

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

22-58201

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION WINDFALL/MEDINA		REPORTING AGENCY NAME * Montville Police Department		NCIC * 05213		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN			
COUNTY* 52	LOCALITY* 3	LOCATION: CITY, VILLAGE, TOWNSHIP* Montville (Township of)	CRASH DATE / TIME* 10/28/2022 15:10	CRASH SEVERITY 5	ROUTE TYPE SR	ROUTE NUMBER 18	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Windfall	ROAD TYPE RD	LATITUDE DECIMAL DEGREES 41.135988	LONGITUDE DECIMAL DEGREES -81.785186	1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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	ROAD TYPE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES 4	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN
<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 4	CONDITIONS 1	SURFACE 2	LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN				
NARRATIVE Unit 2 was stopped in traffic behind Unit1. Unit 1 proceeded forward while Unit 2 was still stopped in traffic at a red light and struck the rear of Unit 1. There were no injuries and both units were driven from the scene.															
CRASH REPORTED DATE / TIME 10/28/2022 15:10		DISPATCH DATE / TIME 10/28/2022 16:05		ARRIVAL DATE / TIME 10/28/2022 16:31		SCENE CLEARED DATE / TIME 10/28/2022 17:00		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST							
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 55	OFFICER'S NAME* Sheers, Christian		CHECKED BY OFFICER'S NAME* Harrison, Brett		OFFICER'S BADGE NUMBER* 1617		CHECKED BY OFFICER'S BADGE NUMBER* 1606		<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				

OWNER

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
STEPONICK, JOHN, EDWARD

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
13315 PURITAS AVE, CLEVELAND, OH, 44135

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____

VEHICLE

LP STATE OH LICENSE PLATE # JVB6218 VEHICLE IDENTIFICATION # 1LNHL9DR3BG615154 VEHICLE YEAR 2011 VEHICLE MAKE LINCOLN

INSURANCE VERIFIED INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 959987137 COLOR WHI VEHICLE MODEL MKS

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS _____

US DOT # _____ TOWED BY: COMPANY NAME _____

VEHICLE WEIGHT GVWR/GCWR
 1 - ≤10K LBS.
 2 - 10,001 - 26K LBS.
 3 - > 26K LBS.

HAZARDOUS MATERIAL
 MATERIAL CLASS # _____
 RELEASED PLACARD ID # _____
 PLACARD _____

UNIT TYPE

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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN

1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION

2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION

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

CARGO BODY TYPE

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

VEHICLE DEFECTS

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

NON-MOTORIST LOCATION

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

ACTION

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

CONTRIBUTING CIRCUMSTANCES

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

SEQUENCE OF EVENTS

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

COLLISION WITH FIXED OBJECT - STRUCK

<input type="checkbox"/> 25 - IMPACT ATTENUATOR / CRASH CUSHION	<input type="checkbox"/> 31 - GUARDRAIL END	<input type="checkbox"/> 38 - OVERHEAD SIGN POST	<input type="checkbox"/> 45 - EMBANKMENT
<input type="checkbox"/> 26 - BRIDGE OVERHEAD STRUCTURE	<input type="checkbox"/> 32 - PORTABLE BARRIER	<input type="checkbox"/> 39 - LIGHT / LUMINARIES SUPPORT	<input type="checkbox"/> 52 - BUILDING
<input type="checkbox"/> 27 - BRIDGE PIER OR ABUTMENT	<input type="checkbox"/> 33 - MEDIAN CABLE BARRIER	<input type="checkbox"/> 40 - UTILITY POLE	<input type="checkbox"/> 53 - TUNNEL
<input type="checkbox"/> 28 - BRIDGE PARAPET	<input type="checkbox"/> 34 - MEDIAN GUARDRAIL BARRIER	<input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT	<input type="checkbox"/> 54 - OTHER FIXED OBJECT
<input type="checkbox"/> 29 - BRIDGE RAIL	<input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER	<input type="checkbox"/> 42 - CULVERT	<input type="checkbox"/> 99 - OTHER / UNKNOWN
<input type="checkbox"/> 30 - GUARDRAIL FACE	<input type="checkbox"/> 36 - MEDIAN OTHER BARRIER	<input type="checkbox"/> 43 - CURB	
	<input type="checkbox"/> 37 - TRAFFIC SIGN POST	<input type="checkbox"/> 44 - DITCH	
		<input type="checkbox"/> 46 - FENCE	
		<input type="checkbox"/> 47 - MAILBOX	
		<input type="checkbox"/> 48 - TREE	
		<input type="checkbox"/> 49 - FIRE HYDRANT	
		<input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT	
		<input type="checkbox"/> 51 - WALL	

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER
22-58201

DAMAGE

DAMAGE SCALE

<input type="checkbox"/> 1 - NONE	<input type="checkbox"/> 3 - FUNCTIONAL DAMAGE
<input checked="" type="checkbox"/> 2 - MINOR DAMAGE	<input type="checkbox"/> 4 - DISABLING DAMAGE
	<input type="checkbox"/> 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

<input type="checkbox"/> 0 - NO DAMAGE	<input type="checkbox"/> 14 - UNDERCARRIAGE
<input checked="" type="checkbox"/> 6 - 1-12 - REFER TO UNIT DIAGRAM	<input type="checkbox"/> 15 - VEHICLE NOT AT SCENE
<input type="checkbox"/> 13 - TOP	<input type="checkbox"/> 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW	TRAFFIC CONTROL
<input checked="" type="checkbox"/> 2 - TWO-WAY	<input checked="" type="checkbox"/> 2 - SIGNAL
	<input type="checkbox"/> 1 - ROUNDABOUT
	<input type="checkbox"/> 4 - STOP SIGN
	<input type="checkbox"/> 5 - YIELD SIGN
	<input type="checkbox"/> 3 - FLASHER
	<input type="checkbox"/> 6 - NO CONTROL

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING

<input type="checkbox"/> 1 - NOT INVOLVED	<input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING	<input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION

FROM <input checked="" type="checkbox"/> <u>2</u> TO <input checked="" type="checkbox"/> <u>1</u>	<input type="checkbox"/> 1 - NORTH	<input type="checkbox"/> 5 - NORTHEAST
	<input type="checkbox"/> 2 - SOUTH	<input type="checkbox"/> 6 - NORTHWEST
	<input type="checkbox"/> 3 - EAST	<input type="checkbox"/> 7 - SOUTHEAST
	<input type="checkbox"/> 4 - WEST	<input type="checkbox"/> 8 - SOUTHWEST
		<input type="checkbox"/> 9 - OTHER / UNKNOWN

UNIT SPEED 0

POSTED SPEED 45

DETECTED SPEED

<input type="checkbox"/> 1 - STATED / ESTIMATED SPEED	<input checked="" type="checkbox"/> 1 - 2 - CALCULATED / EDR
	<input type="checkbox"/> 3 - UNDETERMINED

OWNER

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
GARY, GUNDLACK, E

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
 [REDACTED]

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
5144 RIVER STYX ROAD, MEDINA, OH, 44256

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # ENB1137 VEHICLE IDENTIFICATION # 1G4HE57Y38U160404 VEHICLE YEAR 2008 VEHICLE MAKE BUICK

INSURANCE VERIFIED INSURANCE COMPANY WESTFIELD NATIONAL INSURA INSURANCE POLICY # WNP7004073 COLOR CRM VEHICLE MODEL LUCERNE

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 1 US DOT # 1 TOWED BY: COMPANY NAME

VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10.001 - 26K LBS., 3 - > 26K LBS.

HAZARDOUS MATERIAL: MATERIAL RELEASED, PLACARD CLASS # PLACARD ID #

UNIT TYPE 1

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	

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 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 1

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 - CARGO VAN /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 3

PRE-CRASH ACTIONS 11

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	
4 - STRUCK	4 - OVERTAKING/PASSING	12 - DRIVERLESS	18 - APPROACHING OR LEAVING VEHICLE	
5 - BOTH STRIKING	5 - MAKING RIGHT TURN	13 - NEGOTIATING A CURVE	19 - STANDING	
8 - STRUCK	6 - MAKING LEFT TURN	14 - ENTERING OR CROSSING SPECIFIED LOCATION	20 - OTHER NON-MOTORIST	
9 - OTHER / UNKNOWN	7 - MAKING U-TURN			
	8 - ENTERING TRAFFIC LANE			

CONTRIBUTING CIRCUMSTANCES 8

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	
4 - RAN STOP SIGN	11 - DROVE OFF ROAD	16 - WRONG WAY	21 - LYING IN ROADWAY	
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 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE

2 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL

3 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDALCYCLE 15 - RAILWAY VEHICLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER

4 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

5 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	31 - GUARDRAIL END	38 - OVERHEAD SIGN POST	45 - EMBANKMENT
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	46 - FENCE
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	40 - UTILITY POLE	47 - MAILBOX
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE
29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	42 - CULVERT	49 - FIRE HYDRANT
30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	37 - TRAFFIC SIGN POST	44 - DITCH	51 - WALL
			52 - BUILDING
			53 - TUNNEL
			54 - OTHER FIXED OBJECT
			99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 **MOST HARMFUL EVENT** 1

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DAMAGE

DAMAGE SCALE

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

2

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 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

12 1-12 - REFER TO UNIT DIAGRAM 13 - TOP

TRAFFIC

TRAFFICWAY FLOW 2

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 2

1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING

1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 1

POSTED SPEED 45

DETECTED SPEED 1

1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
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UNIT # 1	NAME: LAST, FIRST, MIDDLE STEPONICK, JOHN, EDWARD				DATE OF BIRTH 04/05/1971		AGE 51	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 13315 PURITAS AVE, CLEVELAND, OH, 44135					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 STATUS: 1, TYPE: 1, VALUE: .		DRUG TEST(S) STATUS: 1, TYPE: 1, RESULTS SELECT UP TO 4	

UNIT # 2	NAME: LAST, FIRST, MIDDLE GARY, GUNDLACK, E				DATE OF BIRTH 03/08/1941		AGE 81	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 5144 RIVER STYX ROAD, 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 STATUS: 1, TYPE: 1, VALUE: .		DRUG TEST(S) 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	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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURIES TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN			DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
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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
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
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
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

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	

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