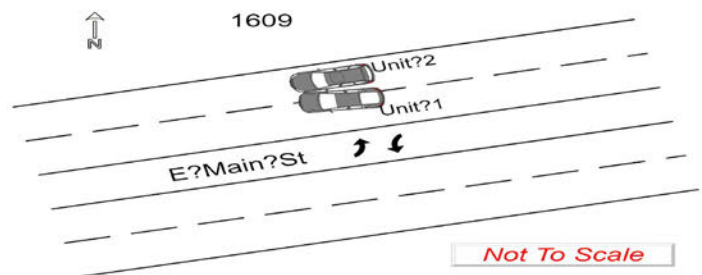


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* <b>City of Kent Police</b>		NCIC* <b>06703</b>	LOCAL REPORT NUMBER* <b>2025-00012077</b>		
COUNTY* <b>67</b>	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP <b>1</b>	LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Kent</b>		CRASH DATE / TIME* <b>08222025/1339</b>		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY <b>5</b>		
ROUTE TYPE <b>S R</b>	ROUTE NUMBER <b>59</b>	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST <b>3</b>	LOCATION ROAD NAME <b>MAIN</b>	ROAD TYPE <b>S T</b>	LATITUDE DECIMAL DEGREES <b>41.154200</b>	CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY <b>5</b>		
ROUTE TYPE <b>S R</b>	ROUTE NUMBER <b>59</b>	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST <b>3</b>	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>1609</b>	ROAD TYPE <b>S T</b>	LONGITUDE DECIMAL DEGREES <b>-81.335910</b>			
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # <b>3</b>	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST <b>3</b>	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 <b>1</b>			
DISTANCE FROM REFERENCE <b>01</b>		DISTANCE UNIT OF MEASURE 1-MILES 2-Feet 3-YARDS <b>01</b>	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 <b>01</b>		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 <b>7</b>		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST <b>1</b>	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 <b>1</b>
<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 <b>02</b>	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 <b>02</b>		CONTOUR 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN <b>1</b>	CONDITIONS 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN <b>1</b>	SURFACE 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN <b>2</b>	
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN <b>1</b>		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 <b>02</b>		NARRATIVE <b>Unit 2 was traveling westbound on E Main St near 1609 in the curb lane. Unit 1 was in the left lane also traveling westbound on E Main St. Unit 1 made an unsafe lane change to move to the curb lane and struck Unit 2.</b>				
CRASH REPORTED DATE / TIME <b>08222025/1339</b>		DISPATCH DATE / TIME <b>08222025/1341</b>		ARRIVAL DATE / TIME <b>08222025/1346</b>		SCENE CLEARED DATE / TIME <b>08222025/1420</b>		
TOTAL TIME ROADWAY CLOSED <b>000</b>	OTHER INVESTIGATION TIME <b>025</b>	TOTAL MINUTES <b>064</b>	OFFICER'S NAME* <b>Feltoon, Benjamin Aaron</b>		CHECKED BY OFFICER'S NAME* <b>Kunka, Leonard B</b>			
OFFICER'S BADGE NUMBER* <b>242</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>250</b>			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)			



Indicate the north direction with an "N" on the compass diagram.





OWNER	UNIT # <b>0 1</b>	OWNER NAME: LAST, FIRST, MIDDLE (NAME AS DRIVER) <b>HAMRICK, VICTOR, W</b>	OWNED PHONE: INCLUDE AREA CODE (NAME AS DRIVER) <b>REDACTED PER ORC 149.43(A)(1)</b>		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (NAME AS DRIVER) <b>4516 COE RD 101, Ravenna, OH 44266</b>				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE <b>O H</b>	LICENSE PLATE # <b>HHS7982</b>	VEHICLE IDENTIFICATION # <b>1 G1 Z C5 S T X P F 1 5 3 0 5 2</b>	VEHICLE YEAR <b>2 0 2 3</b>	VEHICLE MAKE <b>Chevrolet</b>
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>STATE FARM</b>	INSURANCE POLICY # <b>3957060-SFP-35</b>	COLOR <b>BLU</b>	VEHICLE MODEL <b>MALIBU</b>
	<input type="checkbox"/> COMMERCIAL	TYPE OF USE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS <b>0 2</b>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE <b>0 1</b>		1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS) 99 - UNKNOWN OR HIT/SKIP		
	# OF TRAILING UNITS <b>00</b>				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL <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 <b>0 1</b>		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL		
	CARGO BODY TYPE <b>0 1</b>		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 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN		
VEHICLE DEFECTS <b>0 1</b>		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			
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT <b>0 1</b>		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER CROSSWALK 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 15 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - OTHER / UNKNOWN		
	ACTION <b>3</b>		1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS		
	CONTRIBUTING CIRCUMSTANCES <b>0 9</b>		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 99 - OTHER IMPROPER ACTION 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 6 - IMPROPER TURN 12 - IMPROPER BACKING		
	SEQUENCE OF EVENTS		NON-COLLISION 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERISION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE		
	COLLISION WITH FIXED OBJECT - STRUCK		25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - 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 55 - OTHER / UNKNOWN 49 - FIRE HYDRANT		
	FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b>				

LOCAL REPORT NUMBER <b>2 0 2 5 - 0 0 0 1 2 0 7 7</b>	
DAMAGE DAMAGE SCALE <b>2</b> 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 <b>0 3</b> 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW <b>2</b> 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL <b>6</b> 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <b>4</b>	RAIL GRADE CROSSING <b>1</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <b>3</b> TO <b>4</b> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <b>0 3 5</b>	DETECTED SPEED <b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <b>3 5</b>	



<b>OWNER</b>	<b>UNIT #</b> <b>0 2</b>	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>BENEDIK, MARIJEAN</b>	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) <b>REDACTED PER ORC 149.43(A)(1)</b>			
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER ) <b>4057 TIMBER RUN ,Ravenna Twp ,OH 44266</b>					
	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE			
<b>VEHICLE</b>	<b>LP STATE</b> <b>OH</b>	<b>LICENSE PLATE #</b> <b>KER7601</b>	<b>VEHICLE IDENTIFICATION #</b> <b>KNDPBCA28D7463429</b>	<b>VEHICLE YEAR</b> <b>2013</b>	<b>VEHICLE MAKE</b> <b>Kia Motors</b>	
	<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> <b>STATE FARM</b>	<b>INSURANCE POLICY #</b> <b>2100488-SFP-35</b>	<b>COLOR</b> <b>BLU</b>	<b>VEHICLE MODEL</b> <b>SPORTAGE</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>TOWED BY:</b> COMPANY NAME		
	<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> <b>0 2</b>	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> <b>MATERIAL RELEASED</b> <b>CLASS #</b> <b>PLACARD ID #</b> <input type="checkbox"/> <b>PLACARD</b>		
	<b>0 3</b>		<b>1 - PASSENGER CAR</b>	<b>7 - MOTORCYCLE 2-WHEELED</b>	<b>12 - GOLF CART</b>	<b>18 - LIMO (LIVERY VEHICLE)</b>
	<b>UNIT TYPE</b>		<b>2 - PASSENGER VAN (MINIVAN)</b>	<b>8 - MOTORCYCLE 3-WHEELED</b>	<b>13 - SNOWMOBILE</b>	<b>19 - BUS (16+ PASSENGERS)</b>
	<b>00</b>		<b>3 - SPORT UTILITY VEHICLE</b>	<b>9 - AUTOCYCLE</b>	<b>14 - SINGLE UNIT TRUCK</b>	<b>20 - OTHER VEHICLE</b>
	<b># OF TRAILING UNITS</b>		<b>4 - PICKUP</b>	<b>10 - MOPED OR MOTORIZED BICYCLE</b>	<b>15 - SEMI-TRACTOR</b>	<b>21 - HEAVY EQUIPMENT</b>
			<b>5 - CARGO VAN</b>	<b>11 - ALL TERRAIN VEHICLE (ATV / UTV)</b>	<b>16 - FARM EQUIPMENT</b>	<b>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</b>
			<b>6 - VAN (9-15 SEATS)</b>	<b>17 - MOTORHOME</b>		<b>23 - PEDESTRIAN / SKATER</b>
<b>EVENT(S)</b>	<b>2</b>		<b>1 - NO AUTOMATION</b>	<b>3 - CONDITIONAL AUTOMATION</b>	<b>9 - UNKNOWN</b>	
	<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>		<b>1 - DRIVER ASSISTANCE</b>	<b>4 - HIGH AUTOMATION</b>		
	<b>1 - YES 2 - NO 9 - OTHER / UNKNOWN</b>		<b>2 - PARTIAL AUTOMATION</b>	<b>5 - FULL AUTOMATION</b>		
	<b>0 1</b>		<b>1 - NONE</b>	<b>6 - BUS - CHARTER/TOUR</b>	<b>21 - MAIL CARRIER</b>	
	<b>SPECIAL FUNCTION</b>		<b>2 - TAXI</b>	<b>7 - BUS - INTERCITY</b>	<b>99 - OTHER / UNKNOWN</b>	
			<b>3 - ELECTRONIC RIDE SHARING</b>	<b>8 - BUS - SHUTTLE</b>		
			<b>4 - SCHOOL TRANSPORT</b>	<b>9 - BUS - OTHER</b>		
			<b>5 - BUS - TRANSIT/COMMUTER</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>20 - SAFETY SERVICE PATROL</b>			
<b>VEHICLE DEFECTS</b>	<b>0 1</b>		<b>1 - NO CARGO BODY TYPE / NOT APPLICABLE</b>	<b>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE</b>	<b>5 - INTERMODAL CONTAINER CHASSIS</b>	
			<b>2 - BUS</b>	<b>4 - LOGGING</b>	<b>6 - CARGO VAN/ENCLOSED BOX</b>	
					<b>7 - GRAIN/CHIPS/GRAVEL</b>	
			<b>1 - TURN SIGNALS</b>	<b>4 - BRAKES</b>	<b>7 - WORN OR SLICK TIRES</b>	
			<b>2 - HEAD LAMPS</b>	<b>5 - STEERING</b>	<b>8 - TRAILER EQUIPMENT DEFECTIVE</b>	
			<b>3 - TAIL LAMPS</b>	<b>6 - TIRE BLOWOUT</b>	<b>9 - MOTOR TROUBLE</b>	
					<b>10 - DISABLED FROM PRIOR ACCIDENT</b>	
					<b>99 - OTHER / UNKNOWN</b>	
			<b>1 - INTERSECTION - MARKED CROSSWALK</b>	<b>3 - INTERSECTION - OTHER</b>	<b>6 - BICYCLE LANE</b>	
			<b>2 - INTERSECTION - UNMARKED CROSSWALK</b>	<b>4 - MIDBLOCK - MARKED CROSSWALK</b>	<b>7 - SHOULDER / ROADSIDE</b>	
<b>CONTRIBUTING CIRCUMSTANCES</b>	<b>0 1</b>		<b>5 - TRAVEL LANE - OTHER LOCATION</b>	<b>8 - SIDEWALK</b>	<b>9 - MEDIAN/CROSSING ISLAND</b>	
					<b>10 - DRIVEWAY ACCESS</b>	
					<b>11 - SHARED USE PATHS OR TRAILS</b>	
			<b>1 - NON-CONTACT</b>	<b>1 - STRAIGHT AHEAD</b>	<b>7 - MAKING U-TURN</b>	
			<b>2 - NON-COLLISION</b>	<b>2 - BACKING</b>	<b>8 - ENTERING TRAFFIC LANE</b>	
			<b>3 - STRIKING</b>	<b>3 - CHANGING LANES</b>	<b>9 - LEAVING TRAFFIC LANE</b>	
			<b>4 - STRUCK</b>	<b>4 - OVERTAKING/PASSING</b>	<b>10 - PARKED</b>	
			<b>5 - BOTH STRIKING &amp; STRUCK</b>	<b>5 - MAKING RIGHT TURN</b>	<b>11 - SLOWING OR STOPPED IN TRAFFIC</b>	
			<b>9 - OTHER / UNKNOWN</b>	<b>6 - MAKING LEFT TURN</b>	<b>12 - DRIVERLESS</b>	
					<b>13 - IMPROPER START FROM A PARKED POSITION</b>	
		<b>1 - NONE</b>	<b>7 - LEFT OF CENTER</b>	<b>13 - IMPROPER START FROM A PARKED POSITION</b>		
		<b>2 - FAILURE TO YIELD</b>	<b>8 - FOLLOWING TOO CLOSE / ACDA</b>	<b>14 - STOPPED OR PARKED ILLEGALLY</b>		
		<b>3 - RAN RED LIGHT</b>	<b>9 - IMPROPER LANE CHANGE</b>	<b>15 - SWERVING TO AVOID</b>		
		<b>4 - RAN STOP SIGN</b>	<b>10 - IMPROPER PASSING</b>	<b>16 - WRONG WAY</b>		
		<b>5 - UNSAFE SPEED</b>	<b>11 - DROVE OFF ROAD</b>			
		<b>6 - IMPROPER TURN</b>	<b>12 - IMPROPER BACKING</b>			
<b>SEQUENCE OF EVENTS</b>						
<b>NON-COLLISION</b>						
<b>1</b>	<b>2 0</b>	<b>1 - OVERTURN/ROLLOVER</b>	<b>6 - EQUIPMENT FAILURE</b>	<b>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</b>	<b>16 - RAILWAY VEHICLE</b>	
		<b>2 - FIRE/EXPLOSION</b>	<b>7 - SEPARATION OF UNITS</b>	<b>12 - DOWNHILL RUNAWAY</b>	<b>17 - ANIMAL - FARM</b>	
		<b>3</b>				

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



## MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER										
2 0 2 5 - 0 0 0 1 2 0 7 7										
UNIT # 0 1	NAME: LAST, FIRST, MIDDLE HAMRICK, VICTOR, W				DATE OF BIRTH 1 0 1 0 1 9 6 0		AGE 6 4	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 4516 COE RD 101 ,Ravenna ,OH 44266					CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)					
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED 331.14		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Signals Before Chang		CITATION NUMBER 30008		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE BENEDIK, SKYLAR, JENSEN				DATE OF BIRTH 0 9 2 3 2 0 0 4		AGE 2 0	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 4057 TIMBER RUN ,Ravenna Twp ,OH 44266					CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)					
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 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	<input type="checkbox"/> 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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	
INJURIES										
1 - FATAL										
2 - SUSPECTED SERIOUS INJURY										
3 - SUSPECTED MINOR INJURY										
4 - POSSIBLE INJURY										
5 - NO APPARENT INJURY										
INJURED TAKEN BY										
1 - NOT TRANSPORTED / TREATED AT SCENE										
2 - EMS										
3 - POLICE										
9 - OTHER / UNKNOWN										
SAFETY EQUIPMENT										
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										
SEATING POSITION										
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										
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)										
12 - PASSENGER IN UNENCLOSED CARGO AREA										
13 - TRAILING UNIT										
14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)										
15 - NON-MOTORIST										
99 - OTHER / UNKNOWN										
AIR BAG										
1 - NOT DEPLOYED										
2 - DEPLOYED FRONT										
3 - DEPLOYED SIDE										
4 - DEPLOYED BOTH FRONT / SIDE										
5 - NOT APPLICABLE										
9 - DEPLOYMENT UNKNOWN										
EJECTION										
1 - NOT EJECTED										
2 - PARTIALLY EJECTED										
3 - TOTALLY EJECTED										
4 - NOT APPLICABLE										
TRAPPED										
1 - NOT TRAPPED										
2 - EXTRICATED BY MECHANICAL MEANS										
3 - FREED BY NON-MECHANICAL MEANS										
OL CLASS										
1 - CLASS A										
2 - CLASS B										
3 - CLASS C										
4 - REGULAR CLASS (OHIO - D)										
5 - M/C MOPEL ONLY										
6 - NO VALID OL										
OL RESTRICTION(S)										
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										
DRIVER DISTRACTION										
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										
TEST STATUS										
1 - NONE GIVEN										
2 - TEST REFUSED										
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE										
4 - TEST GIVEN, RESULTS KNOWN										
5 - TEST GIVEN, RESULTS UNKNOWN										
ALCOHOL TEST TYPE										
1 - NONE										
2 - BLOOD										
3 - URINE										
4 - BREATH										
5 - OTHER										
DRUG TEST TYPE										
1 - NONE										
2 - BLOOD										
3 - URINE										
4 - OTHER										
CONDITION										
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										
DRUG TEST RESULT(S)										
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 5 - 0 0 0 1 2 0 7 7

OCCUPANT	UNIT # <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>HAMRICK, MELISSA, JEANNE</b>				DATE OF BIRTH <b>0 7 2 1 1 9 6 5</b>		AGE <b>6 0</b>	GENDER <b>F</b>	
	ADDRESS: STREET, CITY, STATE, ZIP <b>4524 COE RD 101 ,Ravenna ,OH 44266</b>					CONTACT PHONE - INCLUDE AREA CODE <b>REDACTED PER ORC 149.43(A)(1)</b>				
	INJURIES <b>5</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0 4</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>0 3</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
OCCUPANT	UNIT # <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>ZIPFEL, HAILEY, ELIZABETH</b>				DATE OF BIRTH <b>0 7 0 5 2 0 0 6</b>		AGE <b>1 9</b>	GENDER <b>F</b>	
	ADDRESS: STREET, CITY, STATE, ZIP <b>3895 VILLAGE CLUB DR ,POWELL ,OH 43065</b>					CONTACT PHONE - INCLUDE AREA CODE <b>REDACTED PER ORC 149.43(A)(1)</b>				
	INJURIES <b>5</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>0 4</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>0 3</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN				
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION				
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED				
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED				
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED				
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE				
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED				
M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED				
U - 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						
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					