OHO DE ANTICET TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER *					
X PHOTOS TAKE	√ □ OH -2	10N 4042 S	PLEY		25-1503									
SECONDARY C	OH-1P	X OTHER	REPORTING AGEN	ICY NAME *		NCIC *	1117,51111			UNIT IN ERROR				
	PRIVATE P	ROPERTY	Montville Police	Department			05213	2 - UNSOLVED	11	9	98 - ANIMAL 99 - UNKNOWN			
COUNTY* LOCAL	LITY* L	OCATION: CITY	. VILLAGE. TOWNSHII	p*			CRASH DATE	/TIME*	CR	ASH SEVERITY				
52 13	2 - VILLAGE	Montville (To	ownship of)				01/08/2025	5 18:16	1 5 1	- FATAL				
	3 - IOMNZHIP		LOCATION ROAD	ROAD TYPE		20.000.000.000.000	2	- SERIOUS INJURY SUSPECTED						
Ĕ	OTE NOMBER PREFI	2 - SOUTH	LOCATION ROAD	INAME		ROAD TIPE	LATITUDE D		3	3 - MINOR INJURY				
	162	3 - EAST 4 - WEST						41.106	/ 15		SUSPECTED			
ROUTE TYPE RO	UTE NUMBER PREFIX		REFERENCE ROAI	NAME (ROAL	USE #)	ROAD TYPE	LONGITUDE D	ECIMAL DEGREES		- INJURY POSSIBLE				
TERE		2 - SOUTH 3 - EAST	4042				-81.834	260	5	- PROPERTY DAMAGE ONLY				
2		4 - WEST						01.031						
1 - INTERSECT	FROM REFER	ENCE	ROUTE TYP		ROAD TYPE HW - HIGHWAY	AD BOAD	l	INTERSECTI						
1 3 12 - MILE POST	1-1	HTUO	NTERSTATE ROUT	C(II)	LA - LANE	SQ - SQUARE	LI WITHIN INTE	RSECTION OR C	N APPROAG	-H				
3 - HOUSE #	3 - E	WEST	FEDERAL US ROU		MP - MILEPOST	ST - STREET	☐ WITHIN INTE	RCHANGE ARE	NUM	MBER OF APPROACHES				
DISTANCE DISTANCE SR - STATE ROUTE CR - CIRCLE OV - OVAL TE - TERRACE											TO THE ENGINEE OF THE PROPERTY OF			
FROM REFERENCE		MILES CR -	NUMBERED COU	VIT KOUIE	DR - DRIVE	PI - PIKE	WA - WAY	_	KOA	JVVAT				
TR - NUMBERED TOWNSHIP ROUTE TR - NUMBERED TOWNSHIP ROUTE TR - NUMBERED TOWNSHIP ROUTE TR - NUMBERED TOWNSHIP ROUTE														
100	CATION OF FIRST HA				ANNER OF CRAS	II COLLICION (II	ADACT	DIRECTION OF TRA	VEI	MEDIA	N TYPE			
1 - ON RO		- CROSSOVER		1 - N	OT COLLISION 4			1 - NORTH	7.70.70		USH MEDIAN			
2 - ON SI 3 - IN ME		- DRIVEWAY/A			TWEEN 5	- BACKING		2 - SOUTH	l'	(<4 FEET)	OSH WEDIAN			
4 - ON RO		- KAILWAY GR ? - SHARED USE	ADE CROSSING PATHS OR	1000	EHICLES IN 6	- ANGLE		3 - EAST 4 - WEST	2 -		USH MEDIAN			
5 - ON G0		TRAILS			MINDLOKI	- SIDESWIPE, SAI - SIDESWIPE, OP		4 - 4/231	3 -	(≥4 FEET) DIVIDED, D	EPRESSED MEDIAN			
	DE TRAFFIC WAY 13			1000	LAN-LIND	- OTHER / UNK			4 -		AISED MEDIAN			
7 - ON RA 8 - OFF R		- TOLL BOOTH - OTHER / UNI		- OTHER / ONKI	IOWN		9 -	(ANY TYPE) OTHER / UI	to the first of th					
_		T	Want Balls	J	T			CONTOUR	CONDI		SURFACE			
WORK ZONE RE	ELATED	1.	WORK ZONE T LANE CLOSURE	YPE	100000000000000000000000000000000000000	ON OF CRASH IN		_						
WORKERS PRES	SENT		LANE SHIFT/ CRO	SSOVER		WARNING SIGN	FEORE THE 1ST WORK ZONE J L L L L L L L L L L L L L L L L L L							
LAW ENFORCE	MENT PRESENT		WORK ON SHOU											
			OR MEDIAN		49.1									
ACTIVE SCHOO	L ZONE	- 2	INTERMITTENT O	R MOVING WO	KK	- TERMINATION	ARFA	GRADE	4 - ICE		ASPHALT			
		5 -	OTHER					3 - CURVE LEVEL	5 - SAND, MU OIL, GRAV	Charles Company (1977)	3 - BRICK/BLOCK 4 - SLAG , GRAVEL,			
	IGHT CONDITION				WEATHER			4 - CURVE GRADE 9 - OTHER	6 - WATER (S		STONE			
1 - DAYLI			1-0	LEAR LOUDY	6 - SNOW 7 - SEVERE C	BUCCMINIDS		JUNKNOWN	MOVING		5 - DIRT			
4	- LIGHTED ROADWAY	,	1 0				7 - SLUSH 9 - OTHER AND, SOIL, DIRT, SNOW 9 - OTHER / UNKNOWN / UNKNOW							
19 90000000	- ROADWAY NOT LIC		4 - R				AIN OR FREEZING DRIZZLE							
	- UNKNOWN ROADV R / UNKNOWN	VAY LIGHTING	5 - SI	EET, HAIL	99 - OTHER /	UNKNOWN								
	R/ UNKNOWN													
NARRATIVE														
	ving east and a de er. Minor damage				ng the driver									
to strike the de	er. Willior damage	to vernicle a	ina no injunes	reported.				Share	n Conley Ro	1 (SR162)			
								Sharon Copley Rd. (SR162)						
						-								
											\bigcirc			
1									- 1					
									4		\ IN /			
									4042					
											Not To Scale			
										1				
CRASH REPOR	TED DATE / TIME		DISPATCH DATE	/ TIME	ARI	I RIVAL DATE / TI	ME	SCENE CLEARED	DATE / TIME		REPORT TAKEN BY			
	2025 18:16		01/08/2025 1			/08/2025 18:		01/08/202			POLICE AGENCY			
201.04.200.000.00					1 01,				5 10,44	. 1=	MOTORIST			
TOTAL TIME	OTHER INVESTIGATION TII	TOTAL					HECKED BY OFFICE	R'S NAME*	SHA	15				
		ME MINUTI	ES Terrion,				Searle, Cory	0	The Mile		SUPPLEMENT DRRECTION OF ADDITION			
		27			ADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER* (CORRECTION OR ADDITION ON DISTING REPORT SENT TO CORRECTION OR ADDITION OR AD				AN EXISTING REPORT SENT TO			
1622								1605 ODPS)						

1 FIRST HARMFUL EVENT

or Pu	UNIT							25-1	1503		
UNIT# C	WNER NAME: LAST, FIRST,	MIDDLE (SAWE AS DRIVER	A)	OWNER	PHONE: GICLUDE AS	EA CODE (SAME AS DRIVER)	100 (100 (100 (100 (100 (100 (100 (100	D A M A G E			
	ELUCA, ANTHONY,							DAMAG	SE SCALE		
	d ress: street, city, state, z LOW BEND DR, MEI		5		1 - NONE 2 2 - MINOR D	AMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABUNG DAMAGE				
	AL CARRIER: NAME, ADDRES			Cox	MMERCIAL CARRIER PH	ONE: INCLUDE AREA CODE	а - пикиоми				
		,					DAMAGED AREA(S) INDICATE ALL THAT APPLY				
1	ICENSE PLATE #	ł .	ICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE	IIV.	ICARE ALL	I I I I I I I I I I I I I I I I I I I		
INCUDAN	CCV4954 CE INSURANCE COMPA		CNJAB1XKPJ98787 INSURANCE POLICY#		2019 COLOR	JEEP VEHICLE MODEL	1200		11 12		
VERIFIED	ALLSTATE		826 060 133		BLK	RENEGADE	10/11/11	2	10		
COMMERC	TYPE OF USE	IN EMERGENCY	US DOT #	TOW	ED BY: COMPANY N	AME		4,	/- I		
INTERLO	<u> </u>	# OCCUPANTS	EHICLE WEIGHT GVWR/GCWR		HAZARDOU		 	,			
DEVICE EQUIPPED	HIT/SKIP UNIT		1 - ≤10K lBS. 2 - 10.001 - 26K lBS.	HRI	IATERIAL CLAS ELEASED	S# PLACARD ID#		' 4	6 7 5 5		
		IN (9-15 SEATS)	3 - > 26K LBS. 12 - GOLF CART 18 - EI		LACARD E	DEDECTRIAN/CVATCO	7 6	111	2 7 6		
і 1 і	2 - PASSENGER VAN 7 - MO	OTORCYCLE 2-WHEELED	13 - SNOWMOBILE 19 - BI			PEDESTRIAN/SKATER WHEELCHAIR (ANY TYPE)	10 /		2 1 2		
UNIT TYPE	3 - SPORT UTILITY 9 - AU	OTORCYCLE 3-WHEELED ITOCYCLE	IRUCK 21. H	THER VEH EAVY EQU		OTHER NON-MOTORIST BICYCLE	<i></i>	a 10			
	10 - N	(OPED OR MOTORIZED ICYCLE	16 EADM EDITION CHIT 22 - AI	NIMAL WI	TH RIDER OR 27 -	TRAIN	9	. 9	1 3 3		
	5 - CARGO VAN 11 - A (ATV)	LL TERRAIN VEHICLE	17 - MOTORHOME	NIMAL-DR	VAWN VEHICLE 99.	UNKNOWN OR HIT/SKIP	/,	√ □	□ 5 √ 4		
<u> </u>	# of TRAILING UNITS						12 ,	7	5 12		
	WAS VEHICLE OPERATING IN AN	n	0 - NO AUTOMATION 3 -	CONDITI	ONAL AUTOMATION	9 - UNKNOWN	"		11 12		
, 2 ,					TOMATION			Ž	10 11 2 2		
	I - YES 2 - NO 9 - OTHER / E	INKNOWN AUTONOM MODE LE	MOUS 2 - PARTIAL AUTOMATION 5 - EVEL	FULL AUT	TOMATION		9 9 3	3	9 9 3		
	1 - NONE	6 - BUS - CHARTER/TO		16 - FA		21 - MAIL CARRIER		1			
1 1 1	2 - TAXI 3 - ELECTRONIC RIDE	7 - BUS - INTERCITY 8 - BUS - SHUTTLE	12 - MIUTARY 13 - POLICE		owing Iow removal	99 - OTHER / UNKNOWN		•			
SPECIAL	SHARING 4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TC			6		6		
TORCHOR	5 - BUS - TRANSITYCOMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIP.		FETY SERVICE TROL			12	12 12		
. 1 .	1 - NO CARGO BODY TYPE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - Di	JMP	99 - OTHER / UNKNOWN	12	4			
CARGO	/ NOT APPLICABLE 2 - BUS	5 - INTERMODAL CONTAINER CHASS	8 - POLE SIS 9 - CARGO TANK		ONCRETE MIXER JTO TRANSPORTER		0140				
BODY TYPE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN ÆNCLOSED BOX	10 - FLAT BED		ARBAGE/REFUSE		''Y	, <u> </u>	3 9 4 3		
~~~	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MO	TOR TROUBLE	99 - OTHER / UNKNOWN	6	Ţ	00		
VEHICLE	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10 - Di	SABLED FROM PRIOR	20 2111217		6	6 6		
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	AC	CIDENT		☐- NO DAMA	GE ( O )	- UNDERCARRIAGE [ 14 ]		
	1 - INTERSECTION -	4 - MIDBLOCK -	7 - SHOULDER/ROADSIDE		RIVEWAY ACCESS	99 - OTHER / UNKNOWN					
	MARKED CROSSWALK 2 - INTERSECTION -	MARKED CROSSIV 5 - TRAVEL LANE -	G - SIDEVIALA		iared use paths Etrails		. TOP [ 13 ]		L- ALL AREAS (15)		
MOTORIST LOCATION	UNMARKED CROSSVALK 3 - INTERSECTION - OTHER	OTHER LOCATION 6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND		EST RESPONDER INCIDENT SCENE			- UNIT NO	DT AT SCENE [ 16 ]		
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC			21 - STANDING OUTSIDE	INITI	AL POINT	OF CONTACT		
1 3 1	2 - NON-COLLISION	2 - BACKING 3 - CHANGING LANES			GGING, PLAYING ORKING	DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO ĐA	MAGE	14 - UNDERCARRIAGE		
	3 STRIKING PRE-CRASH	J 4 - OVERTAKING/PASS 5 - MAKING RIGHT TUR			ISHING VEHICLE PROACHING OR		1 1 1- 1	ER TO UNI SRAM	IT 15 - VEHICLE NOT AT SCENE		
	4 - STRUCK ACTIONS 5 - BOTH STRIKING	6 - MAKING LEFT TURN 7 - MAKING U-TURN			AVING VEHICLE		13 - TOP	,,,,,,	99 - NNKNOWN		
	& STRUCK	8 - ENTERING TRAFFIC			anding Her non-motorist						
	9 - OTHER / UNKNOWN 1 - NONE	8 - FOLLOWING TOO C	SPECIFIED LOCATION  CLOSE 13 - IMPROPER START FROM	18 - OPI	ERATING DEFECTIVE	23 - OPENING DOOR INTO	TRAFFICWAY FLOW	TRAF			
	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	/ACDA 9 - IMPROPER LANE	A PARKED POSITION 14 - STOPPED OR PARKED	EQL	JIPMENT AD SHIFTING	ROADWAY 99 - OTHER IMPROPER	1 - ONE-WAY		TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN		
1 1 ₁	4 - RAN STOP SIGN	CHANGE	ELEGALLY	/FA	LLING/SPILLING	ACTION	2 - TWO-WAY	. 6	2 - SIGNAL 5 - YIELD SIGN		
CONTRIBUTING	5 - UNSAFE SPEED 6 - IMPROPER TURN	10 - IMPROPER PASSIN 11 - DROVE OFF ROAD			roper crossing NG In roadway				3 - FLASHER 6 - NO CONTROL		
CIRCOMSTANCE	5 7 - LEFT OF CENTER	12 - IMPROPER BACKIN	NG 17 - VISION OBSTRUCTION	22 - NO	T DISCERNIBLE		# OF THROUGH LANES ON ROAD		RAIL GRADE CROSSING		
SEQUENCE (	OF EVENTS								1 - NOT INVLOVED 2 - INVOLVED-ACTIVE CROSSING		
. 18 :	1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNI	EVENTS TS 12 - DOWNHILL RUNAWAY	19 - AN	IMAL-OTHER 2	3 - STRUCK BY FALLING,	2		3 - INVOLVED-PASSIVE CROSSING		
1		8 - RAN OFF ROAD RIGH 9 - RAN OFF ROAD LEFT			OTOR VEHICLE IN	SHIFTING CARGO OR ANYTHING SET IN	UNIT / N	ом-мот	ORIST DIRECTION		
2	4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE	21 - PAF	RKED MOTOR	MOTION BY A MOTOR VEHICLE		1	- NORTH 5 - NORTHEAST		
	LOSS OR SHIFT	11 - CROSS CENTERLINE OPPOSITE DIRECTIO		22 - MO	ORK ZONE	4 - OTHER MOVABLE OBJECT	_		2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST		
3	6 - EQUIPMENT FAILURE	OF TRAVEL	18 - ANIMAL - DEER		INTENANCE JIPMENT		FROM 4 TO	-≺ .	- WEST 8 - SOUTHWEST		
.1 1	25 - IMPACT ATTENUATOR	COLI	LISION WITH FIXED OBJECT - S 38 - OVERHEAD SIGN POST			2 - BUILDING			9 - OTHER / UNKNOWN		
4	/ CRASH CUSHION	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BAR	39 - LIGHT / LUMINARIES	46 - FEN 47 - MA	ICE 5	3 - TUNNEL 4 - OTHER FIXED	UNIT SPEED		DETECTED SPEED		
5		34 - MEDIAN GUARDRAI BARRIER		48 - TRE	ı£.	OBJECT 9 - OTHER / UNKNOWN	ı 35 ı	***************************************	1 - STATED / ESTIMATED SPEED		
		35 - MEDIAN CONCRETE BARRIER	OR SUPPORT	50 - WO	PRK ZONE INTENANCE				1		
6	29 - BRIDGE RAIL	36 - MEDIAN OTHER BAI 37 - TRAFFIC SIGN POST		EQL	JIPMENT		POSTED SPEED	$\neg$ L	2 - CALCULATED / EDR		
	SO - GOMBONIE TACE	" - UMALIC SIGN KOST	en : MICH	51 - WA	ILL			1			

1 MOST HARMFUL EVENT

3 - UNDETERMINED

45

OSCONDENATION OF PURICE SAFETY MOTORIST / NON-MOTORIST										LOCAL REPORT NUMBER 25-1503							
	UNIT #																GENDER
	1	DELUCA, ALEXA, GRACE									07/24/2003 21					21	F
RIST		STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
010		ILLOW BEND DR, MEDINA, OH, 44256  INJURED TEMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN									SEATING AIR BAG USAGE EJECTION TRAPPED						
NO	5	TAKEN	MS AGENCY (NAME)	IAKEN TO: F	MEDICAL FACILITY (HAME, I	CITY)	SAFETY EQUIPMENT USED		T-COMPLE HELME	ANT POSITIO			JSAGE	EJECTION	TRAPPED		
N/III		OPERATOR LI	iED	LOCAL	4 OFFENSE DESCR	<u> </u>	TILLWIL	1		1		1	1				
MOTORIST / NON-MOTORIST	ОН	or Ellarron Es	ieD	CODE	OFFENSE DESCR	IPTION				CITATIO	N NO	MREK					
5	OL CLASS	ENDORSEMEN:	DRI	VER	ALCOI	HOL / DRUG SUSPE	CTED	CONDITION	Α	LCOHO	OL TEST		D	RUG	TEST(	S)	
ı	4				TRACTED	<u> </u>	L	JANA	4	STATUS	TYPE	VALUE	STA	ATUS T	TYPE	RESULTS	SELECT UP TO 4
	4 UNIT #	MARKE LACT	FIRST, MIDDLE	ВҰ	1	OTHE	R DRUG		1	1	11			1	1		
	D1411 12	IVAIME: LAST,	FIRST, MIDDLE									DATE OF BIRT	114			AGE	GENDER
Ė	ADDRESS:	STREET, CITY, S	TATE, ZIP							CONT	АСТ РНО	ONE - INCLUE	NF ARFA	CODE			
TOR											,,,,,,	3112 3110100	A ANDA	coor			
NON-MC	INJURIES	INJURED EN	MS AGENCY (NAME)		INJURED T	TAKEN TO: N	MEDICAL FACILITY (NAME, C	CETY)	SAFETY EQUIPMENT		Т-Сомрій	SEATIN		AIR BAG USAGE EJECT		EJECTION	TRAPPED
		BY L									HELMET						
OTORIST	OL STATE	OPERATOR LI	CENSE NUMBER		OFFENS	E CHARG	ED	LOCAL	OFFENSE DESCR	IPTION			١,	CITATIO	N NU	MBER	
io.																	
	OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3		VER ALCOHOL / DRUG SUSPECTED  FRACTED ALCOHOL MARUUANA				CONDITION	ALCOHOL T		OL TIEST VALUE	STA		RUG IYPE	TEST(	SELECT UP TO 4
				BY		ОТНЕ	R DRUG										
I	UNIT #	NAME: LAST,	FIRST, MIDDLE			· · ·					ļ	DATE OF BIRT	rH			AGE	GENDER
				_						ļ							
X SISI	ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
ø	INJURIES	INJURED EN	AS AGENCY (NAME)	***	INJURED T	AKEN TO: N	MEDICAL FACILITY (NAME, C	(YY)	SAFETY EQUIPMENT	<del> </del>	SEATING AIR BAG USAGE EJECTION					TRAPPED	
/NON-MOTOR	TAKEN BY							,	USED		DOT-COMPLIANT POSITION MC HELMET						
	OL STATE	OPERATOR LIC	CENSE NUMBER		OFFENS	E CHARG				IPTION	L l NOIT			CITATION NUMBER			
OTORIST						CODE											
	OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	1	DRIVER ALCOHOL / DRUG SUSPECTED DISTRACTED ALCOHOL MARUUANA			CONDITION	ALCOHOL TEST			1 1		TEST(S)			
				BY	IKACIED	=	HOL MARUU R DRUG	ANA		STATUS	TYPE	VALUE	STA	TUS T	YPE	RESULTS :	ELECT UP TO 4
	INJU	JRIES	SEATING POSITION	TOWAY)	AIR BAG		OL CLAS	SS	OL RESTRIC	TION(S	DRI	I IVER DISTE	RACTIO	ON	TE	ST STA	TUS
1 3	FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT D 2 - DEPLO	EPLOYED YED FRONT		1 - CLASS A		1 - ALCOHOL INTER		1 - N	OT DISTRACTE	D	1.	NONE	GIVEN	
	SUSPECTED : NJURY		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLO 4 - DEPLO			2 - CLASS B		DEVICE 2 - CDL INTRASTAT 3 - CORRECTIVE LE		EU	ECTRONIC OMMUNICATIO		3.	TEST	IVEN,	SCAMPLE
	SUSPECTED I INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT A	FRONT/SIDE 3 - CLASS C 4 - FARM WAIVER 5 - NOT APPLICABLE 4 - REGULAR CLASS 5 - EXCEPT CLASS A					(TEXTING, TYPING, BUS DIALING)			4.	CONTAMINATED SAMPLE / UNUSABLE 1 - TEST GIVEN,			
	POSSIBLE IN: NO APPAREN	化化物 化对邻苯基甲酚氯苯基甲醛	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	9 - DEPLO	YMENT UNI	KNOWN	(OHIO = D) _ 5 - M/C MOPED O	NLY	6 - EXCEPT CLASS A & CLASS B BUS		C	ALKING ON HA OMMUNICATION ALKING ON HA	N DEVIC	CE c		TS KNOW	N
П	NJURIES	TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	E 1 - NOT EJ	JECT(O)	<b>V</b>	6 - NO VALID OL		7 - EXCEPT TRACTO 8 - INTERMEDIATE I RESTRICTIONS		TRAILER 4 TACKING ON THAN PIECE RESULTS UNK					e to to to enable and an	
	NOT TRAN	· · · · · · · · · · · · · · · · · · ·	9 - THIRD - RIGHT SIDE	2 - PARTIA	LLY EJECTED Y EJECTED	D	OL ENDORSE	MENT	9 - LEARNER'S PERMIT ELECTRONIC DEVICE RESTRICTIONS 6 - PASSENGER 1 - NO					NONE		ST TYPE	
	/TREATED A EMS	AT SCENE	10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN	4 - NOT A			H - HAZMAT M - MOTORCYCLE		10 - LIMITED TO DA ONLY		LIGHT 7 - OTHER DISTRACTION 2 - BLOOD INSIDE THE VEHICLE 3 - URINE						
	POLICE	NENOMEN	OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT,	1 - NOT TE	RAPPED		P - PASSENGER		12 - LIMITED - OTH								
- 4.5	OTHER/U	UIPMENT	BUS, PICK-UP WITH CAP) 12 - PASSENGER IN	2 - EXTRIC		iNS	N - TANKER Q - MOTOR SCOO	TFR	13 - MECHANICAL I (SPECIAL BRAKI CONTROLS, OR	S, HAND		CONDIT			DRU NONE	G TEST	TYPE
	NONE USED	establishing transferred to	UNENCLOSED CARGO AREA 13 - TRAILING UNIT		BY IECHANICA	L MEANS	R - THREE-WHEEL		ADAPTIVE DEVI	CES)	**************************************	PPARENTLY NO TYSICAL IMPAIR			BLOOD URINE	)	
	SHOULDER E USED		14 - RIDING ON VEHICLE EXTERIOR				MOTORCYCLE S - SCHOOL BUS		15 - MOTOR VEHIC WITHOUT AIR E	ES RAKES	3 - £8 DE	MOTIONAL (E.G. PRESSED, ANGRY			OTHER		
4 -	LAP BELT ON SHOULDER &		(NON-TRAILING UNIT) 15 - NON-MOTORIST				T - DOUBLE & TRI	PLE	16 - OUTSIDE MIRR 17 - PROSTHETIC AI 18 - OTHER		4 - ILI	TURBED) LNESS		1	АМРН	TAMINES	SUIT(S)
		AINT SYSTEM	99 - OTHER / UNKNOWN				X - TANKER / HAZ	MAT	io Oniek		FΑ	TIGUED, ETC.	L ASLEEP, FAINTED, IGUED, ETC.		BENZO	URATES DIAZEPIN	ES
6 -		AINT SYSTEM					GENDE	₹			M	NDER THE INFL EDICATIONS / E		5 -	COCAI		
	REAR FACIN BOOSTER SE HELMET USE	AT					F - FEMALE M - MALE					COHOL THER / UNKNO	WN	7-	OTHER		
9 -		PADS USED					U - OTHER / UNKN	IOWN						8-	NEGAT	IVE RESUI	.is
10 -	REFLECTIVE																
100	/ BICYCLE O OTHER / UN	NLY															

OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER 25-1503						
UNIT #		ST, FIRST, MIDDLE					DA	ATE OF BIRTH	1303	AGE	GENDER			
ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AR	ea code					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (N	NAME, CITY) SAFETY EQUIPMENT		DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	GE EJECTIC	ON TRAPPED			
UNIT #	NAME: LA	ST, FIRST, MIDDLE				ļ.,	DA		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (12	AME, CFTY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USA	GE EJECTIC	ON TRAPPED			
UNIT #							DA		AGE	GENDER				
ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AR	EA CODE					
*	INJURIES INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (12)	AME, CITY)	SAFETY EQUIPMENT	SEATING AIR BAG US  DOT-COMPULANT POSITION  MC HELMET			GE EJECTIO	ON TRAPPED			
UNIT #	NAME: LA	ST, FIRST, MIDDLE			<u> </u>	DA	AGE	GENDER						
ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (14)	AME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	GE EJECTIO	ON TRAPPED			
	IN.	IURIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG	USAGE				
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN  GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN			2 - SHOULT 3 - LAP BEL 4 - SHOULD 5 - CHILD R FORWA 6 - CHILD R REAR FA 7 - BOOSTE 8 - HELMET 9 - PROTEC (ELBOW 10 - REFLEC 11 - LIGHTI / BICYC	R SEAT	2 - FRON 3 - FRON 4 - SECO (MOT 5 - SECO 7 - THIRI (MOT 8 - THIRI 10 - SLEE 11 - PAS: CAR( SUC 12 - PAS: CAR( 13 - TRAI 14 - RIDI (NON	IT - MIDDLE IT - MIDDLE IT - RIGHT SIDE ND - LEFT SIDE ORCYCLE PASSE ND - MIDDLE ND - RIGHT SIDE ORCYCLE SIDE CO - MIDDLE O- RIGHT SIDE O- RIG	NGER)  E  AR)  F TRUCK CAB  ER ENCLOSED  RAILING UNIT  P WITH CAP)  NCLOSED	NT  E INKNOWN  ION  TED ED E PED						
NAME: LAS	ST, FIRST, MI	DDLE			4	ER / UNKNOWN	*****************	TE OF BIRTH		AGE	GENDER			
ADDRESS:	STREET, CIT	/, STATE, ZIP	<del>*************************************</del>				CONTACT PHONE	- INCLUDE ARE	A CODE		<u> </u>			
NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE						
ADDRESS:	STREET, CITY	/, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE		<u>L</u>			
NAME: LAS	ST, FIRST, MII	DDLE			*,* *,* ****		DA	TE OF BIRTH		AGE	GENDER			
ADDRESS:	STREET, CITY	, STATE, ZIP				7	CONTACT PHONE	- INCLUDE ARE	A CODE					