           4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br/>           5 - SECOND - MIDDLE<br/>           6 - SECOND - RIGHT SIDE<br/>           7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br/>           8 - THIRD - MIDDLE<br/>           9 - THIRD - RIGHT SIDE<br/>           10 - SLEEPER SECTION OF TRUCK CAB<br/>           11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br/>           12 - PASSENGER IN UNENCLOSED CARGO AREA<br/>           13 - TRAILING UNIT<br/>           14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br/>           15 - NON-MOTORIST<br/>           99 - OTHER / UNKNOWN         </td> <td>           1 - NOT DEPLOYED<br/>           2 - DEPLOYED FRONT<br/>           3 - DEPLOYED SIDE<br/>           4 - DEPLOYED BOTH FRONT/SIDE<br/>           5 - NOT APPLICABLE<br/>           9 - DEPLOYMENT UNKNOWN         </td> </tr> <tr> <td colspan="2"> <b>INJURED TAKEN BY</b><br/>           1 - NOT TRANSPORTED / TREATED AT SCENE<br/>           2 - EMS<br/>           3 - POLICE<br/>           9 - OTHER / UNKNOWN         </td> <td colspan="2"> <b>EJECTION</b><br/>           1 - NOT EJECTED<br/>           2 - PARTIALLY EJECTED<br/>           3 - TOTALLY EJECTED<br/>           4 - NOT APPLICABLE         </td> </tr> <tr> <td colspan="2"> <b>GENDER</b><br/>           F - FEMALE<br/>           M - MALE<br/>           U - OTHER / UNKNOWN         </td> <td colspan="2"> <b>TRAPPED</b><br/>           1 - NOT TRAPPED<br/>           2 - EXTRICATED BY MECHANICAL MEANS<br/>           3 - FREED BY NON-MECHANICAL MEANS         </td> </tr> </table> |   |   |   |  |                              |   |                         |                      |                 |                | INJURIES | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN |  | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE |  | <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN |  | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS |  |
| INJURIES   | SAFETY EQUIPMENT USED   | SEATING POSITION  | AIR BAG USAGE   |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN  |   | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE  |   |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |   |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>WITNESS</b>   | <b>NAME: LAST, FIRST, MIDDLE</b>  |   |   |  |                              | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
|  |   |   |   |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>WITNESS</b>   | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>  |   |   |  |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
|  |   |   |   |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>WITNESS</b>   | <b>NAME: LAST, FIRST, MIDDLE</b>  |   |   |  |                              | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
|  |   |   |   |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>WITNESS</b>   | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>  |   |   |  |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
|  |   |   |   |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>WITNESS</b>   | <b>NAME: LAST, FIRST, MIDDLE</b>  |   |   |  |                              | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
|  |   |   |   |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
| <b>WITNESS</b>   | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>  |   |   |  |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |
|  |   |   |   |  |                              |   |                         |                      |                 |                |          |                       |                  |               |  |   |   |   |   |  |  |  |  |  |  |  |