TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT	LOCAL REPORT NUMBER *										
PHOTOS TAKEN OH -2 NOH -3 LOCAL INFORMATION 5000 WEDGEWOOD	21-57932 HIT/SKIP NUMBER OF UNITS UNIT IN ERROR										
SECONDARY CRASH	1 - SOLVED 2 98 - ANIMAL										
	2 - UNSOLVED										
1-CITY	•	1 - FATAL 2 - SERIOUS INJURY									
L 3 - TOWNSHIP	10/30/2021 12:31 LATITUDE DECIMAL DEGREES										
E 2 - SOUTH	99545	3 - MINOR INJURY SUSPECTED									
2 31\ 102 \ 4-WEST	LONGITUDE DECIMAL DEGREES 4 - INJ										
2 - SOUTH	369402	5 - PROPERTY DAMAGE									
# 4-WEST 3000		ONLY									
REFERENCE POINT DIRECTION ROUTE TYPE ROAD TYPE 1 - INTERSECTION 1 - NORTH IR - INTERSTATE ROUTE (TP) AL - ALLEY HW - HIGHWAY RD - ROAD WITHIN	INTERSECTION RELATED WITHIN INTERSECTION OR ON APPROACH										
3 2 - MILE POST 2 - SOUTH US - FEDERAL US ROUTE AV - AVENUE LA - LANE SQ - SQUARE											
3 - HOUSE # 4 - WEST SR - STATE ROUTE SR - STATE ROUTE SR - STATE ROUTE SR - STATE ROUTE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES										
DISTANCE FROM REFERENCE UNIT OF MEASURE CR - NUMBERED COUNTY ROUTE CT - COURT PK - PARKWAY TL - TRAIL DR DRIVE ON DRIVE	ROADWAY										
	ROADWAY DIVIDED										
LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT DIRECTION OF TRAVEL MEDIAN TYPE											
1 - ON ROADWAY 9 - CROSSOVER 7 1 - NOT COLLISION 4 - REAR-TO-REAR 1 - NO		DIVIDED FLUSH MEDIAN									
3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING TWO MOTOR 6 - ANGLE	11 1	<4 FEET) DIVIDED FLUSH MEDIAN									
4 - ON ROADSIDE 12 - SHARED USE PATHS OR VEHICLES IN 7 - SIDESWIPE, SAME DIRECTION 4 - WE TRANSPORT 7 - SIDESWIPE, SAME DIRECTION 4 - WE	т	(≥4 FEET)									
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE 2 - REAR-END 8 - SIDESWIPE, OPPOSITE DIRECTION		DIVIDED, DEPRESSED MEDIAN DIVIDED, RAISED MEDIAN									
7 - ON RAMP 14 - TOLL BOOTH 3 - HEAD-ON 9 - OTHER / UNKNOWN 8 - OFF RAMP 99 - OTHER / UNKNOWN		(ANY TYPE) OTHER / UNKNOWN									
WORK ZONE RELATED WORK ZONE TYPE LOCATION OF CRASH IN WORK ZONE CONTOUR	CONDIT	TIONS SURFACE									
1 - LANE CLOSURE 1 - BEFORE THE 1ST WORK ZONE 1											
2 - LANE SHIFT/ CROSSOVER 2 - ADVANCE WARNING AREA 1 - STRAIGHT	1 - DRY	1 - CONCRETE									
LEVEL J - WORK ON SHOULDER OR MEDIAN 3 - TRANSITION AREA LEVEL 2 - STRAIGHT	2 - WET	2 - BLACKTOP, BITUMINOUS,									
ACTIVITY AREA 4 - ACTIVITY AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA 2 - STRAIGHT 3 - SNOW 4 - ICE											
5 - OTHER 3 - CURVE LEVEL 5 - SAND, MUD, DIRT, 4 - CURVE GRADE OIL, GRAVEL 4 - SLAG, GRAVEL											
LIGHT CONDITION WEATHER 1 - DAYLIGHT 1 - CLEAR 6 - SNOW 9 - OTHER	6 - WATER (ST MOVING)	TANDING, STONE 5 - DIRT									
1 2 - DAWN/DUSK 2 2 - CLOUDY 7 - SEVERE CROSSWINDS	7 - SLUSH	9 - OTHER / UNKNOWN									
3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 4 - DARK - ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE	2 Street, State of the										
5 - DARK - UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOWN											
9 - OTHER / UNKNOWN											
NARRATIVE Unit #1 was traveling westbound on Wedgewood Rd. (SR 162) in the 500 block, Unit											
#2 was traveling westbound behind Unit #1. Unit #2 went to pass Unit #1 in the		(A)									
passing zone and Unit #1 began to turn left into the driveway of 5006 Wedgewood Rd. Unit #1's front driver's side fender struck Unit #2's passenger's side fender,											
causing Unit #2 to drive off the south side of the road and into the ditch at 5020	4										
Wedgewood Rd. The driver of Unit #1 was checked for injuries by Medina LST but was not transported. Both units were towed from the scene and the driver of Unit #2 — — — — — — — — — — — — — — — — — —											
was not transported, both units were towed from the scene and the driver of onit #2											
		_									
000	6000										
		Not To Scale									
		<u> </u>									
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY											
		REPORT TAKEN BY POLICE AGENCY									
	021 13:54	— ☐ MOTORIST									
TOTAL TIME OTHER TOTAL OFFICER'S NAME* ROADWAY CLOSED INVESTIGATION TIME MINUTES Gaede, Seth	-										
OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BAD	•	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO									
0 0 80 1616											

LOCAL REPORT NUMBER OHO DEPARTMENT UNIT 21-57932 DAMAGE OWNER PHONE:INCLUDE AREA CODE (SAME AS DRIVER) OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) UNIT# DAMAGE SCALE TAUBER, JAMES, DANIEL 1 - NONE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 3 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 210 17TH ST., BARBERTON, OH, 44203 9 - UNKNOWN COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # VEHICLE YEAR VEHICLE MAKE **VEHICLE IDENTIFICATION #** 2014 IFFP 1C4NJRFB0ED659485 1 JKF6318 INSURANCE COMPANY VERIFIED STATE FARM INSURANCE POLICY # VEHICLE MODEL COLOR 986 5934 E18 35A PATRIOT WHI TOWED BY: COMPANY NAME TYPE of USE US DOT# IN EMERGENCY RESPONSE LLOYD'S TOWING HAZARDOUS MATERIAL MATERIAL CLASS # PLACA COMMERCIAL GOVERNMENT VEHICLE WEIGHT GVWR/GCWR # OCCUPANTS INTERLOCK CLASS # PLACARD ID # 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. HIT/SKIP UNIT DEVICE EQUIPPED PLACARD 3 - > 26K LBS. 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT 25 - OTHER NON-MOTORIST 20 - OTHER VEHICLE UNIT TYPE 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE TRUCK 21 - HEAVY EQUIPMENT 26 - BICYCLE 15 - SEMI-TRACTOR 10 - MOPED OR MOTORIZED 22 - ANIMAL WITH RIDER OR 27 - TRAIN 16 - FARM FOURPMENT 4 - PICK UP BICYCLE ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP 11 - ALL TERRAIN VEHICLE 17 - MOTORHOME 5 - CARGO VAN # of TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 0 - NO AUTOMATION MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION MODE LEVEL 16 - FARM 21 - MAIL CARRIER 11 - FIRE 1 - NONE 6 - BUS - CHARTER/TOUR 99 - OTHER / UNKNOWN 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 1 18 - SNOW REMOVAL 3 - ELECTRONIC RIDE 8 - BUS - SHUTTLE 13 - POLICE SPECIAL SHARING 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING FUNCTION 4 - SCHOOL TRANSPORT 15 - CONSTRUCTION EQUIP. 20 - SAFETY SERVICE 10 - AMBULANCE 5 - BUS - TRANSIT/COMMUTER PATROL 99 - OTHER / UNKNOWN 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 1 - NO CARGO BODY TYPE 4 - LOGGING 1 / NOT APPLICABLE - INTERMODAL 8 - POLE 12 - CONCRETE MIXER 2 - BUS CONTAINER CHASSIS CARGO 9 - CARGO TANK 13 - AUTO TRANSPORTER 3 - VEHICLE TOWING CARGOVAN BODY 14 - GARBAGE/REFUSE 10 - FLAT BED ANOTHER MOTOR VEHICLE /ENCLOSED BOX TYPE 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 5 - STEFRING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR 2 - HEAD LAMPS VEHICLE ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTS - UNDERCARRIAGE [14] - NO DAMAGE [0] 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 1 - INTERSECTION -4 - MIDBLOCK -_____- TOP [13] ___- ALL AREAS [15] MARKED CROSSWALK MARKED CROSSWALK 11 - SHARED USE PATHS 8 - SIDEWALK OR TRAILS NON-MOTORIST LOCATION 2 - INTERSECTION -5 - TRAVELLANE -9 - MEDIAN/CROSSING UNMARKED CROSSWALK OTHER LOCATION 12 - FIRST RESPONDER - UNIT NOT AT SCENE [16] ISLAND AT INCIDENT SCENE 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC 15 - WALKING, RUNNING, 21 - STANDING OUTSIDE INITIAL POINT OF CONTACT 1 - NON-CONTACT LANE JOGGING, PLAYING DISABLED VEHICLE 2 - BACKING 14 - UNDERCARRIAGE 0 - NO DAMAGE 2 - NON-COLLISION - CHANGING LANES 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN 6 4 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE - SLOWING OR STOPPED IN TRAFFIC 4 - OVERTAKING/PASSING 17 - PHSHING VEHICLE 3 - STRIKING 18 - APPROACHING OR PRE-CRASH 5 - MAKING RIGHT TURN DIAGRAM ACTIONS 6 - MAKING LEFT TURN 5 - BOTH STRIKING ACTION 4-STRUCK 99 - UNKNOWN LEAVING VEHICLE 12 - DRIVERIESS 13 - TOP 13 - NEGOTIATING A CURVE 19 - STANDING & STRUCK 14 - ENTERING OR CROSSING 20 - OTHER NON-MOTORIST 8 - ENTERING TRAFFIC TRAFFIC 9 - OTHER / UNKNOWN LANE SPECIFIED LOCATION 23 - OPENING DOOR INTO 8 - FOLLOWING TOO CLOSE 13 - IMPROPER START FROM 18 - OPERATING DEFECTIVE 1 - NONE TRAFFICWAY FLOW TRAFFIC CONTROL 2 - FAILURE TO YIELD /ACDA A PARKED POSITION EQUIPMENT ROADWAY 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14 - STOPPED OR PARKED 3 - RAN RED LIGHT 9 - IMPROPER LANE 19 - LOAD SHIFTING 99 - OTHER IMPROPER 2 - TWO-WAY 2 - SIGNAL 5 - YIFLD SIGN /FALLING/SPILLING 4 - RAN STOP SIGN CHANGE ILLEGALLY ACTION 2 3 - FLASHER 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING 6 - NO CONTROL 5 - UNSAFE SPEED 10 - IMPROPER PASSING CONTRIBUTING 6 - IMPROPER TURN CIRCUMSTANCES 7 - LEFT OF CENTER 16 - WRONG WAY 21 - LYING IN ROADWAY 11 - DROVE OFF ROAD RAIL GRADE CROSSING 22 - NOT DISCERNIBLE # of THROUGH LANES 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION ON ROAD 1 - NOT INVLOVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING 2 **EVENTS** 3 - INVOLVED-PASSIVE CROSSING 23 - STRUCK BY FALLING, 12 - DOWNHILL RUNAWAY 19 - ANIMAL -OTHER 7 - SEPARATION OF UNITS 1 - OVERTURN/ROLLOVER 13 - OTHER NON-COLLISION 8 - RAN OFF ROAD RIGHT 20 - MOTOR VEHICLE IN SHIFTING CARGO OR 2 - FIRE/EXPLOSION UNIT / NON-MOTORIST DIRECTION ANYTHING SET IN 14 - PEDESTRIAN TRANSPORT 3 - IMMERSION RAN OFF ROAD LEFT MOTION BY A MOTOR 21 - PARKED MOTOR 1 - NORTH 10 - CROSS MEDIAN 15 - PEDALCYCLE 5 - NORTHEAST 4 - JACKKNIFE VEHICLE 24 - OTHER MOVABLE VEHICLE 11 - CROSS CENTERLINE -16 - RAII WAY VEHICLE 5 - CARGO / EQUIPMENT 2 - SOUTH 6 - NORTHWEST LOSS OR SHIFT OPPOSITE DIRECTION 17 - ANIMAL - FARM 22 - WORK ZONE OBJECT 3 - EAST 7 - SOUTHEAST OF TRAVEL MAINTENANCE 3 _{| 10} 2 | 18 - ANIMAL - DEER 6 - EQUIPMENT FAILURE 8 - SOUTHWEST EQUIPMENT 9 - OTHER / UNKNOWN **COLLISION WITH FIXED OBJECT - STRUCK** 45 - EMBANKMENT 52 - BUILDING 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 39 - LIGHT / LUMINARIES / CRASH CUSHION 26 - BRIDGE OVERHEAD 32 - PORTABLE BARRIER 46 - FENCE 53 - TUNNEL **UNIT SPEED** DETECTED SPEED 33 - MEDIAN CABLE BARRIER 47 - MAILBOX 54 - OTHER FIXED 40 - UTILITY POLE 41 - OTHER POST, POLE 48 - TREE STRUCTURE 34 - MEDIAN GUARDRAIL OBJECT 99 - OTHER / UNKNOWN 1 - STATED / ESTIMATED SPEED 49 - FIRE HYDRANT 5 27 - BRIDGE PIER OR BARRIER 50 - WORK ZONE 35 - MEDIAN CONCRETE OR SUPPORT ABUTMENT

MAINTENANCE

EQUIPMENT

51 - WALL

2 - CALCULATED / EDR

3 - UNDETERMINED

POSTED SPEED

50

- BRIDGE PARAPET

GUARDRAIL FACE

FIRST HARMFUL EVENT

BARRIER

36 - MEDIAN OTHER BARRIER

37 - TRAFFIC SIGN POST

42 - CULVERT

44 - DITCH

2 | MOST HARMFUL EVENT

LOCAL REPORT NUMBER OHO DEPARTMENT UNIT 21-57932 OWNER PHONE:INCLUDE AREA CODE (SAME AS DRIVER) DAMAGE UNIT # OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) DAMAGE SCALE TRESCH, DAWN, CELESTE 1 - NONE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP ([7] SAME AS DRIVER) 4 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 7750 CHATHAM RD., MEDINA, OH, 44256 9 - UNKNOWN COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE JMF4536 TOYOTA 5TDDZRBH3MS133529 2021 INSURANCE COMPANY VERIFIED STATE CARE INSURANCE POLICY # **VEHICLE MODEL** COLOR 871 7219 C03 35 HIGHLANDER GRY TOWED BY: COMPANY NAME TYPE OF USE US DOT# IN EMERGENCY RESPONSE WORLD TRUCK TOWING COMMERCIAL GOVERNMENT HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR # OCCUPANTS INTERLOCK CLASS # PLACARD ID # 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 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30 - GUARDRAIL FACE

FIRST HARMFUL EVENT

37 - TRAFFIC SIGN POST

2

44 - DITCH

MOST HARMFUL EVENT

51 - WALL

3 - UNDETERMINED

50

OHIO DEP	MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER 21-57932									
UNIT #														GENDER			
1	TAUBER, JAMES, DANIEL							04/10/1970						51	М		
ADDRESS:	STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE								
210 17TI	H ST., BARI	BERTON, OH, 44203															
INJURIES	INJURED EMS AGENCY (NAME)			INJURED 1	TAKEN TO: N	MEDICAL FACILITY (NAME, C	(ITY)	SAFETY EQUIPMENT	∟ po	Т-Сомр		EATING OSITION	AIR BA	G USAGE	EJECTION	TRAPPED	
3	TAKEN BY 1	MEDINA LST						_ 4	Шмс	HELMI	T	1		1	1	1	
OL STATE	OPERATOR I	LICENSE NUMBER		OFFENS	E CHARG	ED	LOCAL	OFFENSE DESCRI	PTION			CITATIO		ION NU	ION NUMBER		
OH OH																	
OL CLASS	ENDORSEME	NT RESTRICTION SELECT UP TO 3		/ER RACTED		OL / DRUG SUSPE		CONDITION			OL TES		TATUS	DRUG TYPE	TEST(S	SELECT UP TO 4	
4			BY .	RACTED 1	=	HOL MARIJU. R DRUG	ANA	1	STATUS 1	TYPE 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ALUE S	1	1	RESULIS :	SELECT UP TO 4	
UNIT #	NAME: LAST	T, FIRST, MIDDLE	<u> </u>						T		DATE OF	F BIRTH		T	AGE	GENDER	
2	TRESCH.	DAWN, CELESTE							03/22/1967						54	F	
	STREET, CITY,								CONTACT PHONE - INCLUDE AREA CO				A CODE				
🎽 7750 CH	ATHAM RE	D., MEDINA, OH, 44256															
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED T	AKEN TO: N	TEDICAL FACILITY (NAME, C	ITY)	SAFETY EQUIPMENT USED	DOT-COMPLIA			EATING OSITION	AIR BAG USAG		GE EJECTION TRAPPED		
5	ву 1							4	MC HELMET			1	1 1		1	11	
OL STATE	OPERATOR I	ICENSE NUMBER		OFFENS	E CHARG	ED	LOCAL	OFFENSE DESCRI	PTION				CITAT	ION NU	MBER		
OL STATE								RULES GOVER	LES GOVERNING OVERTAK			AKING AN Y41			1495		
OL CLASS	ENDORSEME	NT RESTRICTION SELECT UP TO 3		I I				CONDITION			OL TES			DRUG TEST(S) TYPE RESULTS SELECT UP TO 4			
4			BY .	RACTED	=	HOL MARIJU. R DRUG	ANA	1	STATUS 1	TYPE 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	LLUE S	tatus 1	TYPE 1	KESULIS S	SELECT UP TO 4	
UNIT #	NAME: LAST	T, FIRST, MIDDLE		'					Ė	<u>'</u>	DATE OF	BIRTH	•	İ	AGE	GENDER	
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE						
X 0																	
	INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED				DOT-COMPLIANT POSITION MC HELMET			AIR BA	G USAGE	EJECTION	TRAPPED			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL CODE				CIPTION CI				CITAT	CITATION NUMBER				
VOTORI									ALCOHOL TEST				DRUG TEST(S)				
OL CLASS	ENDORSEME	RESTRICTION SELECT UP TO 3		IVER ALCOHOL / DRUG SUSPECT			CONDITION					STATUS TYPE					
			ВУ		=	R DRUG].						
JLNI	JRIES	SEATING POSITION		IR BAG		OL CLAS	S	OL RESTRICT	rion(s) DF	IVER D	ISTRACT	ІОИ	TE	ST STA	TUS	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DE 2 - DEPLOY	YED FRONT 1 - CLASS A 1 - ALCC				DEVICE 2 - MANU				ot distracted Ianually operating an			1 - NONE GIVEN 2 - TEST REFUSED		
2 - SUSPECTED : INJURY		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE		OYED BOTH 3 - CLASS C				2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES			ELECTRONIC COMMUNICATION DEVICE			3 - TEST GIVEN, CONTAMINATED SAMPLE			
INJURY	- SUSPECTED MINOR 4 - SECOND - LEFT SIDE		5 - NOT APPLICABLE 4 - REGULAR CLASS				4 - FARM WAIVER 5 - EXCEPT CLASS A BUS			(TEXTING, TYPING,			/ UNUSABLE 4 - TEST GIVEN,				
- POSSIBLE INJURY 5 - SECOND - MIDDLE 9 - DE - NO APPARENT INJURY 6 - SECOND - RIGHT SIDE		9 - DEPLOY	5 - M/C MOPED ONLY				6 - EXCEPT CLASS A & CLASS B BUS			3 - TALKING ON HANDS-FRI COMMUNICATION DEVICE 4 - TALKING ON HAND-HEL			CE S TEST GIVEN				
7 - THIRD - LEFT SIDE				EJECTION 6 - NO VALID OL 8 - IN				7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE			COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN			E RESULTS UNKNOWN			
8 - THIRD - MIDDLE 1 - NO			1 - NOT EJECTED 2 - PARTIALLY EJECTED OL ENDORSEMENT				RESTRICTIONS 9 - LEARNER'S PERM	ELECTRONIC DEVICE 6 - PASSENGER			,	ALCOHOL TEST TYPE 1 - NONE					
	/TREATED AT SCENE 10 - SLEEPER SECTION 3		3 - TOTALLY EJECTED 4 - NOT APPLICABLE H - HAZMAT				RESTRICTIONS 10 - LIMITED TO DAYLIGHT			7 - OTHER DISTRACTION INSIDE THE VEHICLE			2 - BLOOD 3 - URINE				
B - POLICE	11 - PASSENGER IN		TRAPPED M - N			M - MOTORCYCLE		ONLY 11 - LIMITED TO EMPLOYMEN 12 - LIMITED - OTHER)			4 - BREATH 5 - OTHER			
- OTHER / UNKNOWN AREA (NON-TRAILING UNIT, 1		1 - NOT TRAPPED 2 - EXTRICATED BY P - PASSENGE N - TANKER			1		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND			es 9 - Other / Unknown			DRUG TEST TYPE				
		MECHANICAL MEANS Q			Q - MOTOR SCOO	TER	CONTROLS, OR ADAPTIVE DEVICE	OTHER 1 - APPARENTLY NORMAL			2	1 - NONE 2 - BLOOD					
			NON-MECHANICAL MEANS R - THREE-WHEEL MOTORCYCLE				14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES		3 - EMOTIONAL (E.G.,				3 - URINE 4 - OTHER				
USED EXTERIOR - LAP BELT ONLY USED (NON-TRAILING UNIT)			S - SCHOOL BUS T - DOUBLE & TRIPLE			WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR		DISTURBED)			ľ	DRUG TEST RESULT(S)					
- SHOULDER & LAP BELT 15 - NON-MOTORIST USED 99 - OTHER / UNKNOWN			TRAILERS				17 - PROSTHETIC AID 18 - OTHER		4 - ILLNESS 5 - FELL ASLEEP, FAINTED,			,	1 - AMPHETAMINES 2 - BARBITURATES				
S - CHILD REST	- CHILD RESTRAINT SYSTEM - FORWARD FACING			X - TANKER / HAZM			····				FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF			3 - BENZODIAZEPINES			
- FORWARD FACING - CHILD RESTRAINT SYSTEM - REAR FACING						GENDE	₹		MEDICATIONS / DRUGS ALCOHOL								
7 - BOOSTER SE B - HELMET USE	AT			F - FEMALE M - MALE				especial for modulating			9 - OTHER / UNKNOWN			7 - OTHER 8 - NEGATIVE RESULTS			
9 - PROTECTIVE (ELBOWS, KI	PADS USED	to and distance of		U - OTHER / UNKNOWN			IOWN				The education of the second of						
10 - REFLECTIVE 11 - LIGHTING -	CLOTHING	HAIry/Aurola na	and the same of th					to control of the con		2			A DEST OFFICE ST				
/ BICYCLE C	NLY	4								} 			and the second second second				

OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER 21-57932						
UNIT #									ATE OF BIRTH AGE G					
ADDRESS: STREET, CITY, STATE, ZIP								E - INCLUDE ARI	EA CODE	I				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	EJECTION	I TRAPPED			
UNIT #	NAME: LAST, FIRST, MIDDLE							TE OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE ARI	EA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (A	NAME, CITY)	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED				
UNIT #								DATE OF BIRTH						
ADDRESS:	STREET, CITY	, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	EA CODE					
INJURIES	RIES INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (N	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	EJECTION	TRAPPED				
UNIT #	NAME: LA	ST, FIRST, MIDDLE				DA	TE OF BIRTH		AGE	GENDER				
ADDRESS:	S: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
ō	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (N	NJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SA			SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED			
	INJ	URIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
2 - SHOUL 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - NO APPARENT INJURY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN 2 - SHOUL 5 - CHILD FORW 6 - CHILD REAR I 7 - BOOST 8 - HELME 9 - PROTE (ELBO) GENDER 10 - REFLE				E OCCUPANT DER BELT ONLY USED T ONLY USED DER & LAP BELT USED RESTRAINT SYSTEM - RD FACING RESTRAINT SYSTEM - ACING RE SEAT USED TIVE PADS USED YS, KNEES, ETC) CTIVE CLOTHING NG - PEDESTRIAN	(MOT 2 - FRON 3 - FRON 4 - SECO (MOT 5 - SECO 7 - THIRI (MOT 8 - THIRI 10 - SLEE 11 - PAS: CAR: SUC 12 - PAS:	NT - LEFT SIDE FORCYCLE DRIVE IT - MIDDLE IT - RIGHT SIDE IND - LEFT SIDE FORCYCLE PASSE IND - MIDDLE IND - RIGHT SIDE IND - LEFT SIDE IND - LEFT SIDE IND - LEFT SIDE IND - LEFT SIDE IND - MIDDLE IND - MIGHT SIDE IND	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN CAR) EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED FAILING UNIT P WITH CAP) 3 - TOTALLY EJECTED 4 - NOT APPLICABLE							
M - MALE / BICYC U - OTHER / UNKNOWN				LE ONLY	14 - RIDI (NON 15 - NON	ILING UNIT NG ON VEHICLE I-TRAILING UNIT) N-MOTORIST IER / UNKNOWN		CATED BY ANICAL ME BY	Υ					
NAME: LA	ST, FIRST, MII	DDLE					DA	TE OF BIRTH		AGE	GENDER			
ADDRESS	STREET, CITY	/, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE					
NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
NAME: LA	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						