

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

21-25613

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH -2	<input checked="" type="checkbox"/> OH -3	LOCAL INFORMATION	4002 SHARON COPLEY
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME *	NCIC *
<input type="checkbox"/> PRIVATE PROPERTY			Montville Police Department	05213
HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
1 - SOLVED	1	98 - ANIMAL		
2 - UNSOLVED		99 - UNKNOWN		

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
52	3	Montville (Township of)	05/05/2021 20:37	5

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
SR	162				41.106574
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
			4002 Sharon Copley		-81.832597

REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
3	3	IR - INTERSTATE ROUTE (TP)	AL - ALLEY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
		US - FEDERAL US ROUTE	AV - AVENUE	<input type="checkbox"/> WITHIN INTERCHANGE AREA
		SR - STATE ROUTE	BL - BOULEVARD	NUMBER OF APPROACHES
		CR - NUMBERED COUNTY ROUTE	CT - COURT	
		TR - NUMBERED TOWNSHIP ROUTE	DR - DRIVE	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE		HE - HEIGHTS	ROADWAY
50.00	2		PL - PLACE	<input type="checkbox"/> ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
1	1	1 - NORTH	1 - DIVIDED FLUSH MEDIAN (<4 FEET)
		2 - SOUTH	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
		3 - EAST	3 - DIVIDED, DEPRESSED MEDIAN
		4 - WEST	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
			9 - OTHER / UNKNOWN

WORK ZONE RELATED	WORKERS PRESENT	LAW ENFORCEMENT PRESENT	ACTIVE SCHOOL ZONE	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
				1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	2	1	2
				2 - LANE SHIFT/ CROSSOVER	2 - ADVANCE WARNING AREA			
				3 - WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA			
				4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA			
				5 - OTHER	5 - TERMINATION AREA			

LIGHT CONDITION	WEATHER
2	2

NARRATIVE

Unit #1 was westbound on Sharon Copley Rd. in the 3900 block when a deer ran out into the roadway. Unable to avoid the animal, Unit #1 struck the deer with the right front, causing damage to the grill, front fascia, and lights. The deer was dispatched at the scene and, due to a dangerous roadway location, the driver proceeded to his nearby residence and the report was obtained there.

Sharon Copley Rd (SR 162)

CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
05/05/2021 20:37	05/05/2021 20:37	05/05/2021 20:44	05/05/2021 21:34	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*
0	0	57	Hazek, Daniel	1606
			OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*
			1607	1606
				<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

OWNER	UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) BROWN, JUSTIN, B.	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) [REDACTED]			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 6518 MORNING GLORY LN., MEDINA, OH, 44256					
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # FYF9214	VEHICLE IDENTIFICATION # 1C4RJFBGMCM559988	VEHICLE YEAR 2021	VEHICLE MAKE JEEP	
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY WAYNE MUTUAL	INSURANCE POLICY # PAP0284876	COLOR GRY	VEHICLE MODEL GRAND CHEROKEE	
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME		
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	HAZARDOUS MATERIAL		
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR		
	1 - PASSENGER CAR		1 - <10K LBS.	<input type="checkbox"/> MATERIAL		
	2 - PASSENGER VAN (MINIVAN)		2 - 10.001 - 26K LBS.	<input type="checkbox"/> RELEASED		
	3 - SPORT UTILITY VEHICLE		3 - > 26K LBS.	<input type="checkbox"/> PLACARD		
	4 - PICK UP					
	5 - CARGO VAN					
UNIT TYPE						
1 - PASSENGER CAR						
2 - PASSENGER VAN (MINIVAN)						
3 - SPORT UTILITY VEHICLE						
4 - PICK UP						
5 - CARGO VAN						
6 - VAN (9-15 SEATS)						
7 - MOTORCYCLE 2-WHEELED						
8 - MOTORCYCLE 3-WHEELED						
9 - AUTOCYCLE						
10 - MOPED OR MOTORIZED BICYCLE						
11 - ALL TERRAIN VEHICLE (ATV/UTV)						
12 - GOLF CART						
13 - SNOWMOBILE						
14 - SINGLE UNIT TRUCK						
15 - SEMI-TRACTOR						
16 - FARM EQUIPMENT						
17 - MOTORHOME						
18 - LIMO (LIVERY VEHICLE)						
19 - BUS (16+ PASSENGERS)						
20 - OTHER VEHICLE						
21 - HEAVY EQUIPMENT						
22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE						
23 - PEDESTRIAN/SKATER						
24 - WHEELCHAIR (ANY TYPE)						
25 - OTHER NON-MOTORIST						
26 - BICYCLE						
27 - TRAIN						
99 - UNKNOWN OR HIT/SKIP						
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?						
0 - NO AUTOMATION						
1 - DRIVER ASSISTANCE						
2 - PARTIAL AUTOMATION						
3 - CONDITIONAL AUTOMATION						
4 - HIGH AUTOMATION						
5 - FULL AUTOMATION						
9 - UNKNOWN						
SPECIAL FUNCTION						
1 - NONE						
2 - TAXI						
3 - ELECTRONIC RIDE SHARING						
4 - SCHOOL TRANSPORT						
5 - BUS - TRANSIT/COMMUTER						
6 - BUS - CHARTER/TOUR						
7 - BUS - INTERCITY						
8 - BUS - SHUTTLE						
9 - BUS - OTHER						
10 - AMBULANCE						
11 - FIRE						
12 - MILITARY						
13 - POLICE						
14 - PUBLIC UTILITY						
15 - CONSTRUCTION EQUIP.						
16 - FARM						
17 - MOWING						
18 - SNOW REMOVAL						
19 - TOWING						
20 - SAFETY SERVICE PATROL						
21 - MAIL CARRIER						
99 - OTHER / UNKNOWN						
CARGO BODY TYPE						
1 - NO CARGO BODY TYPE / NOT APPLICABLE						
2 - BUS						
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE						
4 - LOGGING						
5 - INTERMODAL CONTAINER CHASSIS						
6 - CARGOVAN /ENCLOSED BOX						
7 - GRAIN/CHIPS/GRAVEL						
8 - POLE						
9 - CARGO TANK						
10 - FLAT BED						
11 - DUMP						
12 - CONCRETE MIXER						
13 - AUTO TRANSPORTER						
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						
1 - INTERSECTION - MARKED CROSSWALK						
2 - INTERSECTION - UNMARKED CROSSWALK						
3 - INTERSECTION - OTHER						
4 - MIDBLOCK - MARKED CROSSWALK						
5 - TRAVEL LANE - OTHER LOCATION						
6 - BICYCLE LANE						
7 - SHOULDER/ROADSIDE						
8 - SIDEWALK						
9 - MEDIAN/CROSSING ISLAND						
10 - DRIVEWAY ACCESS						
11 - SHARED USE PATHS OR TRAILS						
12 - FIRST RESPONDER AT INCIDENT SCENE						
99 - OTHER / UNKNOWN						
ACTION						
1 - NON-CONTACT						
2 - NON-COLLISION						
3 - STRIKING						
4 - STRUCK						
5 - BOTH STRIKING & STRUCK						
9 - OTHER / UNKNOWN						
PRE-CRASH ACTIONS						
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						
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						
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 MOTOR VEHICLE						
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						

LOCAL REPORT NUMBER 21-25613	
DAMAGE	
DAMAGE SCALE	
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 - NO DAMAGE	
1-12 - REFER TO UNIT DIAGRAM	
13 - TOP	
14 - UNDERCARRIAGE	
15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	4 - STOP SIGN
	2 - SIGNAL
	5 - YIELD SIGN
	3 - FLASHER
	6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH	
2 - SOUTH	
3 - EAST	
4 - WEST	
5 - NORTHEAST	
6 - NORTHWEST	
7 - SOUTHWEST	
8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
45	1 - STATED / ESTIMATED SPEED
POSTED SPEED	2 - CALCULATED / EDR
45	3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

21-25613

UNIT # 1	NAME: LAST, FIRST, MIDDLE BROWN, JUSTIN, B.				DATE OF BIRTH 03/26/1982		AGE 39	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 6518 MORNING GLORY LN., MEDINA, OH, 44256					CONTACT PHONE - INCLUDE AREA CODE [REDACTED]						
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT	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		DRUG TEST(S)		
						STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	RESULTS 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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMENT	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		DRUG TEST(S)		
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS 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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMENT	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		DRUG TEST(S)		
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS 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, EMAILING)	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 MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A	6 - PASSENGER	
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	
	8 - THIRD - MIDDLE	EJECTION		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	
	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	OL ENDORSEMENT	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	ALCOHOL TEST TYPE
	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	H - HAZMAT	10 - LIMITED TO DAYLIGHT ONLY		1 - NONE
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	M - MOTORCYCLE	11 - LIMITED TO EMPLOYMENT		2 - BLOOD
	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	P - PASSENGER	12 - LIMITED - OTHER		3 - URINE
	13 - TRAILING UNIT	TRAPPED	N - TANKER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		4 - BREATH
	14 - RIDING ON VEHICLE EXTERIOR	1 - NOT TRAPPED	Q - MOTOR SCOOTER	14 - MILITARY VEHICLES ONLY	CONDITION	5 - OTHER
	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	1 - APPARENTLY NORMAL	DRUG TEST TYPE
	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	16 - OUTSIDE MIRROR	2 - PHYSICAL IMPAIRMENT	1 - NONE
SAFETY EQUIPMENT			T - DOUBLE & TRIPLE TRAILERS	17 - PROSTHETIC AID	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	2 - BLOOD
1 - NONE USED			X - TANKER / HAZMAT	18 - OTHER	4 - ILLNESS	3 - URINE
2 - SHOULDER BELT ONLY USED					5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	4 - OTHER
3 - LAP BELT ONLY USED			GENDER		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	DRUG TEST RESULT(S)
4 - SHOULDER & LAP BELT USED			F - FEMALE		9 - OTHER / UNKNOWN	1 - AMPHETAMINES
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			M - MALE			2 - BARBITURATES
6 - CHILD RESTRAINT SYSTEM - REAR FACING			U - OTHER / UNKNOWN			3 - BENZODIAZEPINES
7 - BOOSTER SEAT						4 - CANNABINOIDS
8 - HELMET USED						5 - COCAINE
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)						6 - OPIATES / OPIOIDS
10 - REFLECTIVE CLOTHING						7 - OTHER
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						8 - NEGATIVE RESULTS
99 - OTHER / UNKNOWN						



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER 21-25613		
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OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
GENDER		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

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