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|--|--|---|---|---|---|--|---|
| <input type="checkbox"/> PHOTOS TAKEN | | <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION KENT | | 2 0 2 5 - 0 0 0 0 7 4 1 8 | |
| <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* City of Kent Police | | NCIC* 0 6 7 0 3 | HIT/SKIP 1 - SOLVED 2 - UNSOLVED |
| <input type="checkbox"/> PRIVATE PROPERTY | | | | | | NUMBER OF UNITS 0 2 | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 1 |
| COUNTY* 6 7 | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1 | LOCATION: CITY, VILLAGE, TOWNSHIP* Kent | | CRASH DATE / TIME* 05282025/1026 | | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5 | |
| ROUTE TYPE 3 | ROUTE NUMBER 3 | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3 | LOCATION ROAD NAME SUMMIT | ROAD TYPE S T | LATITUDE DECIMAL DEGREES 41.143041 | ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | |
| ROUTE TYPE 3 | ROUTE NUMBER 3 | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3 | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) TED BOYD | ROAD TYPE D R | LONGITUDE DECIMAL DEGREES -81.339815 | | |
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1 | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1 | 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 | 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 NUMBER OF APPROACHES 4 | |
| DISTANCE FROM REFERENCE 0 | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2 | LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN 0 1 | | MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 7 | | DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1 | |
| WORK ZONE RELATED <input type="checkbox"/> | | WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | | LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | | CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | |
| WORKERS PRESENT <input type="checkbox"/> | | CONDITIONS 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | | SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN | | | |
| LAW ENFORCEMENT PRESENT <input type="checkbox"/> | | LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | WEATHER 0 2 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 | | | |
| ACTIVE SCHOOL ZONE <input type="checkbox"/> | | | | | | | |
| NARRATIVE UNIT TWO WAS TRAVELING WEST BOUND ON E. SUMMIT ST. UNIT TWO WAS ON THE ROAD WAY IN THE ROUND ABOUT CONTINUING WESTBOUND. UNIT ONE WAS DRIVING SOUTHBOUND ON JOHNSTON DR. TOWARD THE ROUND ABOUT. UNIT ONE ENTERED THE ROUND ABOUT WITHOUT YIELDING FOR UNIT TWO. UNIT ONE STRUCK UNIT TWO ON THE PASSENGER SIDE. | | | | | | | |
| | | | | | | | |
| CRASH REPORTED DATE / TIME 0 5 2 8 2 0 2 5 / 1 0 2 6 | | DISPATCH DATE / TIME 0 5 2 8 2 0 2 5 / 1 0 2 8 | | ARRIVAL DATE / TIME 0 5 2 8 2 0 2 5 / 1 0 3 3 | | SCENE CLEARED DATE / TIME 0 5 2 8 2 0 2 5 / 1 0 5 2 | |
| TOTAL TIME ROADWAY CLOSED 0 0 0 | OTHER INVESTIGATION TIME 0 3 0 | TOTAL MINUTES 0 5 4 | OFFICER'S NAME* Bruno, Samantha | | CHECKED BY OFFICER'S NAME* Ennemoser, James | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| | | | OFFICER'S BADGE NUMBER* 2 5 4 | | CHECKED BY OFFICER'S BADGE NUMBER* 2 5 5 | | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) |

| | | | | | |
|---|--|---|---|---|-------------------------------|
| OWNER | UNIT # 0 1 | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) AKTER, JESMIN | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1) | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 2201 SAVOY AVE, Akron, OH 44305 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE O H | LICENSE PLATE # T408848 | VEHICLE IDENTIFICATION # J T M B F R E V 8 J J 7 4 5 3 4 7 | VEHICLE YEAR 2 0 1 8 | VEHICLE MAKE Toyota |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY SONNENBERG | INSURANCE POLICY # ssv3402445863 | COLOR BLU | VEHICLE MODEL RAV 4 |
| | <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 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 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP | | |
| | # OF TRAILING UNITS 00 | | | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | AUTONOMOUS MODE LEVEL 0 1 - NO AUTOMATION 2 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | | |
| | SPECIAL FUNCTION 0 1 | | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | | |
| | CARGO BODY TYPE 0 1 | | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN | | |
| VEHICLE DEFECTS | | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN | | | |
| NON-MOTORIST LOCATION AT IMPACT | | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN | | | |
| ACTION 3 | | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN | | | |
| CONTRIBUTING CIRCUMSTANCES 0 2 | | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION | | | |
| SEQUENCE OF EVENTS | | NON-COLLISION 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTORVEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT | | | |
| COLLISION WITH FIXED OBJECT - STRUCK | | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | | | |
| FIRST HARMFUL EVENT 1 | | MOST HARMFUL EVENT 1 | | | |

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| LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 0 7 4 1 8 | |
| DAMAGE DAMAGE SCALE 3 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN | |
| TRAFFIC TRAFFICWAY FLOW 1 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 5 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL | |
| # OF THROUGH LANES ON ROAD 1 | RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION FROM 1 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 0 1 0 | DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 2 5 | |

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|---|---|--|---|---|--------------------------------|
| OWNER | UNIT # 0 2 | OWNER NAME: LAST, FIRST, MIDDLE (X) (NAME AS DRIVER) BOREDDY, CHANDRA, SHEKAR REDDY | OWNER PHONE: INCLUDE AREA CODE (X) (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1) | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) (SAME AS DRIVER) 1624 ATHENA DR, Kent, OH 44240 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE O H | LICENSE PLATE # KFX6832 | VEHICLE IDENTIFICATION # KMHL64JA7RA390091 | VEHICLE YEAR 2 0 2 4 | VEHICLE MAKE Hyundai |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY PROGRESSIVE | INSURANCE POLICY # 991345106 | COLOR SIL | VEHICLE MODEL SONATA |
| | 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 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) 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 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 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 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 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 | | |

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| LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 0 7 4 1 8 | |
| 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 3 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN | |
| TRAFFICWAY FLOW 1 1 - ONE-WAY 2 - TWO-WAY | TRAFFIC CONTROL 5 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD 1 | RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 0 1 5 | 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 7 4 1 8 | | | | | | | | | | |
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE AKTER, JESMIN | | | | DATE OF BIRTH 0 2 1 2 1 9 8 5 | | AGE 4 0 | GENDER F | | |
| ADDRESS: STREET, CITY, STATE, ZIP 2201 SAVOY AVE ,Akron ,OH 44305 | | | | | 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 331.18 | | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Operation of Vehicle | | CITATION NUMBER 29188 | | |
| 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 BOREDDY, CHANDRA, SHEKAR REDDY | | | | DATE OF BIRTH 1 0 1 2 2 0 0 0 | | AGE 2 4 | GENDER M | | |
| ADDRESS: STREET, CITY, STATE, ZIP 1624 ATHENA DR ,Kent ,OH 44240 | | | | | 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 | | | | | | | | | | |
| 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 0 7 4 1 8

| | | | | | |
|-----------------|--|--|---|--|-------------------------------------|
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE 02 MANOJ, SATYA, SAI | DATE OF BIRTH 0 7 2 5 1 9 9 6 | AGE 2 8 | GENDER M |
| | ADDRESS: STREET, CITY, STATE, ZIP 1999 HASTINGS DR ,Kent ,OH 44240 | | CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1) | | |
| OCCUPANT | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 |
| | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 3 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | | |
| OCCUPANT | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED |
| | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | | |
| OCCUPANT | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED |
| | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

| INJURIES | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE |
|--|---|---|---|
| 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN | 1 - 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 | 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN |
| INJURED TAKEN BY 1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN | | | EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE |
| GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN | | | TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS |

| | | | |
|--|--|------------|---------------|
| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | |
| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | |
| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | |