

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

25-35124

| | | | | | | | |
|--|----------------------------------|---|-------------------------|-----------------------------|--|----------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH - 2 | <input type="checkbox"/> OH - 3 | LOCAL INFORMATION | SR 162 & MULBERRY BD | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | NUMBER OF UNITS 1 | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN |
| <input type="checkbox"/> SECONDARY CRASH | <input type="checkbox"/> OH - 1P | <input checked="" type="checkbox"/> OTHER | REPORTING AGENCY NAME * | Montville Police Department | NCIC * | 05213 | |
| <input type="checkbox"/> PRIVATE PROPERTY | | | | | | | |

| | | | | |
|---------------|----------------|---|--|--|
| COUNTY* 52 | LOCALITY* 3 | LOCATION: CITY, VILLAGE, TOWNSHIP* Montville (Township of) | CRASH DATE / TIME* 06/23/2025 08:46 | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY |
|---------------|----------------|---|--|--|

| | | | | | |
|------------------|---------------------|---|--------------------|-----------|---------------------------------------|
| ROUTE TYPE SR | ROUTE NUMBER 162 | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES 41.106170 |
|------------------|---------------------|---|--------------------|-----------|---------------------------------------|

| | | | | | |
|------------|--------------|---|--|-----------------|---|
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Mulberry Bend | ROAD TYPE DR | LONGITUDE DECIMAL DEGREES -81.828320 |
|------------|--------------|---|--|-----------------|---|

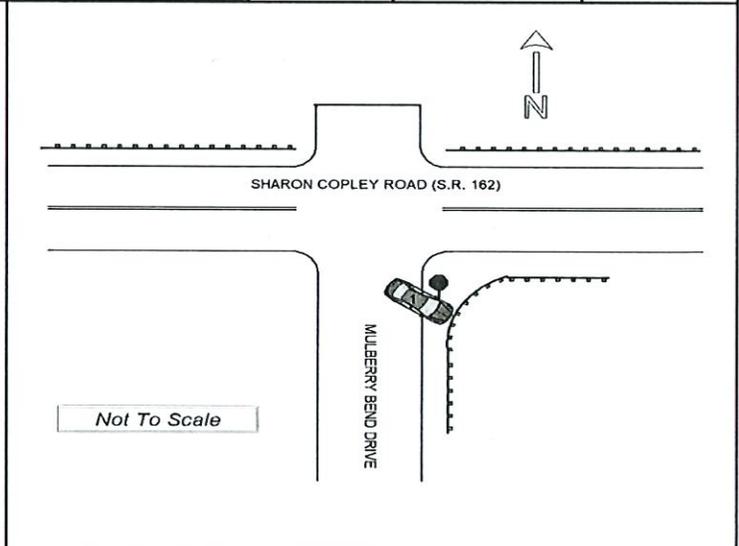
| | | | | | | | |
|---|--|---|---|--|---|--|---------------------------|
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | 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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | NUMBER OF APPROACHES 3 |
| ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | | | | | | | |

| | | | | |
|---|--|---|---|--|
| 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 | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN | 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 2 | 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 |
|--|---|

NARRATIVE
 Unit #1 was traveling east on Sharon Copley Road and attempted to turn into Mulberry Bend Drive. Unit #1 did not make the turn and struck the stop sign and guardrail face causing disabling damage. The driver and occupant were both transported to Medina Hospital by LST for medical issues. The driver for apparent anxiety, and the passenger due to alcohol/drug impairment. Unit #1 was towed by World Truck.



| | | | | |
|--|--|---|---|---|
| CRASH REPORTED DATE / TIME 06/23/2025 08:46 | DISPATCH DATE / TIME 06/23/2025 08:46 | ARRIVAL DATE / TIME 06/23/2025 08:52 | SCENE CLEARED DATE / TIME 06/23/2025 10:30 | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES 104 | OFFICER'S NAME* Bennett, Justin | CHECKED BY OFFICER'S NAME* Searle, Cory |
| | | | OFFICER'S BADGE NUMBER* 1612 | CHECKED BY OFFICER'S BADGE NUMBER* 1605 |
| | | | | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP) |

OWNER

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) SUTTON, JAMES, ELLIOT

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 5535 WAGON TRAIL, MEDINA, OH, 44256

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

VEHICLE

LP STATE OH LICENSE PLATE # KEB3456 VEHICLE IDENTIFICATION # 3N1AB6AP6CL782036 VEHICLE YEAR 2012 VEHICLE MAKE NISSAN

INSURANCE VERIFIED INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 976022047 COLOR SIL VEHICLE MODEL SENTRA

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 1 VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.

TOWED BY: COMPANY NAME WORLD TRUCK HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD CLASS # _____ PLACARD ID # _____

UNIT TYPE 1

OF TRAILING UNITS _____

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 1

CARGO BODY TYPE 1

VEHICLE DEFECTS _____

NON-MOTORIST LOCATION _____

ACTION 3 PRE-CRASH ACTIONS 5

CONTRIBUTING CIRCUMSTANCES 11

SEQUENCE OF EVENTS

1 11 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 37 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT

3 30 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE 25 - IMPACT ATTENUATOR / CRASH CUSHION

4 _____ 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE

5 _____ 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 40 - UTILITY POLE 27 - BRIDGE PIER OR ABUTMENT

6 _____ 6 - EQUIPMENT FAILURE 28 - BRIDGE PARAPET 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT

7 _____ 7 - EQUIPMENT FAILURE 29 - BRIDGE RAIL 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE

8 _____ 8 - EQUIPMENT FAILURE 30 - GUARDRAIL FACE 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX

9 _____ 9 - EQUIPMENT FAILURE 31 - GUARDRAIL FACE 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE

10 _____ 10 - EQUIPMENT FAILURE 32 - PORTABLE BARRIER 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT

11 _____ 11 - EQUIPMENT FAILURE 33 - MEDIAN CABLE BARRIER 36 - MEDIAN OTHER BARRIER 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT

12 _____ 12 - EQUIPMENT FAILURE 34 - MEDIAN GUARDRAIL BARRIER 37 - TRAFFIC SIGN POST 44 - DITCH 51 - WALL

1 FIRST HARMFUL EVENT 3 MOST HARMFUL EVENT

LOCAL REPORT NUMBER 25-35124

DAMAGE

DAMAGE SCALE

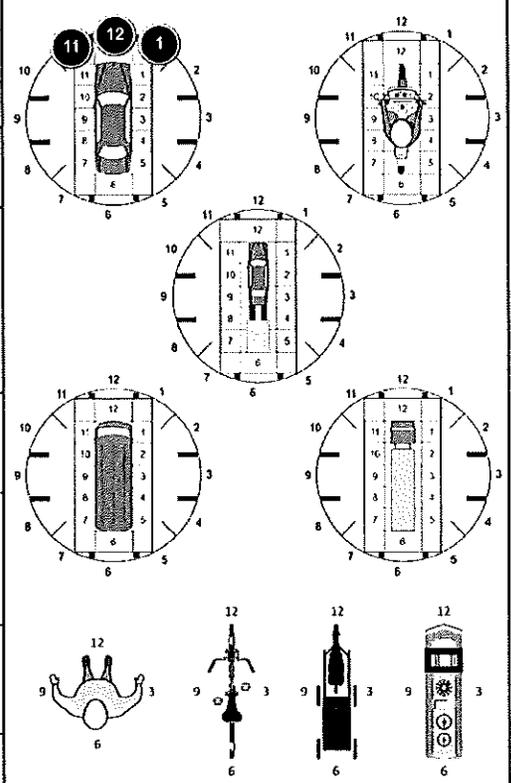
1 - NONE 3 - FUNCTIONAL DAMAGE

4 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

1 - ONE-WAY 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 4 TO 2

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

UNIT SPEED 40

POSTED SPEED 45

DETECTED SPEED 1

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
25-35124

| | | | | |
|-------------|--|-----------------------------|-----------|-------------|
| UNIT # 1 | NAME: LAST, FIRST, MIDDLE FRANICK, EVA, L | DATE OF BIRTH 12/30/2006 | AGE 18 | GENDER F |
|-------------|--|-----------------------------|-----------|-------------|

| | |
|--|---|
| ADDRESS: STREET, CITY, STATE, ZIP 6272 MULBERRY BEND DRIVE, MEDINA, OH, 44256 | CONTACT PHONE - INCLUDE AREA CODE [REDACTED] |
|--|---|

| | | | | | | | | | |
|---------------|--------------------------------|--------------------------|--|----------------------------|--|-----------------------|--------------------|---------------|--------------|
| INJURIES 4 | INJURED TAKEN BY [REDACTED] | EMS AGENCY (NAME) LST | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MEDINA CLEVELAND CLINIC | 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 [REDACTED] | OFFENSE CHARGED 4511.202 | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION OPERATING VEHICLE WITHOUT REAS | CITATION NUMBER Y44026 |
|----------------|---------------------------------------|-----------------------------|--|---|---------------------------|

| | | | | | | | | | | | |
|---------------|-------------|----------------------------|---------------------------|--|----------------|--------------|------------------------|--|--------------|--|--|
| 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 3 | ALCOHOL TEST | | | DRUG TEST(S) | | |
| STATUS | | TYPE | VALUE | STATUS | | TYPE | 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 <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 | STATUS | | TYPE | RESULTS SELECT UP TO 4 | | | | |

| | | | | |
|--------|---------------------------|---------------|-----|--------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|--------|---------------------------|---------------|-----|--------|

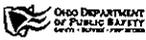
| | |
|-----------------------------------|-----------------------------------|
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|-----------------------------------|-----------------------------------|

| | | | | | | | | | |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| 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 <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 | STATUS | | TYPE | RESULTS SELECT UP TO 4 | | | | |

| 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 EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL 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 GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN | 1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS & CLASS B BUS 6 - EXCEPT CLASS A 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, EMAIL, etc.) 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 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 | 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER 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

25-35124

| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE | GENDER | | | |
|--|-------------------------------------|---|-----------------------|---|---|--------------------------|------------------|------------------------------------|----------|---------|--|
| | | 1 | SUTTON, JAMES, ELLIOT | | | 04/04/2005 | | 20 | M | | |
| OCCUPANT | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | 5535 WAGON TRAIL, MEDINA, OH, 44256 | | | | [REDACTED] | | | | | | |
| OCCUPANT | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| | 4 | 2 | LST | MEDINA CLEVELAND CLINIC | 4 | <input type="checkbox"/> | 3 | 1 | 1 | 1 | |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE | GENDER | | | |
| | | | | | | | | | | | |
| OCCUPANT | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | | | | | | | | | | | |
| OCCUPANT | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| | | | | | | <input type="checkbox"/> | | | | | |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE | GENDER | | | |
| | | | | | | | | | | | |
| OCCUPANT | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | | | | | | | | | | | |
| OCCUPANT | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| | | | | | | <input type="checkbox"/> | | | | | |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE | GENDER | | | |
| | | | | | | | | | | | |
| OCCUPANT | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | | | | | | | | | | | |
| 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 | | | |
| INJURED TAKEN BY | | 7 - BOOSTER SEAT | | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | | EJECTION | | | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | | 8 - HELMET USED | | | 8 - THIRD - MIDDLE | | | 1 - NOT EJECTED | | | |
| 2 - EMS | | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | | | 9 - THIRD - RIGHT SIDE | | | 2 - PARTIALLY EJECTED | | | |
| 3 - POLICE | | 10 - REFLECTIVE CLOTHING | | | 10 - SLEEPER SECTION OF TRUCK CAB | | | 3 - TOTALLY EJECTED | | | |
| 9 - OTHER / UNKNOWN | | 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 | | | |
| GENDER | | 99 - OTHER / UNKNOWN | | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | | TRAPPED | | | |
| F - FEMALE | | | | | 13 - TRAILING UNIT | | | 1 - NOT TRAPPED | | | |
| M - MALE | | | | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | 2 - EXTRICATED BY MECHANICAL MEANS | | | |
| U - OTHER / UNKNOWN | | | | | 15 - NON-MOTORIST | | | 3 - FREED BY NON-MECHANICAL MEANS | | | |
| | | | 99 - OTHER / UNKNOWN | | | 99 - OTHER / UNKNOWN | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | |
| | | | | | | | | | | | |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | | | | | | | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | |
| | | | | | | | | | | | |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | | | | | | | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | |
| | | | | | | | | | | | |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | | | | | | | | | | | |