

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

22-54095

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

COUNTY* 52	LOCALITY* 3	LOCATION: CITY, VILLAGE, TOWNSHIP* Montville (Township of)	CRASH DATE / TIME* 10/08/2022 00:53	CRASH SEVERITY 5
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ROUTE TYPE SR	ROUTE NUMBER 3	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 41.103530	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6254	ROAD TYPE	LONGITUDE DECIMAL DEGREES -81.864200	

REFERENCE POINT 3	DIRECTION FROM REFERENCE 3	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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 3					ROADWAY <input type="checkbox"/> ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT 1	MANNER OF CRASH COLLISION/IMPACT 1	DIRECTION OF TRAVEL 1	MEDIAN TYPE 1
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 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	CONDITIONS 1	SURFACE 2
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LIGHT CONDITION 4	WEATHER 1	CONTOUR 1	CONDITIONS 1	SURFACE 2
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NARRATIVE

Unit 1 was traveling Southbound on Route 3 (Wooster Pike), when it struck a deer that had entered the roadway. After hitting the deer, the deer struck and knocked the top of the mailbox off at 6254 Wooster Pike. Unit 1 suffered what appeared to be functional damage to its front and front passenger side bumper. Unit 1 was also leaking unknown fluids. The driver did not report any injuries.

Not To Scale

CRASH REPORTED DATE / TIME 10/08/2022 00:53	DISPATCH DATE / TIME 10/08/2022 00:54	ARRIVAL DATE / TIME 10/08/2022 01:02	SCENE CLEARED DATE / TIME 10/08/2022 01:34	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 40	OFFICER'S NAME* Kawalek, Andrew	CHECKED BY OFFICER'S NAME* Harrison, Brett
			OFFICER'S BADGE NUMBER* 1613	CHECKED BY OFFICER'S BADGE NUMBER* 1606
				<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

**OWNER**

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
 HAIGH, NICHOLAS, J

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 2121 BLAKE ROAD, WADSWORTH, OH, 44281

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER )

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # FPH2123 VEHICLE IDENTIFICATION # 1C4PJMLB6LD575989 VEHICLE YEAR 2020 VEHICLE MAKE JEEP

INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 963 9199-A03-35A COLOR TPE VEHICLE MODEL CHEROKEE

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS

US DOT #

HAZARDOUS MATERIAL CLASS # PLACARD ID #

TYPE OF USE

PASSENGER CAR  VAN (9-15 SEATS)  GOLF CART  PEDESTRIAN/SKATER

PASSENGER VAN (MINIVAN)  MOTORCYCLE 2-WHEELED  SNOWMOBILE  BUS (16+ PASSENGERS)  WHEELCHAIR (ANY TYPE)

SPORT UTILITY VEHICLE  MOTORCYCLE 3-WHEELED  SINGLE UNIT TRUCK  OTHER VEHICLE  OTHER NON-MOTORIST

PICK UP  MOPED OR MOTORIZED BICYCLE  SEMI-TRACTOR  HEAVY EQUIPMENT  BICYCLE

CARGO VAN  ALL TERRAIN VEHICLE (ATV/UTV)  FARM EQUIPMENT  ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE  UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

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 - 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

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

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  13 - NEGOTIATING A CURVE  19 - STANDING

5 - BOTH STRIKING & STRUCK  5 - MAKING RIGHT TURN  7 - MAKING U-TURN  14 - ENTERING OR CROSSING SPECIFIED LOCATION  8 - ENTERING TRAFFIC LANE  13 - NEGOTIATING A CURVE  19 - STANDING

9 - OTHER / UNKNOWN  8 - FOLLOWING TOO CLOSE /ACDA  13 - IMPROPER START FROM A PARKED POSITION  18 - OPERATING DEFECTIVE EQUIPMENT  23 - OPENING DOOR INTO ROADWAY

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 - IMPROPER LANE CHANGE  9 - IMPROPER PASSING  10 - DROVE OFF ROAD  11 - IMPROPER BACKING

12 - IMPROPER PASSING  15 - SWERVING TO AVOID  16 - WRONG WAY  17 - VISION OBSTRUCTION

14 - STOPPED OR PARKED ILLEGALLY  19 - LOAD SHIFTING /FALLING/SPILLING  20 - IMPROPER CROSSING  21 - LYING IN ROADWAY  22 - NOT DISCERNIBLE

CONTRIBUTING CIRCUMSTANCES

1 - NONE

2 - SEPARATION OF UNITS

3 - RAN OFF ROAD RIGHT

4 - RAN OFF ROAD LEFT

5 - CROSS MEDIAN

6 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL

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

SEQUENCE OF EVENTS

1  18

2

3

4

5

6

1  FIRST HARMFUL EVENT

1  MOST HARMFUL EVENT

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

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DAMAGE

DAMAGE SCALE

1 - NONE  3 - FUNCTIONAL DAMAGE

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

0 - NO DAMAGE  14 - UNDERCARRIAGE

12  1-12 - REFER TO UNIT DIAGRAM  15 - VEHICLE NOT AT SCENE

13 - TOP  99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW

2  2 - TWO-WAY

TRAFFIC CONTROL

6  1 - ROUNDABOUT  4 - STOP SIGN

2 - SIGNAL  5 - YIELD SIGN

3 - FLASHER  6 - NO CONTROL

# OF THROUGH LANES ON ROAD

2

RAIL GRADE CROSSING

1  1 - NOT INVOLVED

2 - INVOLVED-ACTIVE CROSSING

3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM  1 TO  2

1 - NORTH  5 - NORTHEAST

2 - SOUTH  6 - NORTHWEST

3 - EAST  7 - SOUTHWEST

4 - WEST  8 - SOUTHWEST

9 - OTHER / UNKNOWN

UNIT SPEED

45

DETECTED SPEED

1  1 - STATED / ESTIMATED SPEED

2 - CALCULATED / EDR

3 - UNDETERMINED

POSTED SPEED

45



# MOTORIST / Non-MOTORIST

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UNIT # 1	NAME: LAST, FIRST, MIDDLE HAIGH, HOLLY, E	DATE OF BIRTH 11/03/1987	AGE 34	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 2121 BLAKE ROAD, WADSWORTH, OH, 44281		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	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	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	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	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	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	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, 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 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	<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		3 - URINE
	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	M - MOTORCYCLE	12 - LIMITED - OTHER	<b>CONDITION</b>	4 - BREATH
	13 - TRAILING UNIT		P - PASSENGER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	1 - APPARENTLY NORMAL	5 - OTHER
	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	<b>TRAPPED</b>	N - TANKER	14 - MILITARY VEHICLES ONLY	2 - PHYSICAL IMPAIRMENT	<b>DRUG TEST TYPE</b>
	15 - NON-MOTORIST	1 - NOT TRAPPED	Q - MOTOR SCOOTER	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1 - NONE
	99 - OTHER / UNKNOWN	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	16 - OUTSIDE MIRROR	4 - ILLNESS	2 - BLOOD
		3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	17 - PROSTHETIC AID	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE
			T - DOUBLE & TRIPLE TRAILERS	18 - OTHER	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER
			X - TANKER / HAZMAT		9 - OTHER / UNKNOWN	5 - COCAINE
						6 - OPIATES / OPIOIDS
			<b>GENDER</b>			7 - OTHER
			F - FEMALE			8 - NEGATIVE RESULTS
			M - MALE			
			U - OTHER / UNKNOWN			



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
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<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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

  

INJURED TAKEN BY	EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED
2 - EMS	2 - PARTIALLY EJECTED
3 - POLICE	3 - TOTALLY EJECTED
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE

  

GENDER	TRAPPED
F - FEMALE	1 - NOT TRAPPED
M - MALE	2 - EXTRICATED BY MECHANICAL MEANS
U - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

<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		