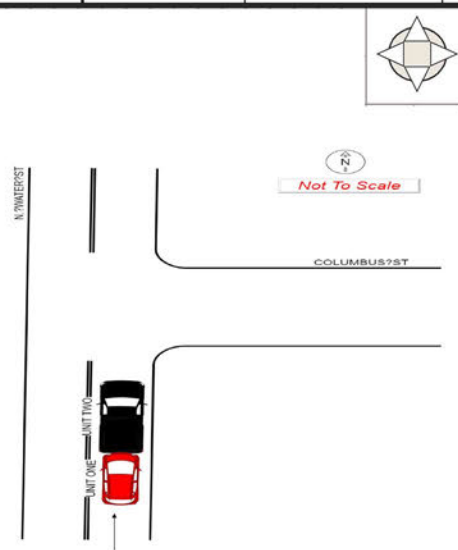
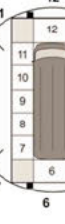




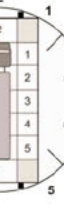
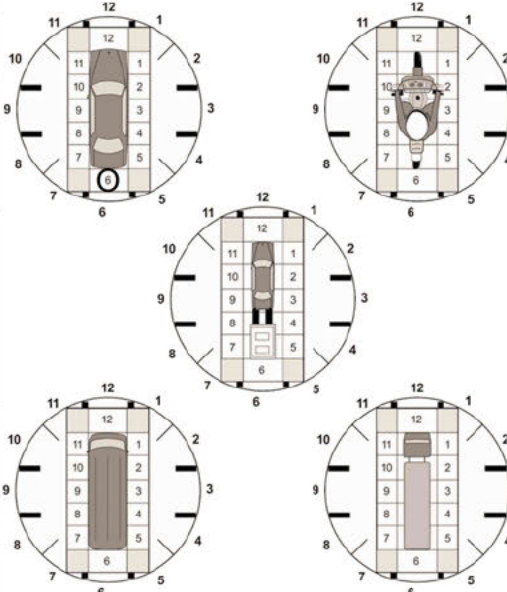
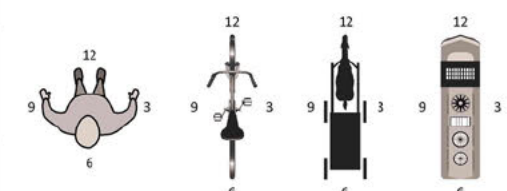
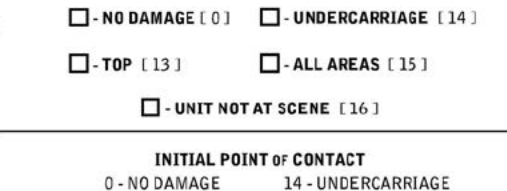
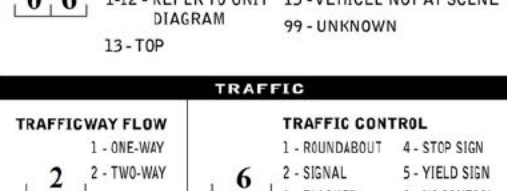


<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION KENT		2 0 2 5 - 0 0 0 1 5 6 4 2					
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME* City of Kent Police		NCIC* 0 6 7 0 3		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 1	
COUNTY* 6 7	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* Kent				CRASH DATE / TIME* 10302025 / 2310		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 1	LOCATION ROAD NAME WATER		ROUTE TYPE S T	LATITUDE DECIMAL DEGREES 41.153780					
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) COLUMBUS		ROUTE TYPE S T	LONGITUDE DECIMAL DEGREES -81.358168					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 1	
DISTANCE FROM REFERENCE 2 5		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2						ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
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 0 1				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 2				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 (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 1 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 1 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 ONE AND UNIT TWO WERE TRAVELING NORTHBOUND ON N. WATER ST. UNIT TWO STOPPED FOR THE VEHICLE IN FRONT OF THEM. UNIT TWO THEN STRUCK UNIT TWO IN THE REAR.											
CRASH REPORTED DATE / TIME 10302025 / 2310		DISPATCH DATE / TIME 10312025 / 1326		ARRIVAL DATE / TIME 10312025 / 1327		SCENE CLEARED DATE / TIME 10312025 / 1355		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)			
TOTAL TIME ROADWAY CLOSED 0 0 0	OTHER INVESTIGATION TIME 0 3 0	TOTAL MINUTES 0 5 9	OFFICER'S NAME* Bruno, Samantha		CHECKED BY OFFICER'S NAME* Kunka, Leonard B						
			OFFICER'S BADGE NUMBER* 2 5 4		CHECKED BY OFFICER'S BADGE NUMBER* 2 5 0						

OWNER	UNIT # 0 1		OWNER NAME: LAST, FIRST, MIDDLE () (SAME AS DRIVER) DHUNGANA, AARAV		OWNER PHONE: INCLUDE AREA CODE () (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP () (SAME AS DRIVER) 1002 LAKE ST I426 ,Kent ,OH 44240						
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP					COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE O H	LICENSE PLATE # KNP5797	VEHICLE IDENTIFICATION # 2 T 1 B U 4 E E 7 C C 9 0 7 0 0 7			VEHICLE YEAR 2 0 1 2	VEHICLE MAKE Toyota
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY COMMONWEALTH		INSURANCE POLICY # OHA241OR1208184		COLOR RED	VEHICLE MODEL COROLLA
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME		
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 2	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #	
	0 1 UNIT TYPE		1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	16 - LIM0 (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
	00 # OF TRAILING UNITS		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 - PICKUP	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
EVENT(S)	2 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 AUTONOMOUS MODE LEVEL		3 - CONDITIONAL AUTOMATION 9 - UNKNOWN		
	1 - YES 2 - NO 9 - OTHER / UNKNOWN				4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
	0 1 SPECIAL FUNCTION		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	
	0 1 CARGO BODY TYPE		1 - NO CARGO BODY TYPE /NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTORVEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
			2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTOTRANSPORTER
					7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
SEQUENCE OF EVENTS	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	10 - DISABLED FROM PRIOR ACCIDENT	
			3 - TAIL LAMPS	6 - TIRE BLOWOUT			
	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	99 - OTHER / UNKNOWN
				5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	
	3 ACTION		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
SEQUENCE OF EVENTS			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 - DRIVERLESS		
	0 8 CONTRIBUTING CIRCUMSTANCES		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			
	SEQUENCE OF EVENTS						
	NON-COLLISION						
1 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT							
2 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE							
3 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT							
4 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE							
5 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDAL CYCLE							
COLLISION WITH FIXED OBJECT - STRUCK							
4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT							
5 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL							
6 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING							
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL							
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT							
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN							
1 1 FIRST HARMFUL EVENT 1 1 MOST HARMFUL EVENT							

LOCAL REPORT NUMBER <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around; font-weight: bold;"> 2025-00015642 </div>					
DAMAGE DAMAGE SCALE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 2 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE </div> </div>					
DAMAGED AREA(S) INDICATE ALL THAT APPLY <div style="display: flex; flex-wrap: wrap; justify-content: space-around; margin-top: 10px;">       </div> <div style="margin-top: 10px;"> <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] </div>					
INITIAL POINT OF CONTACT <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 2 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN </div> </div>					
TRAFFIC <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> TRAFFICWAY FLOW 1 - ONE-WAY 2 2 - TWO-WAY </td> <td style="width: 50%; padding: 5px;"> TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL </td> </tr> <tr> <td style="padding: 5px;"> # OF THROUGH LANES ON ROAD 2 </td> <td style="padding: 5px;"> RAIL GRADE CROSSING 1 - NOT INVOLVED 1 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING </td> </tr> </table>		TRAFFICWAY FLOW 1 - ONE-WAY 2 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 1 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
TRAFFICWAY FLOW 1 - ONE-WAY 2 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL				
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 1 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING				
UNIT / NON-MOTORIST DIRECTION <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> FROM 2 TO 1 </div> <div style="width: 45%;"> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN </div> </div>					
UNIT SPEED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around; font-weight: bold;"> 025 </div>	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED				
POSTED SPEED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around; font-weight: bold;"> 25 </div>					

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) DAIL, SHERRY, ELIZABETH	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 2023 STRATFORD CT, HIGHLANDS RANCH, CO 80126				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE C O	LICENSE PLATE # EGGB87	VEHICLE IDENTIFICATION # 1 F T E W L E 8 2 P F B 7 9 7 5 5	VEHICLE YEAR 2 0 2 3	VEHICLE MAKE Ford
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY USAA	INSURANCE POLICY # 0070674C71094	COLOR BLK	VEHICLE MODEL F-150
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	TYPE OF USE		VEHICLE WEIGHT GVWR/GCWR		
	1 - PASSENGER CAR		1 - <10K LBS.		
	2 - PASSENGER VAN (MINIVAN)		2 - 10,001 - 26K LBS.		
	3 - SPORT UTILITY VEHICLE		3 - >26K LBS.		
	4 - PICK UP				
	5 - CARGO VAN				
6 - VAN (9-15 SEATS)					
7 - MOTORCYCLE 2-WHEELED		12 - GOLF CART		18 - LIMO (LIVERY VEHICLE)	
8 - MOTORCYCLE 3-WHEELED		13 - SNOWMOBILE		19 - BUS (16+ PASSENGERS)	
9 - AUTOCYCLE		14 - SINGLE UNIT TRUCK		20 - OTHER VEHICLE	
10 - MOPED OR MOTORIZED BICYCLE		15 - SEMI-TRACTOR		21 - HEAVY EQUIPMENT	
11 - ALL TERRAIN VEHICLE (ATV / UTV)		16 - FARM EQUIPMENT		22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
17 - MOTORHOME				99 - UNKNOWN OR HIT/SKIP	
# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		0			
1 - NONE		0 - NO AUTOMATION			
2 - TAXI		1 - DRIVER ASSISTANCE			
3 - ELECTRONIC RIDE SHARING		2 - PARTIAL AUTOMATION			
4 - SCHOOL TRANSPORT		3 - CONDITIONAL AUTOMATION			
5 - BUS - TRANSIT/COMMUTER		4 - HIGH AUTOMATION			
		5 - FULL AUTOMATION			
1 - NONE		6 - BUS - CHARTER/TOUR			
2 - TAXI		7 - BUS - INTERCITY			
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE			
4 - SCHOOL TRANSPORT		9 - BUS - OTHER			
5 - BUS - TRANSIT/COMMUTER		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			
1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTORVEHICLE			
2 - BUS		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			
1 - TURN SIGNALS		4 - BRAKES			
2 - HEAD LAMPS		5 - STEERING			
3 - TAIL LAMPS		6 - TIRE BLOWOUT			
		7 - WORN OR SLICK TIRES			
		8 - TRAILER EQUIPMENT DEFECTIVE			
		9 - MOTOR TROUBLE			
		10 - DISABLED FROM PRIOR ACCIDENT			
		99 - OTHER / UNKNOWN			
1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER			
2 - INTERSECTION - UNMARKED CROSSWALK		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			
1 - NON-CONTACT		1 - STRAIGHT AHEAD			
2 - NON-COLLISION		2 - BACKING			
3 - STRIKING		3 - CHANGING LANES			
4 - STRUCK		4 - OVERTAKING/PASSING			
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN			
9 - OTHER / UNKNOWN		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			
1 - NONE		7 - LEFT OF CENTER			
2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA			
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE			
4 - RAN STOP SIGN		10 - IMPROPER PASSING			
5 - UNSAFE SPEED		11 - DROVE OFF ROAD			
6 - IMPROPER TURN		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					
1 2 0		NON-COLLISION			
2		1 - OVERTURN/ROLLOVER			
3		2 - FIRE/EXPLOSION			
4		3 - IMMERSION			
5		4 - JACKKNIFE			
6		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			
		25 - IMPACT ATTENUATOR / CRASH CUSHION			
		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			
1 1		FIRST HARMFUL EVENT			
1 1		MOST HARMFUL EVENT			

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

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 0 2 5 - 0 0 0 1 5 6 4 2													
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
0 1	BHANDARI, SUYOG				0 1 1 1 2 0 0 6		19	M					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
1002 LAKE ST 1426 ,Kent ,OH 44240					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		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		333.03		X	Maximum Speed Limits		30426					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)				
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	
							1	1		1	1		
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
0 2	DAIL, GARRETT, JACOB				0 5 0 2 2 0 0 6		19	M					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
64 LIGHTNING LN ,Brimfield Twp ,OH 44240					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		0 1	1	1	1			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
C O	REDACTED PER ORC 4501:1-12												
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)				
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	
							1	1		1	1		
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
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		CONDITION	ALCOHOL TEST		DRUG TEST(S)				
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED		1 - NONE GIVEN	
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED	
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CORRECTIVE LENSES		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO - D)		4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C 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		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				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		CONDITION		5 - OTHER	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MOTORCYCLE		12 - LIMITED - OTHER		1 - APPARENTLY NORMAL		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)		2 - PHYSICAL IMPAIRMENT		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		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		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		4 - ILLNESS		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN				GENDER		16 - OUTSIDE MIRROR		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING						F - FEMALE		17 - PROSTHETIC AID		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		DRUG TEST RESULT(S)	
7 - BOOSTER SEAT						M - MALE		18 - OTHER		9 - OTHER / UNKNOWN		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 5 6 4 2

OCCUPANT	UNIT # 01	NAME: LAST, FIRST, MIDDLE DHUNGANA, AARAV				DATE OF BIRTH 1 2 2 2 2 0 0 5		AGE 19	GENDER M																																																																										
	ADDRESS: STREET, CITY, STATE, ZIP 1002 LAKE ST I426 ,Kent ,OH 44240					CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)																																																																													
OCCUPANT	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 4	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																									
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																										
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																													
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																																																									
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																										
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																													
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																																																									
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																										
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																													
OCCUPANT	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																																																																									
<table border="1"> <thead> <tr> <th>INJURIES</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER & LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT/SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td colspan="2">INJURED TAKEN BY</td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td colspan="2">EJECTION</td> </tr> <tr> <td>2 - EMS</td> <td>7 - BOOSTER SEAT</td> <td>8 - THIRD - MIDDLE</td> <td>1 - NOT EJECTED</td> <td rowspan="4">TRAPPED</td> </tr> <tr> <td>3 - POLICE</td> <td>8 - HELMET USED</td> <td>9 - THIRD - RIGHT SIDE</td> <td>2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td>3 - TOTALLY EJECTED</td> </tr> <tr> <td colspan="2">GENDER</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td>10 - REFLECTIVE CLOTHING</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>1 - NOT TRAPPED</td> <td rowspan="3">2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td>M - MALE</td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>13 - TRAILING UNIT</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td>99 - OTHER / UNKNOWN</td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>15 - NON-MOTORIST</td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td>99 - OTHER / UNKNOWN</td> <td></td> <td></td> </tr> </tbody> </table>											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	INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION		2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED	TRAPPED	3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	GENDER		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED	2 - EXTRICATED BY MECHANICAL MEANS	M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS	U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				15 - NON-MOTORIST					99 - OTHER / UNKNOWN		
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																																																																																
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN																																																																																
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION																																																																																
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED	TRAPPED																																																																															
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED																																																																																
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED																																																																																
GENDER		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE																																																																																
F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED	2 - EXTRICATED BY MECHANICAL MEANS																																																																															
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS																																																																																
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	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																																																																													