

| | | | | | | | |
|---|---|--------------------------------|------------------------|---------------------------|--|-----------------|--|
| <input type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | 2 0 2 0 - 0 0 0 0 0 1 2 5 | | | |
| <input type="checkbox"/> SECONDARY CRASH | <input checked="" type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | NCIC* | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | NUMBER OF UNITS | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN |
| <input type="checkbox"/> PRIVATE PROPERTY | City of Kent Police | | | 0 6 7 0 3 | 0 2 | 0 2 | |

| | | | | |
|---------|-----------|------------------------------------|--------------------|----------------|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | CRASH DATE / TIME* | CRASH SEVERITY |
| 6 7 | 1 | Kent | 01022020/1535 | 5 |

| | | | | | | |
|------------|--------------|--------|--|---|-----------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES |
| | | 4 | | GRANT | S T | 41.164062 |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
| S R | 43 | | | MANTUA | S T | -81.357056 |

| | | | | | | |
|---|--|---|---|--|---|--|
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # | 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 <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <input type="checkbox"/> ROADWAY DIVIDED |
| 1 | | | | | | 4 |

| | | | | |
|---|--|---|---|--|
| 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 | 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 | 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 |
| 0 1 | | 2 | | |

| | | | | | |
|---|--|---|--------------|-----------------|--------------|
| <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 | CONDITIONS 1 | SURFACE 2 |
| | | | | | |

| | |
|--|---|
| LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | 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 |
| 1 | 0 2 |

| | |
|--|--|
| NARRATIVE | Indicate the north direction with an "N" on the compass diagram. |
| UNIT ONE WAS STOPPED ON W. GRANT ST. AT THE STOP SIGN BEFORE N. MANTUA ST. UNIT TWO WAS TRAVELING EASTBOUND BEHIND UNIT ONE. UNIT TWO FAILED TO STOP WITH AN ASSURED CLEAR DISTANCE AND STRUCK UNIT ONE, CAUSING PROPERTY DAMAGE ONLY. | |

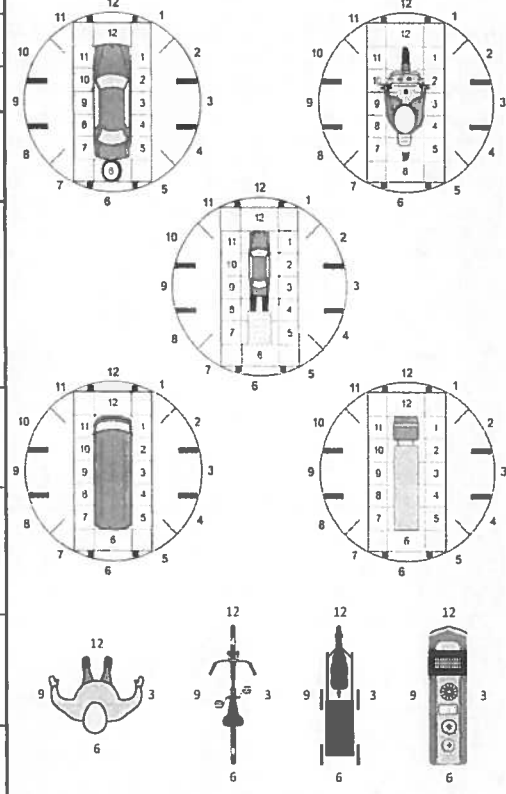
| | | | | |
|----------------------------|---------------------------|---------------------------|---------------------------|--|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME | ARRIVAL DATE / TIME | SCENE CLEARED DATE / TIME | REPORT TAKEN BY |
| 0 1 0 2 2 0 2 0 / 1 5 3 5 | 0 1 0 2 2 0 2 0 / 1 5 3 8 | 0 1 0 2 2 0 2 0 / 1 5 4 4 | 0 1 0 2 2 0 2 0 / 1 6 0 7 | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | CHECKED BY OFFICER'S NAME* |
| 0 0 0 | 0 2 0 | 0 4 9 | McNulty, Samantha S | Ennemoser, Jennifer |
| | | | OFFICER'S BADGE NUMBER* | CHECKED BY OFFICER'S BADGE NUMBER* |
| | | | 2 3 6 | 2 2 9 |

OWNER
UNIT # 01 **OWNER NAME:** LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
EON HOLDINGS
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
6300 E 37TH ST N, BELAIRE, KS 67220
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

LP STATE KS **LICENSE PLATE #** 359GMT **VEHICLE IDENTIFICATION #** 3N1AB7AP0KL615093 **VEHICLE YEAR** 2019 **VEHICLE MAKE** Nissan
 INSURANCE VERIFIED **INSURANCE COMPANY** ESURANCE **INSURANCE POLICY #** PAOH7383976 **COLOR** GRY **VEHICLE MODEL** SENTRA
 COMMERCIAL **GOVERNMENT** **IN EMERGENCY RESPONSE** **US DOT #**
 INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **#OCCUPANTS** 02 **VEHICLE WEIGHT GVWR/GCWR**
 1 - ≤10K LBS
 2 - 10,001 - 26K LBS
 3 - >26K LBS **HAZARDOUS MATERIAL**
 MATERIAL RELEASED **CLASS #** **PLACARD ID #**
 PLACARD

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY



UNIT TYPE 01
 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 ANYMAL-DRAWN VEHICLE 27 - TRAIN
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP
OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2
 1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL** 0
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 01
 1 - NONE 5 - 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 01
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
 7 - GRAINCHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

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

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

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 15 - WALKING, RUNNING, JOGGING, PLAYING
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 16 - WORKING 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN

ACTION 4 **PRE-CRASH ACTIONS** 11
 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 - OR VERLESS

INITIAL POINT OF CONTACT
 0 - NO DAMAGE 14 - UNDERCARRIAGE
06 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 01
 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 - LEAD 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 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
 6 - IMPROPER FLARE 12 - IMPROPER BACKING

TRAFFIC
TRAFFICWAY FLOW 2
 1 - ONE WAY
 2 - TWO WAY
TRAFFIC CONTROL 4
 1 - ROUNDABOUT 4 - STOP SIGN
 2 - SIGNAL 5 - YIELD SIGN
 3 - FLASHER 6 - NO CONTROL

SEQUENCE OF EVENTS
20 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 - PATTY 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 3 - IMMERSION 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 MOTOR VEHICLE

OF THROUGH LANES ON ROAD 2
RAIL GRADE CROSSING 1
 1 - NOT INVOLVED
 2 - INVOLVED - ACTIVE CROSSING
 3 - INVOLVED - PASSIVE CROSSING

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 99 - OTHER / UNKNOWN
 49 - FIRE HYDRANT

UNIT / NON-MOTORIST DIRECTION
FROM 4 TO 3
 1 - NORTH 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

UNIT SPEED 000
POSTED SPEED
DETECTED SPEED 1
 1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED

OWNER

UNIT # **02** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **ENGLAND, ALISA, D**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **127 GARDEN CT, Ravenna, OH 44266**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____

LOCAL REPORT NUMBER
2020-00000125

VEHICLE

LP STATE **OH** LICENSE PLATE # **DFL4051** VEHICLE IDENTIFICATION # **1J4GW48S44C100885** VEHICLE YEAR **2004** VEHICLE MAKE **Jeep**

INSURANCE VERIFIED INSURANCE COMPANY **PROGRESSIVE** INSURANCE POLICY # **923336965** COLOR **GRN** VEHICLE MODEL **CHEROKEE**

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS **01** VEHICLE WEIGHT GVWR/GCWR
 1 - <10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.

MATERIAL RELEASED PLACARD HAZARDOUS MATERIAL CLASS # PLACARD ID #

03 UNIT TYPE
 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 (15+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 25 - OTHER VEHIC MOTORIST
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
 5 - CABOVERVAN 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

OF TRAILING UNITS _____

DAMAGE

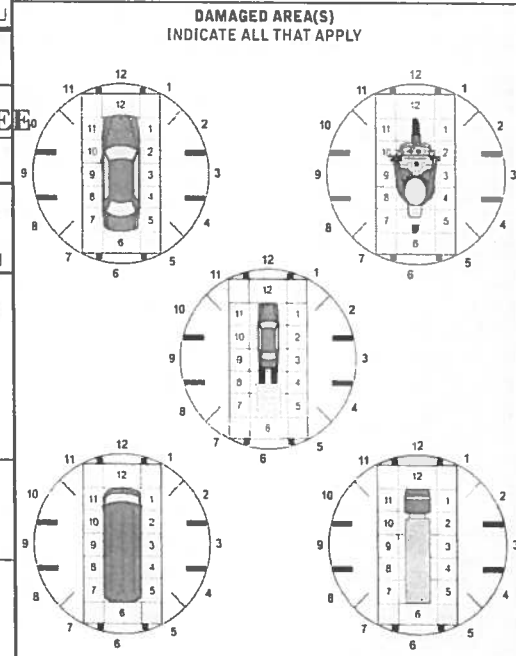
DAMAGE SCALE
1 1 - NONE 3 - FUNCTIONAL DAMAGE
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE
 9 - UNKNOWN

2 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
 1 - YES 2 - NO 9 - OTHER / UNKNOWN **0** AUTONOMOUS MODE LEVEL
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

01 SPECIAL FUNCTION
 1 - NONE 5 - 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

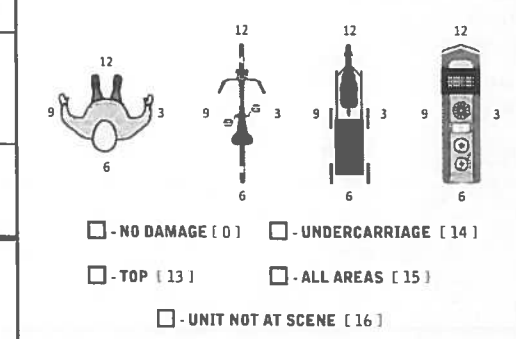
01 CARGO BODY TYPE
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

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 - MEDIA/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 **11** PRE-CRASH ACTIONS
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE OR LEAVING VEHICLE 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 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN



EVENTS

08 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 - LOAD SHIFTING/FALLING/SPILLING 19 - OPENING DOOR INTO ROADWAY 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 17 - IMPROPER CROSSING
 6 - IMPROPER TURN 12 - IMPROPER BACKING

SEQUENCE OF EVENTS
1 2 0 1 - OVERTURN ROLL-OVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTER LINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE OR ANIMAL - RAMP 21 - WORK ZONE MAINTENANCE EQUIPMENT
 2 - FIRE EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 19 - ANIMAL - OTHER 24 - OTHER MOVABLE OBJECT
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 20 - MOTOR VEHICLE IN TRANSPORT
 5 - CARGO EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE
 3 - _____

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 - MEDIA/CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
 28 - BRIDGE PARAPET 34 - MEDIA GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
 29 - BRIDGE RAIL 35 - MEDIA CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
 30 - GUARDRAIL FACE 36 - MEDIA OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN
 49 - FIRE HYDRANT

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

TRAFFIC

TRAFFICWAY FLOW
2 1 - ONE-WAY
 2 - TWO-WAY

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

OF THROUGH LANES ON ROAD
2

RAIL GRADE CROSSING
1 1 - NOT INVOLVED
 2 - INVOLVED - ACTIVE CROSSING
 3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION
FROM 4 TO 3
 1 - NORTH 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

UNIT SPEED
005

POSTED SPEED
25

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2020-00000125

| | | | | |
|---|---|---|---|--|
| UNIT # 01 | NAME: LAST, FIRST, MIDDLE GREEN, HILDA, M | DATE OF BIRTH 01071979 | AGE 40 | GENDER F |
| ADDRESS: STREET, CITY, STATE, ZIP 182 DALE DR 103, Kent, OH 44240 | | CONTACT PHONE - INCLUDE AREA CODE | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 |
| OL STATE O H | OPERATOR LICENSE NUMBER RT880095 | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION |
| 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 1 |

| | | | | |
|--|---|---|---|--|
| UNIT # 02 | NAME: LAST, FIRST, MIDDLE ENGLAND, ALISA, D | DATE OF BIRTH 06091959 | AGE 60 | GENDER F |
| ADDRESS: STREET, CITY, STATE, ZIP 127 GARDEN CT, Ravenna, OH 44266 | | CONTACT PHONE - INCLUDE AREA CODE | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 |
| OL STATE O H | OPERATOR LICENSE NUMBER RR281344 | OFFENSE CHARGED 333.03 | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Maximum Speed Limits |
| 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 1 |
| CITATION NUMBER 65266 | | | | |

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|-----------------------------------|-------------------------------|-----------------------------------|---|------------------------------------|
| 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 |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED |
| CONDITION | | ALCOHOL TEST STATUS TYPE VALUE | | DRUG TEST(S) STATUS TYPE RESULT |

| 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 - MOPED ONLY | 5 - EXCEPT CLASS A & CLASS B BUS | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5 - TEST GIVEN RESULTS UNKNOWN |
| 6 - SECOND - RIGHT SIDE | 6 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 9 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL | 6 - EXCEPT CLASS A & CLASS B BUS | 6 - PASSENGER | |
| 7 - THIRD - MIDDLE | 7 - THIRD - RIGHT SIDE | | | 7 - EXCEPT TRACTOR-TRAILER | | |
| 8 - THIRD - RIGHT SIDE | 8 - TRAILING UNIT | | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | | |
| 9 - OTHER UNKNOWN | 9 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | 9 - LEARNER'S PERMIT RESTRICTIONS | | |
| | 99 - OTHER / UNKNOWN | | | 10 - LIMITED DAYLIGHT NIGHT DRIVING | | |
| | | | | 11 - LIMITED TO ENROUTE | | |
| | | | | 12 - LIMITED - OTHER | | |
| | | | | 13 - LIMITED - OTHER | | |
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
 2 0 2 0 - 0 0 0 0 0 1 2 5

UNIT # 01 **NAME:** LAST, FIRST, MIDDLE
GREEN, MASON, SHALLING

ADDRESS: STREET, CITY, STATE, ZIP
182 DALE DR 103, Kent, OH 44240

INJURIES 5 **INJURED TAKEN BY** **EMS AGENCY (NAME)** **INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)** **SAFETY EQUIPMENT USED** 0,4

DATE OF BIRTH 0 4 2 5 1 9 9 9 **AGE** 20 **GENDER** M

CONTACT PHONE - INCLUDE AREA CODE

DOT-COMPLIANT MC HELMET **SEATING POSITION** 0 3 **AIR BAG USAGE** 1 **EJECTION** 1 **TRAPPED** 1

UNIT # **NAME:** LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

INJURIES **INJURED TAKEN BY** **EMS AGENCY (NAME)** **INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)** **SAFETY EQUIPMENT USED**

DATE OF BIRTH **AGE** **GENDER**

CONTACT PHONE - INCLUDE AREA CODE

DOT-COMPLIANT MC HELMET **SEATING POSITION** **AIR BAG USAGE** **EJECTION** **TRAPPED**

UNIT # **NAME:** LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

INJURIES **INJURED TAKEN BY** **EMS AGENCY (NAME)** **INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)** **SAFETY EQUIPMENT USED**

DATE OF BIRTH **AGE** **GENDER**

CONTACT PHONE - INCLUDE AREA CODE

DOT-COMPLIANT MC HELMET **SEATING POSITION** **AIR BAG USAGE** **EJECTION** **TRAPPED**

UNIT # **NAME:** LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

INJURIES **INJURED TAKEN BY** **EMS AGENCY (NAME)** **INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)** **SAFETY EQUIPMENT USED**

DATE OF BIRTH **AGE** **GENDER**

CONTACT PHONE - INCLUDE AREA CODE

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 |
| | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN |
| | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | |
| | 8 - HELMET USED | 8 - THIRD - MIDDLE | |
| | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE | |
| | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | |
| | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK UP WITH CAP) | |
| | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | |
| | | 13 - TRAILING UNIT | |
| | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | |
| | | 15 - NON MOTORIST | |
| | | 99 - OTHER UNKNOWN | |

NAME **DATE OF BIRTH** **AGE** **GENDER**

ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

DATE OF BIRTH **AGE** **GENDER**

CONTACT PHONE - INCLUDE AREA CODE

NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

INJURIES **INJURED TAKEN BY** **EMS AGENCY (NAME)** **INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)** **SAFETY EQUIPMENT USED**

DATE OF BIRTH **AGE** **GENDER**

CONTACT PHONE - INCLUDE AREA CODE

NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

INJURIES **INJURED TAKEN BY** **EMS AGENCY (NAME)** **INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)** **SAFETY EQUIPMENT USED**

DATE OF BIRTH **AGE** **GENDER**

CONTACT PHONE - INCLUDE AREA CODE