



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

22-27422

|  |                                |  |                         |                      |
|--|--------------------------------|--|-------------------------|----------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH-2  | <input checked="" type="checkbox"/> OH-3 | LOCAL INFORMATION       | WINDFALL & RIDGEWOOD |
| <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                   |                      |

|            |              |                                    |   |                |
|------------|--------------|------------------------------------|---|----------------|
| COUNTY*    | LOCALITY*    | LOCATION: CITY, VILLAGE, TOWNSHIP* | CRASH DATE / TIME*                            | CRASH SEVERITY |
| 52         | 1            | Montville (Township of)            | 05/24/2022 10:09                              | 5              |
| ROUTE TYPE | ROUTE NUMBER | PREFIX                             | LOCATION ROAD NAME                            | ROAD TYPE      |
|            |              |                                    | Windfall                                      | RD             |
| ROUTE TYPE | ROUTE NUMBER | PREFIX                             | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE      |
|            |              |                                    | RidgeWOOD                                     | RD             |

|                         |                          |                              |                |   |
|-------------------------|--------------------------|------------------------------|----------------|---|
| REFERENCE POINT         | DIRECTION FROM REFERENCE | ROUTE TYPE                   | ROAD TYPE      | INTERSECTION RELATED  |
| 1 - INTERSECTION        | 1 - NORTH                | IR - INTERSTATE ROUTE (TP)   | AL - ALLEY     | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH |
| 2 - MILE POST           | 2 - SOUTH                | US - FEDERAL US ROUTE        | AV - AVENUE    | <input type="checkbox"/> WITHIN INTERCHANGE AREA            |
| 3 - HOUSE #             | 3 - EAST                 | SR - STATE ROUTE             | BL - BOULEVARD | NUMBER OF APPROACHES  |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | CR - NUMBERED COUNTY ROUTE   | CR - CIRCLE    | ROADWAY   |
| 50.00                   | 2                        | TR - NUMBERED TOWNSHIP ROUTE | CT - COURT     | <input type="checkbox"/> ROADWAY DIVIDED                    |

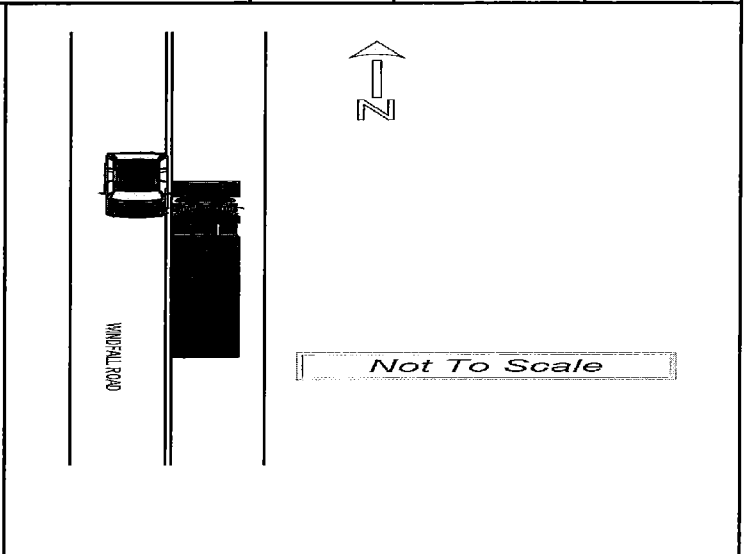
|                                 |                                   |                     |  |
|---------------------------------|-----------------------------------|---------------------|--|
| LOCATION OF FIRST HARMFUL EVENT | MANNER OF CRASH COLLISION/IMPACT  | DIRECTION OF TRAVEL | MEDIAN TYPE                              |
| 1 - ON ROADWAY                  | 1 - NOT COLLISION                 | 1 - NORTH           | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)       |
| 2 - ON SHOULDER                 | 2 - REAR-TO-REAR                  | 2 - SOUTH           | 2 - DIVIDED FLUSH MEDIAN (>=4 FEET)      |
| 3 - IN MEDIAN                   | BETWEEN                           | 3 - EAST            | 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) |
| 4 - ON ROADSIDE                 | TWO MOTOR VEHICLES IN TRANSPORT   | 4 - WEST            | 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)    |
| 5 - ON GORE                     | 5 - BACKING                       |                     | 9 - OTHER / UNKNOWN                      |
| 6 - OUTSIDE TRAFFIC WAY         | 6 - ANGLE                         |                     |  |
| 7 - ON RAMP                     | 7 - SIDESWIPE, SAME DIRECTION     |                     |  |
| 8 - OFF RAMP                    | 8 - SIDESWIPE, OPPOSITE DIRECTION |                     |  |
| 9 - CROSSOVER                   | 9 - OTHER / UNKNOWN               |                     |  |

|  |                                 |   |         |                                  |                                   |
|--|---------------------------------|---|---------|----------------------------------|-----------------------------------|
| WORK ZONE RELATED                                | WORK ZONE TYPE                  | LOCATION OF CRASH IN WORK ZONE            | CONTOUR | CONDITIONS                       | SURFACE                           |
| <input type="checkbox"/> WORKERS PRESENT         | 1 - LANE CLOSURE                | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN | 2       | 1 - DRY                          | 1 - CONCRETE                      |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT | 2 - LANE SHIFT/ CROSSOVER       | 2 - ADVANCE WARNING AREA                  |         | 2 - WET                          | 2 - BLACKTOP, BITUMINOUS, ASPHALT |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE      | 3 - WORK ON SHOULDER OR MEDIAN  | 3 - TRANSITION AREA                       |         | 3 - SNOW                         | 3 - BRICK/BLOCK                   |
|  | 4 - INTERMITTENT OR MOVING WORK | 4 - ACTIVITY AREA                         |         | 4 - ICE                          | 4 - SLAG, GRAVEL, STONE           |
|  | 5 - OTHER                       | 5 - TERMINATION AREA                      |         | 5 - SAND, MUD, DIRT, OIL, GRAVEL | 5 - DIRT                          |

|                                     |                                       |
|-------------------------------------|---------------------------------------|
| LIGHT CONDITION                     | WEATHER                               |
| 1 - DAYLIGHT                        | 1 - CLEAR                             |
| 2 - DAWN/DUSK                       | 2 - CLOUDY                            |
| 3 - DARK - LIGHTED ROADWAY          | 3 - FOG, SMOG, SMOKE                  |
| 4 - DARK - ROADWAY NOT LIGHTED      | 4 - RAIN                              |
| 5 - DARK - UNKNOWN ROADWAY LIGHTING | 5 - SLEET, HAIL                       |
| 9 - OTHER / UNKNOWN                 | 6 - SNOW                              |
|                                     | 7 - SEVERE CROSSWINDS                 |
|                                     | 8 - BLOWING SAND, SOIL, DIRT, SNOW    |
|                                     | 9 - FREEZING RAIN OR FREEZING DRIZZLE |
|                                     | 99 - OTHER / UNKNOWN                  |

NARRATIVE

Unit #1 was traveling southbound on Windfall Road, and Unit #2 was traveling northbound. Both vehicles were traveling close to the center line and sideswiped each other as they passed. Both drivers claimed the other was in their lane, but there was no evidence depicting the claims. Both units sustained damage that did not require tow. No injuries were reported.



|                            |                          |                     |                           |   |
|----------------------------|--------------------------|---------------------|---------------------------|---|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME     | ARRIVAL DATE / TIME | SCENE CLEARED DATE / TIME | REPORT TAKEN BY                                   |
| 05/24/2022 10:09           | 05/24/2022 10:09         | 05/24/2022 10:25    | 05/24/2022 11:06          | <input checked="" type="checkbox"/> POLICE AGENCY |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME | TOTAL MINUTES       | OFFICER'S NAME*           | CHECKED BY OFFICER'S NAME*                        |
|                            |                          | 57                  | Bennett, Justin           | Harrison, Brett                                   |
|                            |                          |                     | OFFICER'S BADGE NUMBER*   | CHECKED BY OFFICER'S BADGE NUMBER*                |
|                            |                          |                     | 1612                      | 1606  |

|   |   |  |
|---|---|--|
| <b>UNIT #</b><br>1  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)<br>FOX, KELLY, S.B. | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)<br>[REDACTED] |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)<br>2275 COVINGTON LANE, MEDINA, OH, 44256 |   |  |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP  |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE   |

|   |   |   |  |                                  |
|---|---|---|--|----------------------------------|
| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b><br>EAX4137             | <b>VEHICLE IDENTIFICATION #</b><br>1C4PJMCS5EW219623  | <b>VEHICLE YEAR</b><br>2014  | <b>VEHICLE MAKE</b><br>JEEP      |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b><br>PROGRESSIVE       | <b>INSURANCE POLICY #</b><br>58131205   | <b>COLOR</b><br>SIL  | <b>VEHICLE MODEL</b><br>CHEROKEE |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b> |   | <b>US DOT #</b>   | <b>TOWED BY:</b> COMPANY NAME  |                                  |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>   | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - > 26K LBS. | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> <b>RELEASED</b> <input type="checkbox"/> <b>PLACARD</b> <b>CLASS #</b> <b>PLACARD ID #</b> |                                  |

|                            |   |  |   |   |   |
|----------------------------|---|--|---|---|---|
| <b>UNIT TYPE</b><br>3      | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN | 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| <b># OF TRAILING UNITS</b> | 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER       |  |   |   |   |

|   |   |
|---|---|
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>2 | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>9 - UNKNOWN            |
| <b>AUTONOMOUS MODE LEVEL</b>  | 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN<br>1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION<br>2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION |

|                              |   |   |  |  |   |
|------------------------------|---|---|--|--|---|
| <b>SPECIAL FUNCTION</b><br>1 | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP. | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN |
|------------------------------|---|---|--|--|---|

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| <b>CARGO BODY TYPE</b><br>1 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN / ENCLOSED BOX | 7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED | 11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE | 99 - OTHER / UNKNOWN |
|-----------------------------|--|--|---|--|----------------------|

|                             |  |  |  |  |                      |
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| <b>VEHICLE DEFECTS</b><br>1 | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT | 99 - OTHER / UNKNOWN |
|-----------------------------|--|--|--|--|----------------------|

|                                   |  |   |   |   |                      |
|-----------------------------------|--|---|---|---|----------------------|
| <b>NON-MOTORIST LOCATION</b><br>1 | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER | 4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE | 7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND | 10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE | 99 - OTHER / UNKNOWN |
|-----------------------------------|--|---|---|---|----------------------|

|                    |   |  |  |  |  |
|--------------------|---|--|--|--|--|
| <b>ACTION</b><br>5 | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE | 9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION | 15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST | 21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |
|--------------------|---|--|--|--|--|

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>1 | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER | 8 - FOLLOWING TOO CLOSE /ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION | 18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING /FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE | 23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION |
|--|---|--|---|---|--|

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|--------------------------------|---|---|--|---|--|
| <b>SEQUENCE OF EVENTS</b><br>1 | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE | 7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | <b>EVENTS</b><br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER | 19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |
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|                                 |  |   |  |  |   |
|---------------------------------|--|---|--|--|---|
| <b>FIRST HARMFUL EVENT</b><br>1 | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | <b>COLLISION WITH FIXED OBJECT - STRUCK</b><br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST | 38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH | 45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL | 52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |
|---------------------------------|--|---|--|--|---|

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|---|
| <b>LOCAL REPORT NUMBER</b><br>22-27422  |
| <b>DAMAGE</b>   |
| <b>DAMAGE SCALE</b><br>1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN   |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY   |
|   |
| <input type="checkbox"/> <b>NO DAMAGE</b> [ 0 ] <input type="checkbox"/> <b>UNDERCARRIAGE</b> [ 14 ]<br><input type="checkbox"/> <b>TOP</b> [ 13 ] <input type="checkbox"/> <b>ALL AREAS</b> [ 15 ]<br><input type="checkbox"/> <b>UNIT NOT AT SCENE</b> [ 16 ] |
| <b>INITIAL POINT OF CONTACT</b><br>0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN   |

|  |  |
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| <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br>2 - TWO-WAY | <b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| <b># OF THROUGH LANES ON ROAD</b><br>2               | <b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING            |

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

|                           |   |
|---------------------------|---|
| <b>UNIT SPEED</b><br>40   | <b>DETECTED SPEED</b><br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED |
| <b>POSTED SPEED</b><br>45 |   |

**OWNER**

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**QUALITY POURED WALLS,**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**1900 NICHOLS ROAD, AKRON, OH, 44301**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # PKZ4571 VEHICLE IDENTIFICATION # 1NKDXUEX45J091526 VEHICLE YEAR 2005 VEHICLE MAKE KENWORTH  
 INSURANCE VERIFIED INSURANCE COMPANY TOM HAMSHER INS. INSURANCE POLICY # 34 4 1854125 COLOR RED VEHICLE MODEL T800  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICES EQUIPPED  HIT/SKIP UNIT # OCCUPANTS  
 US DOT #                      TOWED BY: COMPANY NAME  
 HAZARDOUS MATERIAL CLASS #                      PLACARD ID #                       
 VEHICLE WEIGHT GVWR/GCWR  
 1 - ≤10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - > 26K LBS.

UNIT TYPE 15  
 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER  
 2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

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

SPECIAL FUNCTION 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 EQUIP. 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 99  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN  
 2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN /ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 10 - FLAT BED 14 - GARBAGE/REFUSE

VEHICLE DEFECTS                       
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION                       
 1 - INTERSECTION - MARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 2 - INTERSECTION - UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS  
 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE

ACTION 5 PRE-CRASH ACTIONS 1  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN  
 3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE  
 4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 19 - STANDING 20 - OTHER NON-MOTORIST  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 19 - STANDING 20 - OTHER NON-MOTORIST  
 6 - MAKING LEFT TURN 7 - MAKING U-TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION  
 8 - ENTERING TRAFFIC LANE 8 - ENTERING TRAFFIC LANE

CONTRIBUTING CIRCUMSTANCES 1  
 1 - NONE 8 - FOLLOWING TOO CLOSE /ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY  
 2 - FAILURE TO YIELD 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING /FALLING/SPILLING 99 - OTHER IMPROPER ACTION  
 3 - RAN RED LIGHT 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY  
 4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 22 - NOT DISCERNIBLE  
 5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE  
 6 - IMPROPER TURN 7 - LEFT OF CENTER

SEQUENCE OF EVENTS  
 1 20 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 2                      2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT  
 3                      3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE  
 4                      4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 5                      5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 24 - OTHER MOVABLE OBJECT  
 6                      6 - EQUIPMENT FAILURE 17 - ANIMAL - FARM 18 - ANIMAL - DEER

COLLISION WITH FIXED OBJECT - STRUCK  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 55 - OTHER  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL  
 37 - TRAFFIC SIGN POST

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER  
22-27422

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

DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY

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

INITIAL POINT OF CONTACT  
11 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

TRAFFIC  
 TRAFFICWAY FLOW 2 TRAFFIC CONTROL 6  
 1 - ONE-WAY 1 - TRAFFICABOUT 4 - STOP SIGN  
 2 - TWO-WAY 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 20 DETECTED SPEED 1  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

POSTED SPEED 45



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

22-27422

|   |   |                            |  |   |  |                            |   |  |                    |               |  |  |
|---|---|----------------------------|--|---|--|----------------------------|---|--|--------------------|---------------|--|--|
| UNIT #<br>1   | NAME: LAST, FIRST, MIDDLE<br>FOX, KELLY, S.B. |                            |  |   | DATE OF BIRTH<br>07/22/1982  |                            | AGE<br>39   | GENDER<br>F                                  |                    |               |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>2275 COVINGTON LANE, MEDINA, OH, 44256 |   |                            |  |   | CONTACT PHONE - INCLUDE AREA CODE<br>[REDACTED]  |                            |   |  |                    |               |  |  |
| INJURIES<br>5   | INJURED TAKEN BY<br>1                         | EMS AGENCY (NAME)          |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED<br>4 | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | SEATING POSITION<br>1                        | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1   |  |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER<br>[REDACTED]         |                            |  | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION        |   |  | CITATION NUMBER    |               |  |  |
| OL CLASS<br>4   | ENDORSEMENT                                   | RESTRICTION SELECT UP TO 3 |  | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                            | CONDITION<br>1  | ALCOHOL TEST<br>STATUS: 1, TYPE: 1, VALUE: . |                    |               | DRUG TEST(S)<br>STATUS: 1, TYPE: 1, RESULTS SELECT UP TO 4 |  |

|   |   |                            |  |   |  |                            |   |  |                    |               |  |  |
|---|---|----------------------------|--|---|--|----------------------------|---|--|--------------------|---------------|--|--|
| UNIT #<br>2   | NAME: LAST, FIRST, MIDDLE<br>RITTERBECK, CHRISTOPHER, JAMES |                            |  |   | DATE OF BIRTH<br>10/02/1985  |                            | AGE<br>36   | GENDER<br>M                                  |                    |               |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>2257 HOWARD LANE, AKRON, OH, 44301 |   |                            |  |   | CONTACT PHONE - INCLUDE AREA CODE<br>[REDACTED]  |                            |   |  |                    |               |  |  |
| INJURIES<br>5   | INJURED TAKEN BY<br>1                                       | EMS AGENCY (NAME)          |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED<br>4 | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | SEATING POSITION<br>1                        | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1   |  |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER<br>[REDACTED]                       |                            |  | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION        |   |  | CITATION NUMBER    |               |  |  |
| OL CLASS<br>4   | ENDORSEMENT   | RESTRICTION SELECT UP TO 3 |  | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                            | CONDITION<br>1  | ALCOHOL TEST<br>STATUS: 1, TYPE: 1, VALUE: . |                    |               | DRUG TEST(S)<br>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<br><input type="checkbox"/> 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               | RESTRICTION SELECT UP TO 3 |  | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED          |                       | CONDITION  | ALCOHOL TEST     |                 |          | DRUG TEST(S) |  |

| 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 MOPED ONLY           | 5 - EXCEPT CLASS A & CLASS B BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
|   | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 6 - EXCEPT TRACTOR-TRAILER & CLASS B BUS   | 6 - PASSENGER  |  |
|   | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                    |                              | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   |  |
|   | 8 - THIRD - MIDDLE   | <b>EJECTION</b>                    |                              | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | <b>ALCOHOL TEST TYPE</b>                       |
|   | 9 - THIRD - RIGHT SIDE   | 1 - NOT EJECTED                    |                              | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 1 - NONE                                       |
|   | 10 - SLEEPER SECTION OF TRUCK CAB  | 2 - PARTIALLY EJECTED              | <b>OL ENDORSEMENT</b>        | 10 - LIMITED TO DAYLIGHT ONLY  |  | 2 - BLOOD                                      |
|   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                | H - HAZMAT                   | 11 - LIMITED TO EMPLOYMENT ONLY  |  | 3 - URINE                                      |
|   | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 4 - NOT APPLICABLE                 | M - MOTORCYCLE               | 12 - LIMITED - OTHER   |  | 4 - BREATH                                     |
|   | 13 - TRAILING UNIT   | <b>TRAPPED</b>                     |                              | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  | 5 - OTHER                                      |
|   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    | P - PASSENGER                | 14 - MILITARY VEHICLES ONLY  | <b>CONDITION</b>   | <b>DRUG TEST TYPE</b>                          |
|   | 15 - NON-MOTORIST  | 2 - EXTRICATED BY MECHANICAL MEANS | N - TANKER                   | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 1 - APPARENTLY NORMAL  | 1 - NONE                                       |
|   | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | Q - MOTOR SCOOTER            | 16 - OUTSIDE MIRROR  | 2 - PHYSICAL IMPAIRMENT  | 2 - BLOOD                                      |
| <b>SAFETY EQUIPMENT</b>                       |  |                                    | R - THREE-WHEEL MOTORCYCLE   | 17 - PROSTHETIC AID  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    | 3 - URINE                                      |
| 1 - NONE USED                                 |  |                                    | S - SCHOOL BUS               | 18 - OTHER   | 4 - ILLNESS  | 4 - OTHER                                      |
| 2 - SHOULDER BELT ONLY USED                   |  |                                    | T - DOUBLE & TRIPLE TRAILERS |  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   |  |
| 3 - LAP BELT ONLY USED                        |  |                                    | X - TANKER / HAZMAT          |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             |  |
| 4 - SHOULDER & LAP BELT USED                  |  |                                    |                              |  | 9 - OTHER / UNKNOWN  |  |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |  |                                    |                              |  |  | <b>DRUG TEST RESULT(S)</b>                     |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                    |                              |  |  | 1 - AMPHETAMINES                               |
| 7 - BOOSTER SEAT                              |  |                                    |                              |  |  | 2 - BARBITURATES                               |
| 8 - HELMET USED                               |  |                                    |                              |  |  | 3 - BENZODIAZEPINES                            |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
| 10 - REFLECTIVE CLOTHING                      |  |                                    |                              |  |  | 5 - COCAINE                                    |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
| 99 - OTHER / UNKNOWN                          |  |                                    |                              |  |  | 7 - OTHER                                      |
|   |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |
|   |  |                                    | <b>GENDER</b>                |  |  |  |
|   |  |                                    | F - FEMALE                   |  |  |  |
|   |  |                                    | M - MALE                     |  |  |  |
|   |  |                                    | U - OTHER / UNKNOWN          |  |  |  |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
22-27422

|                 |                                   |                           |                   |   |                  |  |                  |               |          |         |
|-----------------|-----------------------------------|---------------------------|-------------------|---|------------------|--|------------------|---------------|----------|---------|
| <b>OCCUPANT</b> | 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 |
| <b>OCCUPANT</b> | 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 |
| <b>OCCUPANT</b> | 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 |
| <b>OCCUPANT</b> | 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                 |
| <b>INJURED TAKEN BY</b>                | 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)   | <b>EJECTION</b>                    |
| 2 - EMS                                | 8 - HELMET USED                               | 8 - THIRD - MIDDLE  | 1 - NOT EJECTED                    |
| 3 - POLICE                             | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 9 - THIRD - RIGHT SIDE  | 2 - PARTIALLY EJECTED              |
| 9 - OTHER / UNKNOWN                    | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB   | 3 - TOTALLY EJECTED                |
| <b>GENDER</b>                          | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
| F - FEMALE                             | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA   | <b>TRAPPED</b>                     |
| 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  |                                    |

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