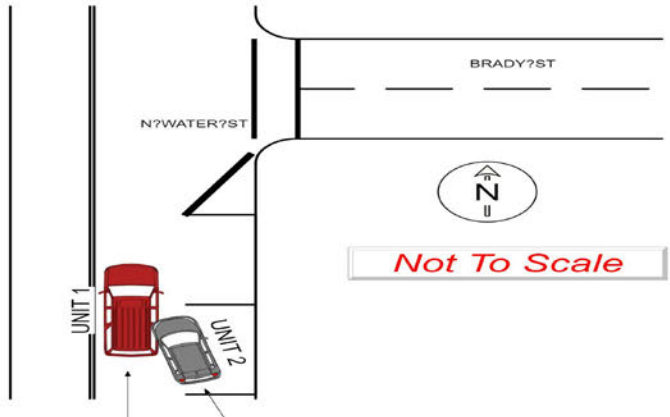


| | | | | | | | | | | | |
|--|--------------|--|--|---|--|--|---------------------------|---|-----------------|--|--|
| <input type="checkbox"/> PHOTOS TAKEN | | <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | | 2 0 2 5 - 0 0 0 0 9 6 3 7 | | | | | |
| <input type="checkbox"/> SECONDARY CRASH | | <input checked="" type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | | NCIC* | | HIT/SKIP | NUMBER OF UNITS | UNIT IN ERROR | |
| <input type="checkbox"/> PRIVATE PROPERTY | | | | City of Kent Police | | 0 6 7 0 3 | | 1 - SOLVED 2 - UNSOLVED | 0 2 | 98 - ANIMAL 99 - UNKNOWN | |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | | | CRASH DATE / TIME* | | CRASH SEVERITY | | | |
| 6 7 | 1 | Kent | | | | 07/07/2025/1334 | | 5 | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | | ROUTE TYPE | LATITUDE DECIMAL DEGREES | CRASH SEVERITY | | | |
| | | 1 | | WATER | | S T | 41.156707 | 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | | ROUTE TYPE | LONGITUDE DECIMAL DEGREES | | | | |
| | | | | BRADY | | S T | -81.358071 | | | | |
| REFERENCE POINT | | DIRECTION FROM REFERENCE | | ROUTE TYPE | | ROAD TYPE | | INTERSECTION RELATED | | | |
| 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # | | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | | 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 | | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE | | | | | | ROADWAY | | | |
| 2 0 | | 2 | | | | | | <input type="checkbox"/> ROADWAY DIVIDED | | | |
| LOCATION OF FIRST HARMFUL EVENT | | | | MANNER OF CRASH COLLISION/IMPACT | | | | DIRECTION OF TRAVEL | | MEDIAN TYPE | |
| 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 | | | | 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 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | 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 | | LOCATION OF CRASH IN WORK ZONE | | CONTOUR | | CONDITIONS | | SURFACE | |
| | | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | | 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | | 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | | 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN | |
| LIGHT CONDITION | | | | WEATHER | | | | | | | |
| 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | | | 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 | | | | | | Indicate the north direction with an "N" on the compass diagram. | | | | | |
| UNIT 1 WAS DRIVING NORTHBOUND ON N WATER ST. UNIT 2 WAS PARKED IN A STREET PARKING SPACE ALONG N WATER ST. UNIT 2 FAILED TO YIELD TO UNIT 1 AND PULLED OUT INTO THE ROADWAY STRIKING UNIT 1. | | | | | |  | | | | | |
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | | REPORT TAKEN BY | | | |
| 07/07/2025/1334 | | 07/07/2025/1336 | | 07/07/2025/1341 | | 07/07/2025/1401 | | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS) | | | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | | OFFICER'S NAME* | | CHECKED BY OFFICER'S NAME* | | | |
| 0 0 0 | | 0 1 0 | | 0 3 5 | | Driscoll, Sean D | | Ennemoser, James | | | |
| | | | | | | OFFICER'S BADGE NUMBER* | | CHECKED BY OFFICER'S BADGE NUMBER* | | | |
| | | | | | | 2 2 0 | | 2 5 5 | | | |

| | | | | | |
|---|---|--|---|---|--------------------------------|
| OWNER | UNIT # 0 1 | OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER IRISH, TRISTON, MICHAEL | OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER REDACTED PER ORC 149.43(A)(1) | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER 1412 MURRAY AVE, Cuyahoga Falls, OH 44221 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE O H | LICENSE PLATE # KML5911 | VEHICLE IDENTIFICATION # 5 N1 A A 0 N C 1 C N 6 0 8 0 4 9 | VEHICLE YEAR 2 0 1 2 | VEHICLE MAKE Nissan |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY ALLSTATE | INSURANCE POLICY # 826793372 | COLOR MAR | VEHICLE MODEL ARMADA |
| | 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 | 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 0 3 | | 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 00 | | | | |
| | 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 0 1 | | 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 0 1 | | 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 0 1 | | 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 0 1 | | 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 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - OTHER / UNKNOWN | | |
| | ACTION 4 | | 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 0 1 | | 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 - 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 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 1 MOST HARMFUL EVENT 1 | | | | |

| | |
|--|---|
| LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 0 9 6 3 7 | |
| DAMAGE DAMAGE SCALE 3 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 4 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN | |
| TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY | TRAFFIC CONTROL 6 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 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 0 2 5 | DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 2 5 | |

| | | | | | |
|---|---|--|---|---|------------------------------|
| OWNER | UNIT # 0 2 | OWNER NAME: LAST, FIRST, MIDDLE (NAME AS DRIVER) JOHNSTON, IAN, PATRICK | OWNED PHONE: INCLUDE AREA CODE (NAME AS DRIVER) REDACTED PER ORC 149.43(A)(1) | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (NAME AS DRIVER) 444 FREEDOM ST, Ravenna, OH 44266 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE O H | LICENSE PLATE # KFX9271 | VEHICLE IDENTIFICATION # J T H K D 5 B H 4 E 2 1 8 1 8 2 3 | VEHICLE YEAR 2 0 1 4 | VEHICLE MAKE Lexus |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY ERIE INSURANCE | INSURANCE POLICY # Q03-6810648 | COLOR SIL | VEHICLE MODEL CT |
| | 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 1 | 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 0 1 | | 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) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP | | |
| | # OF TRAILING UNITS 0 | | | | |
| | 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 0 1 | | 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 0 1 | | 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 0 1 | | 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 0 1 | | 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 3 | | 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 0 2 | | 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 1 MOST HARMFUL EVENT 1 | | | | |

| | |
|--|---|
| LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 0 9 6 3 7 | |
| DAMAGE DAMAGE SCALE 3 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 1 1 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN | |
| TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 6 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 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 0 0 2 | DETECTED SPEED 1 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 0 9 6 3 7 | | | | | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | |
| 0 1 | BOSEN, MORIAH, MAE | | | | 0 8 0 7 2 0 0 1 | | 23 | F | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| 1412 MURRAY AVE ,Cuyahoga Falls ,OH 44221 | | | | | REDACTED PER ORC 149.43(A)(1) | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| 5 | | | | | 0 4 | <input type="checkbox"/> | 0 1 | 1 | 1 | 1 | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | |
| O H | REDACTED PER ORC 4501:1-12 | | | | <input type="checkbox"/> | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | | |
| 4 | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <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 | JOHNSTON, IAN, PATRICK | | | | 1 2 2 3 2 0 0 2 | | 22 | M | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| 444 S FREEDOM ST ,Ravenna ,OH 44266 | | | | | REDACTED PER ORC 149.43(A)(1) | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| 5 | | | | | 0 4 | <input type="checkbox"/> | 0 1 | 1 | 1 | 1 | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | |
| O H | REDACTED PER ORC 4501:1-12 | | 331.22 | | <input checked="" type="checkbox"/> | Driving onto Roadway | | 28596 | | | | | |
| 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 | |
| | | | | | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | |
| | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| | | | | | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| | | | | | | <input type="checkbox"/> | | | | | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | |
| | | | | | <input type="checkbox"/> | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | | |
| | | | | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | | STATUS | TYPE | VALUE | STATUS | TYPE | RESULT SELECT UP TO 4 | |
| | | | | | | | | | | | | | |
| INJURIES | | SEATING POSITION | | AIR BAG | | OL CLASS | | OL RESTRICTION(S) | | DRIVER DISTRACTION | | TEST STATUS | |
| 1 - FATAL | | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | | 1 - NOT DEPLOYED | | 1 - CLASS A | | 1 - ALCOHOL INTERLOCK DEVICE | | 1 - NOT DISTRACTED | | 1 - NONE GIVEN | |
| 2 - SUSPECTED SERIOUS INJURY | | 2 - FRONT - MIDDLE | | 2 - DEPLOYED FRONT | | 2 - CLASS B | | 2 - CDL INTRASTATE ONLY | | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | | 2 - TEST REFUSED | |
| 3 - SUSPECTED MINOR INJURY | | 3 - FRONT - RIGHT SIDE | | 3 - DEPLOYED SIDE | | 3 - CLASS C | | 3 - CORRECTIVE LENSES | | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | |
| 4 - POSSIBLE INJURY | | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | | 4 - DEPLOYED BOTH FRONT / SIDE | | 4 - REGULAR CLASS (OHIO - D) | | 4 - FARM WAIVER | | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE | | 4 - TEST GIVEN, RESULTS KNOWN | |
| 5 - NO APPARENT INJURY | | 5 - SECOND - MIDDLE | | 5 - NOT APPLICABLE | | 5 - M/C MOPEL ONLY | | 5 - EXCEPT CLASS A BUS & 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 | | 7 - EXCEPT TRACTOR-TRAILER | | 6 - PASSENGER | | ALCOHOL TEST TYPE | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | EJECTION | | H - HAZMAT | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | 1 - NONE | |
| 2 - EMS | | 8 - THIRD - MIDDLE | | 1 - NOT EJECTED | | M - MOTORCYCLE | | 9 - LEARNER'S PERMIT RESTRICTIONS | | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | | 2 - BLOOD | |
| 3 - POLICE | | 9 - THIRD - RIGHT SIDE | | 2 - PARTIALLY EJECTED | | P - PASSENGER | | 10 - LIMITED TO DAYLIGHT ONLY | | 9 - OTHER / UNKNOWN | | 3 - URINE | |
| 9 - OTHER / UNKNOWN | | 10 - SLEEPER SECTION OF TRUCK CAB | | 3 - TOTALLY EJECTED | | N - TANKER | | 11 - LIMITED TO EMPLOYMENT | | CONDITION | | 4 - BREATH | |
| SAFETY EQUIPMENT | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 4 - NOT APPLICABLE | | Q - MOTOR SCOOTER | | 12 - LIMITED - OTHER | | 1 - APPARENTLY NORMAL | | 5 - OTHER | |
| 1 - NONE USED | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | TRAPPED | | R - THREE-WHEEL MOTORCYCLE | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | 2 - PHYSICAL IMPAIRMENT | | DRUG TEST TYPE | |
| 2 - SHOULDER BELT ONLY USED | | 13 - TRAILING UNIT | | 1 - NOT TRAPPED | | S - SCHOOL BUS | | 14 - MILITARY VEHICLES ONLY | | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | | 1 - NONE | |
| 3 - LAP BELT ONLY USED | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 2 - EXTRICATED BY MECHANICAL MEANS | | T - DOUBLE & TRIPLE TRAILERS | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | 4 - ILLNESS | | 2 - BLOOD | |
| 4 - SHOULDER & LAP BELT USED | | 15 - NON-MOTORIST | | 3 - FREED BY NON-MECHANICAL MEANS | | X - TANKER / HAZMAT | | 16 - OUTSIDE MIRROR | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | 3 - URINE | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | 99 - OTHER / UNKNOWN | | GENDER | | | | 17 - PROSTHETIC AID | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | 4 - OTHER | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | | F - FEMALE | | | | 18 - OTHER | | 9 - OTHER / UNKNOWN | | DRUG TEST RESULT(S) | |
| 7 - BOOSTER SEAT | | | | M - MALE | | | | | | | | 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 0 9 6 3 7

| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | ADDRESS: STREET, CITY, STATE, ZIP 1412 MURRAY AVE ,Cuyahoga Falls ,OH 44221 | | | | | CONTACT PHONE - INCLUDE AREA CODE <div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">INJURIES</th> <th style="width:25%;">SAFETY EQUIPMENT USED</th> <th style="width:25%;">SEATING POSITION</th> <th style="width:25%;">AIR BAG USAGE</th> </tr> <tr> <td>1 - FATAL</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>INJURED TAKEN BY</td> <td>6 - CHILD RESTRAINT SYSTEM – REAR FACING</td> <td>6 - SECOND – RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td>1 - NOT TRANSPORTED /TREATED AT SCENE</td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td>EJECTION</td> </tr> <tr> <td>2 - EMS</td> <td>8 - HELMET USED</td> <td>8 - THIRD – MIDDLE</td> <td>1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD – RIGHT SIDE</td> <td>2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td>3 - TOTALLY EJECTED</td> </tr> <tr> <td>GENDER</td> <td>11 - LIGHTING – PEDESTRIAN / BICYCLE ONLY</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>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>TRAPPED</td> </tr> <tr> <td>M - MALE</td> <td></td> <td>13 - TRAILING UNIT</td> <td>1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>15 - NON-MOTORIST</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>99 - OTHER / UNKNOWN</td> <td></td> </tr> </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 - 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 | |
| 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 <div></div> | | <div></div> | <div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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