

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2 0 2 6 - 0 0 0 0 7 2 8 0

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

LOCAL INFORMATION

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

CRASH SEVERITY

- 1 - FATAL
- 2 - SERIOUS INJURY SUSPECTED
- 3 - MINOR INJURY SUSPECTED
- 4 - INJURY POSSIBLE
- 5 - PROPERTY DAMAGE ONLY

CRASH DATE / TIME\*

05102026/0054

COUNTY\* LOCALITY\*

6 7 1

LOCATION: CITY, VILLAGE, TOWNSHIP\*

Kent

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

LOCATION ROAD NAME

WATER

ROAD TYPE

S T

LATITUDE DECIMAL DEGREES

41.153013

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

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)

141

ROAD TYPE

LONGITUDE DECIMAL DEGREES

-81.358146

REFERENCE POINT  
 1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE #

3

DIRECTION FROM REFERENCE  
 1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

ROUTE TYPE

- IR - INTERSTATE ROUTE (TP)
- US - FEDERAL US ROUTE
- SR - STATE ROUTE
- CR - NUMBERED COUNTY ROUTE
- TR - NUMBERED TOWNSHIP ROUTE

ROAD TYPE

- AL - ALLEY
- AV - AVENUE
- BL - BOULEVARD
- CR - CIRCLE
- CT - COURT
- DR - DRIVE
- HE - HEIGHTS
- HW - HIGHWAY
- LA - LANE
- MP - MILEPOST
- OV - OVAL
- PK - PARKWAY
- PI - PIKE
- PL - PLACE
- RD - ROAD
- SQ - SQUARE
- ST - STREET
- TE - TERRACE
- TL - TRAIL
- WA - WAY

INTERSECTION RELATED

WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES

ROADWAY

ROADWAY DIVIDED

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

0 1

MANNER OF CRASH COLLISION/IMPACT  
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
2 - REAR-END  
3 - HEAD-ON  
4 - REAR-TO-REAR  
5 - BACKING  
6 - ANGLE  
7 - SIDESWIPE, SAME DIRECTION  
8 - SIDESWIPE, OPPOSITE DIRECTION  
9 - OTHER / UNKNOWN

1

DIRECTION OF TRAVEL

- 1 - NORTH
- 2 - SOUTH
- 3 - EAST
- 4 - WEST

MEDIAN TYPE

- 1 - DIVIDED FLUSH MEDIAN (<4 FEET)
- 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
- 3 - DIVIDED, DEPRESSED MEDIAN
- 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
- 9 - OTHER/UNKNOWN

WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE

- 1 - LANE CLOSURE
- 2 - LANE SHIFT/CROSSOVER
- 3 - WORK ON SHOULDER OR MEDIAN
- 4 - INTERMITTENT OR MOVING WORK
- 5 - OTHER

LOCATION OF CRASH IN WORK ZONE

- 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
- 2 - ADVANCE WARNING AREA
- 3 - TRANSITION AREA
- 4 - ACTIVITY AREA
- 5 - TERMINATION AREA

CONTOUR

- 1 - STRAIGHT LEVEL
- 2 - STRAIGHT GRADE
- 3 - CURVE LEVEL
- 4 - CURVE GRADE
- 9 - OTHER/UNKNOWN

CONDITIONS

- 1 - DRY
- 2 - WET
- 3 - SNOW
- 4 - ICE
- 5 - SAND, MUD, DIRT, OIL, GRAVEL
- 6 - WATER (STANDING, MOVING)
- 7 - SLUSH
- 9 - OTHER/UNKNOWN

SURFACE

- 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

4

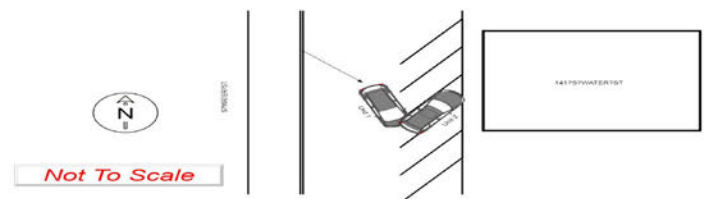
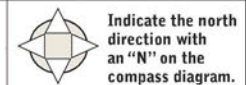
WEATHER

- 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 2 WAS PARKED IN A PARKING SPOT IN FRONT OF 141 S. WATER ST. UNIT 1 WAS SOUTHBOUND ON S. WATER ST. AND LEFT HIS LANE OF TRAVEL STRIKING UNIT 2.**



CRASH REPORTED DATE / TIME 0 5 1 0 2 0 2 6 / 0 0 5 4		DISPATCH DATE / TIME 0 5 1 0 2 0 2 6 / 0 0 5 4		ARRIVAL DATE / TIME 0 5 1 0 2 0 2 6 / 0 0 5 4		SCENE CLEARED DATE / TIME 0 5 1 0 2 0 2 6 / 0 1 1 7		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 0 0 0		OTHER INVESTIGATION TIME 0 3 0		TOTAL MINUTES 0 5 3		OFFICER'S NAME* Auckland, Kyle		CHECKED BY OFFICER'S NAME* Kunka, Leonard B	
				OFFICER'S BADGE NUMBER* 2 3 8		CHECKED BY OFFICER'S BADGE NUMBER* 2 5 0		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	

**OWNER**

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)  
**PV HOLDING CORP**

OWNED PHONE: INCLUDING AREA CODE (SAME AS DRIVER)  
REDACTED PER ORC 149.43(A)(1)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
**10000 BESSIE COLEMAN DR, CHICAGO, IL 60666**

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

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE **I L** LICENSE PLATE # **FP349272** VEHICLE IDENTIFICATION # **4 T 1 D A A C K X T U 7 1 6 4 6 3** VEHICLE YEAR **2 0 2 6** VEHICLE MAKE **Toyota**

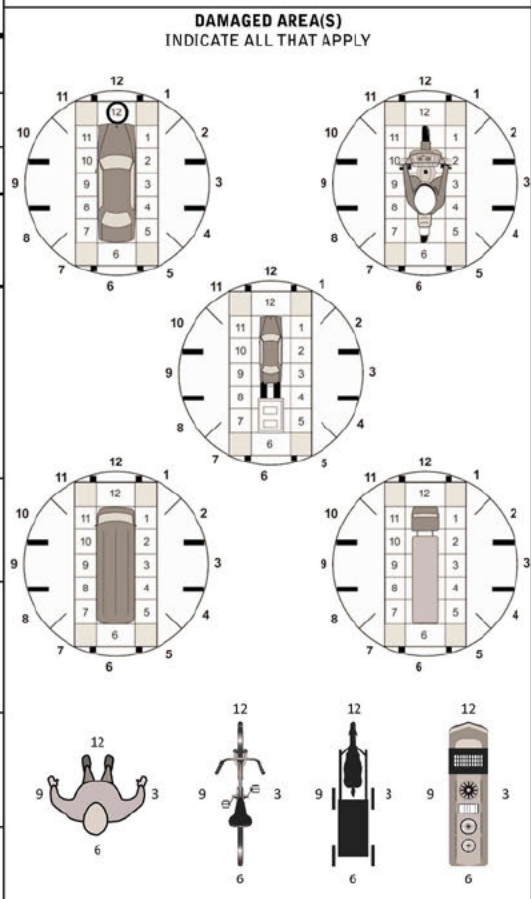
INSURANCE VERIFIED  INSURANCE COMPANY **TREXIS** INSURANCE POLICY # **1134047706372** COLOR **SIL** VEHICLE MODEL **CAMRY**

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS **0 1** VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.  
HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

UNIT TYPE: 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? **2** 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: 0 1 - NO AUTOMATION, 2 - PARTIAL AUTOMATION, 3 - CONDITIONAL AUTOMATION, 4 - HIGH AUTOMATION, 5 - FULL AUTOMATION, 9 - UNKNOWN

SPECIAL FUNCTION: 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: 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

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

NON-MOTORIST LOCATION AT IMPACT: 1 - INTERSECTION - MARKED CROSSWALK, 2 - INTERSECTION - UNMARKED CROSSWALK, 3 - INTERSECTION - OTHER, 4 - MIDBLOCK - MARKED CROSSWALK, 5 - TRAVEL LANE - OTHER LOCATION, 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: 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

**INITIAL POINT OF CONTACT**

**1 2** 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES: 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

**TRAFFIC**

**TRAFFICWAY FLOW**: 1 - ONE-WAY, 2 - TWO-WAY **2**

**TRAFFIC CONTROL**: 1 - ROUNDABOUT, 2 - SIGNAL, 3 - FLASHER, 4 - STOP SIGN, 5 - YIELD SIGN, 6 - NO CONTROL **6**

**EVENT(S)**

SEQUENCE OF EVENTS: 1 **2 1** 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

**NON-COLLISION**

**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** **1** **MOST HARMFUL EVENT** **1**

# OF THROUGH LANES ON ROAD **2**

RAIL GRADE CROSSING: 1 - NOT INVOLVED, 2 - INVOLVED-ACTIVE CROSSING, 3 - INVOLVED-PASSIVE CROSSING **1**

**UNIT / NON-MOTORIST DIRECTION**

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

1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST, 5 - NORTHEAST, 6 - NORTHWEST, 7 - SOUTHEAST, 8 - SOUTHWEST, 9 - OTHER / UNKNOWN

**UNIT SPEED**: **0 0 5**

**POSTED SPEED**: **2 5**

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

OWNER

VEHICLE

EVENT(S)

<b>UNIT #</b>	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (SAME AS DRIVER) <b>0 2</b> PANNUNZIO, SUSAN, DAWN	<b>OWNER PHONE:</b> INCLUDE AREA CODE (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)	
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (SAME AS DRIVER) <b>207 TOPAZ CIR, CANFIELD, OH 44406</b>	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		
<b>LP STATE:</b> <b>O H</b>		<b>LICENSE PLATE #</b> <b>JLV4946</b>	<b>VEHICLE IDENTIFICATION #</b> <b>3 GNA XKE V 6 N L 1 2 7 4 3 4</b>
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>		<b>INSURANCE COMPANY</b> <b>PROGRESSIVE</b>	<b>INSURANCE POLICY #</b> <b>988132690</b>
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<b>US DOT #</b>	<b>VEHICLE YEAR</b> <b>2 0 2 2</b>
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b> <input type="checkbox"/> <b>HIT/SKIP UNIT</b>		<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<b>VEHICLE MAKE</b> <b>Chevrolet</b>
<b>TYPE OF USE</b>		<b>TOWED BY:</b> COMPANY NAME	<b>VEHICLE MODEL</b> <b>EQUINOX</b>
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b>	
<b>UNIT TYPE</b> <b>0 3</b>	<b># OF TRAILING UNITS</b> <b>0</b>	<b>1 - PASSENGER CAR</b> <b>2 - PASSENGER VAN (MINIVAN)</b> <b>3 - SPORT UTILITY VEHICLE</b> <b>4 - PICK UP</b> <b>5 - CARGO VAN</b> <b>6 - VAN (9-15 SEATS)</b>	<b>7 - MOTORCYCLE 2-WHEELED</b> <b>8 - MOTORCYCLE 3-WHEELED</b> <b>9 - AUTOCYCLE</b> <b>10 - MOPED OR MOTORIZED BICYCLE</b> <b>11 - ALL TERRAIN VEHICLE (ATV / UTV)</b>
<b>12 - GOLF CART</b> <b>13 - SNOWMOBILE</b> <b>14 - SINGLE UNIT TRUCK</b> <b>15 - SEMI-TRACTOR</b> <b>16 - FARM EQUIPMENT</b> <b>17 - MOTORHOME</b>	<b>18 - LIMO (LIVERY VEHICLE)</b> <b>19 - BUS (16+ PASSENGERS)</b> <b>20 - OTHER VEHICLE</b> <b>21 - HEAVY EQUIPMENT</b> <b>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</b>	<b>23 - PEDESTRIAN / SKATER</b> <b>24 - WHEELCHAIR (ANY TYPE)</b> <b>25 - OTHER NON-MOTORIST</b> <b>26 - BICYCLE</b> <b>27 - TRAIN</b> <b>99 - UNKNOWN OR HIT/SKIP</b>	
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> <b>2</b>	<b>1 - NO AUTOMATION</b> <b>2 - PARTIAL AUTOMATION</b>	<b>3 - CONDITIONAL AUTOMATION</b> <b>4 - HIGH AUTOMATION</b> <b>5 - FULL AUTOMATION</b>	<b>9 - UNKNOWN</b>
<b>SPECIAL FUNCTION</b> <b>0 1</b>	<b>1 - NONE</b> <b>2 - TAXI</b> <b>3 - ELECTRONIC RIDE SHARING</b> <b>4 - SCHOOL TRANSPORT</b> <b>5 - BUS - TRANSIT/COMMUTER</b>	<b>6 - BUS - CHARTER/TOUR</b> <b>7 - BUS - INTERCITY</b> <b>8 - BUS - SHUTTLE</b> <b>9 - BUS - OTHER</b> <b>10 - AMBULANCE</b>	<b>11 - FIRE</b> <b>12 - MILITARY</b> <b>13 - POLICE</b> <b>14 - PUBLIC UTILITY</b> <b>15 - CONSTRUCTION EQUIPMENT</b>
<b>CARGO BODY TYPE</b> <b>0 1</b>	<b>1 - NO CARGO BODY TYPE / NOT APPLICABLE</b> <b>2 - BUS</b>	<b>3 - VEHICLE TOWING ANOTHER MOTORVEHICLE</b> <b>4 - LOGGING</b>	<b>5 - INTERMODAL CONTAINER CHASSIS</b> <b>6 - CARGO VAN/ENCLOSED BOX</b> <b>7 - GRAIN/CHIPS/GRAVEL</b>
<b>VEHICLE DEFECTS</b>	<b>1 - TURN SIGNALS</b> <b>2 - HEAD LAMPS</b> <b>3 - TAIL LAMPS</b>	<b>4 - BRAKES</b> <b>5 - STEERING</b> <b>6 - TIRE BLOWOUT</b>	<b>7 - WORN OR SLICK TIRES</b> <b>8 - TRAILER EQUIPMENT DEFECTIVE</b>
<b>NON-MOTORIST LOCATION AT IMPACT</b>	<b>1 - INTERSECTION - MARKED CROSSWALK</b> <b>2 - INTERSECTION - UNMARKED CROSSWALK</b>	<b>3 - INTERSECTION - OTHER</b> <b>4 - MIDBLOCK - MARKED CROSSWALK</b> <b>5 - TRAVEL LANE - OTHER LOCATION</b>	<b>6 - BICYCLE LANE</b> <b>7 - SHOULDER / ROADSIDE</b> <b>8 - SIDEWALK</b>
<b>ACTION</b> <b>4</b>	<b>1 - NON-CONTACT</b> <b>2 - NON-COLLISION</b> <b>3 - STRIKING</b> <b>4 - STRUCK</b> <b>5 - BOTH STRIKING &amp; STRUCK</b> <b>9 - OTHER / UNKNOWN</b>	<b>1 - STRAIGHT AHEAD</b> <b>2 - BACKING</b> <b>3 - CHANGING LANES</b> <b>4 - OVERTAKING/PASSING</b> <b>5 - MAKING RIGHT TURN</b> <b>6 - MAKING LEFT TURN</b>	<b>7 - MAKING U-TURN</b> <b>8 - ENTERING TRAFFIC LANE</b> <b>9 - LEAVING TRAFFIC LANE</b> <b>10 - PARKED</b> <b>11 - SLOWING OR STOPPED IN TRAFFIC</b> <b>12 - DRIVERLESS</b>
<b>CONTRIBUTING CIRCUMSTANCES</b> <b>0 1</b>	<b>1 - NONE</b> <b>2 - FAILURE TO YIELD</b> <b>3 - RAN RED LIGHT</b> <b>4 - RAN STOP SIGN</b> <b>5 - UNSAFE SPEED</b> <b>6 - IMPROPER TURN</b>	<b>7 - LEFT OF CENTER</b> <b>8 - FOLLOWING TOO CLOSE / ACDA</b> <b>9 - IMPROPER LANE CHANGE</b> <b>10 - IMPROPER PASSING</b> <b>11 - DROVE OFF ROAD</b> <b>12 - IMPROPER BACKING</b>	<b>13 - IMPROPER START FROM A PARKED POSITION</b> <b>14 - STOPPED OR PARKED ILLEGALLY</b> <b>15 - SWERVING TO AVOID</b> <b>16 - WRONG WAY</b>
<b>SEQUENCE OF EVENTS</b>	<b>1 2 0</b>	<b>NON-COLLISION</b> <b>1 - OVERTURN/ROLLOVER</b> <b>2 - FIRE/EXPLOSION</b> <b>3 - IMMERSION</b> <b>4 - JACKKNIFE</b> <b>5 - CARGO / EQUIPMENT LOSS OR SHIFT</b>	<b>6 - RAILWAY VEHICLE</b> <b>7 - ANIMAL - FARM</b> <b>8 - ANIMAL - DEER</b> <b>9 - ANIMAL - OTHER</b> <b>10 - MOTOR VEHICLE IN TRANSPORT</b> <b>11 - PARKED MOTORVEHICLE</b>
<b>1 2 0</b>	<b>6 - EQUIPMENT FAILURE</b> <b>7 - SEPARATION OF UNITS</b> <b>8 - RAN OFF ROAD RIGHT</b> <b>9 - RAN OFF ROAD LEFT</b> <b>10 - CROSS MEDIAN</b>	<b>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</b> <b>12 - DOWNHILL RUNAWAY</b> <b>13 - OTHER NON-COLLISION</b> <b>14 - PEDESTRIAN</b> <b>15 - PEDALCYCLE</b>	<b>16 - RAILWAY VEHICLE</b> <b>17 - ANIMAL - FARM</b> <b>18 - ANIMAL - DEER</b> <b>19 - ANIMAL - OTHER</b> <b>20 - MOTOR VEHICLE IN TRANSPORT</b> <b>21 - PARKED MOTORVEHICLE</b>
<b>4 1</b>	<b>25 - IMPACT ATTENUATOR / CRASH CUSHION</b> <b>26 - BRIDGE OVERHEAD STRUCTURE</b> <b>27 - BRIDGE PIER OR ABUTMENT</b> <b>28 - BRIDGE PARAPET</b> <b>29 - BRIDGE RAIL</b> <b>30 - GUARDRAIL FACE</b>	<b>31 - GUARDRAIL END</b> <b>32 - PORTABLE BARRIER</b> <b>33 - MEDIAN CABLE BARRIER</b> <b>34 - MEDIAN GUARDRAIL BARRIER</b> <b>35 - MEDIAN CONCRETE BARRIER</b> <b>36 - MEDIAN OTHER BARRIER</b>	<b>37 - TRAFFIC SIGN POST</b> <b>38 - OVERHEAD SIGN POST</b> <b>39 - LIGHT / LUMINARIES SUPPORT</b> <b>40 - UTILITY POLE</b> <b>41 - OTHER POST, POLE OR SUPPORT</b> <b>42 - CULVERT</b>
<b>1</b>	<b>FIRST HARMFUL EVENT</b>	<b>1</b>	<b>MOST HARMFUL EVENT</b>

<b>LOCAL REPORT NUMBER</b> <b>2 0 2 6 - 0 0 0 0 7 2 8 0</b>	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
<b>2</b>	<b>1 - NONE</b> <b>3 - FUNCTIONAL DAMAGE</b> <b>2 - MINOR DAMAGE</b> <b>4 - DISABLING DAMAGE</b> <b>9 - UNKNOWN</b>
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<input type="checkbox"/> <b>- NO DAMAGE [ 0 ]</b> <input type="checkbox"/> <b>- UNDERCARRIAGE [ 14 ]</b> <input type="checkbox"/> <b>- TOP [ 13 ]</b> <input type="checkbox"/> <b>- ALL AREAS [ 15 ]</b> <input type="checkbox"/> <b>- UNIT NOT AT SCENE [ 16 ]</b>	
<b>INITIAL POINT OF CONTACT</b>	
<b>0 7</b>	<b>0 - NO DAMAGE</b> <b>14 - UNDERCARRIAGE</b> <b>1 - 12 - REFER TO UNIT DIAGRAM</b> <b>15 - VEHICLE NOT AT SCENE</b> <b>13 - TOP</b> <b>99 - UNKNOWN</b>
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> <b>2</b>	<b>TRAFFIC CONTROL</b> <b>6</b>
<b># OF THROUGH LANES ON ROAD</b> <b>2</b>	<b>RAIL GRADE CROSSING</b> <b>1</b>
<b>UNIT / NON-MOTORIST DIRECTION</b>	
<b>FROM 4 TO 3</b>	
<b>UNIT SPEED</b> <b>0 0 0</b>	<b>DETECTED SPEED</b> <b>1</b>
<b>POSTED SPEED</b> <b>2 5</b>	<b>1 - STATED / ESTIMATED SPEED</b> <b>2 - CALCULATED / EDR</b> <b>3 - UNDETERMINED</b>

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**2026-00007280**

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>			<b>DATE OF BIRTH</b>			<b>AGE</b>	<b>GENDER</b>				
<b>01</b>	<b>FORD, TYLER, JOHN</b>			<b>09151993</b>			<b>32</b>	<b>M</b>				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>								
<b>258 W MILLER AVE ,Akron ,OH 44301</b>				<b>REDACTED PER ORC 149.43(A)(1)</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>04</b>	<input type="checkbox"/>	<b>01</b>	<b>1</b>	<b>1</b>	<b>1</b>		
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>			
<b>OH</b>	<b>REDACTED PER ORC 4501:1-12</b>		<b>331.08</b>		<input checked="" type="checkbox"/>	<b>Driving in Marked La</b>			<b>30825</b>			
<b>OL CLASS</b>	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>			<b>DRUG TEST(S)</b>		
<b>4</b>			<b>1</b>	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>1</b>	<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULT SELECT UP TO 4</b>
							<b>1</b>	<b>1</b>		<b>1</b>	<b>1</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>PLUCHINSKY, BRYNN, LEE</b>			<b>06202005</b>			<b>20</b>	<b>F</b>				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>								
<b>3961 MONTEREALE DR ,CANFIELD ,OH 44406</b>				<b>REDACTED PER ORC 149.43(A)(1)</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>04</b>	<input type="checkbox"/>	<b>01</b>	<b>1</b>	<b>1</b>	<b>1</b>		
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>			
<b>OH</b>	<b>REDACTED PER ORC 4501:1-12</b>				<input type="checkbox"/>							
<b>OL CLASS</b>	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>			<b>DRUG TEST(S)</b>		
<b>4</b>			<b>1</b>	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>1</b>	<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULT SELECT UP TO 4</b>

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>			<b>DATE OF BIRTH</b>			<b>AGE</b>	<b>GENDER</b>				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</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>		
						<input type="checkbox"/>						
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>			
					<input type="checkbox"/>							
<b>OL CLASS</b>	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>			<b>DRUG TEST(S)</b>		
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULT SELECT UP TO 4</b>

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHID - D) 5 - MC MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>	<b>EJECTION</b>		<b>OL ENDORSEMENT</b>		<b>ALCOHOL TEST TYPE</b>	
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	
<b>SAFETY EQUIPMENT</b>	<b>TRAPPED</b>		<b>GENDER</b>		<b>DRUG TEST TYPE</b>	
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	
				<b>CONDITION</b>		<b>DRUG TEST RESULT(S)</b>
				1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 7 2 8 0

<b>OCCUPANT</b>	<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> PANNUNZIO, GIANNA, ROSE	<b>DATE OF BIRTH</b> 0 7   0 6   2 0   0 5		<b>AGE</b> 20	<b>GENDER</b> F
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 207 TOPAZ CIR, CANFIELD, OH 44406			<b>CONTACT PHONE - INCLUDE AREA CODE</b> REDACTED PER ORC 149.43(A)(1)		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 0 3 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</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>ADDRESS: STREET, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</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>ADDRESS: STREET, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</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>

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
<b>INJURED TAKEN BY</b>		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)	<b>EJECTION</b>
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
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
<b>GENDER</b>		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	<b>TRAPPED</b>
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</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>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>ADDRESS: STREET, CITY, STATE, ZIP</b>	<b>CONTACT PHONE - INCLUDE AREA CODE</b>		