

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

25-69378

|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                           |  |                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY |  | LOCAL INFORMATION<br>6447 WADSWORTH RD.                                                                                                                                     |  | LOCAL REPORT NUMBER *<br>25-69378                                                                                                                                                                                                                                                                              |  |
| COUNTY*<br>52                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | LOCALITY*<br>3                                                                                                                                                            |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Montville (Township of)                                                                                                               |  | CRASH DATE / TIME*<br>12/09/2025 17:41                                                                                                                                                                                                                                                                         |  |
| ROUTE TYPE<br>SR                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | ROUTE NUMBER<br>57                                                                                                                                                        |  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                       |  | LOCATION ROAD NAME                                                                                                                                                                                                                                                                                             |  |
| ROUTE TYPE<br>SR                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | ROUTE NUMBER<br>57                                                                                                                                                        |  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                       |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>6447                                                                                                                                                                                                                                                          |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>3                                                                                                                                                                                                                                                                                                                                                                                                                    |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                         |  | ROAD TYPE<br>AL - ALLEY    HW - HIGHWAY    RD - ROAD<br>AV - AVENUE    LA - LANE    SQ - SQUARE<br>BL - BOULEVARD    MP - MILEPOST    ST - STREET<br>CR - CIRCLE    OV - OVAL    TE - TERRACE<br>CT - COURT    PK - PARKWAY    TL - TRAIL<br>DR - DRIVE    PI - PIKE    WA - WAY<br>HE - HEIGHTS    PL - PLACE |  |
| DISTANCE FROM REFERENCE<br>100.00                                                                                                                                                                                                                                                                                                                                                                                                                           |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                            |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA                                     |  | NUMBER OF APPROACHES<br>98                                                                                                                                                                                                                                                                                     |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                        |  | MANNER OF CRASH COLLISION/IMPACT<br>1                                                                                                                                     |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                       |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN                                                                                                                       |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                                                                                                                   |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                         |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |  | CONTOUR<br>2                                                                                                                                                                                                                                                                                                   |  |
| LIGHT CONDITION<br>4                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | WEATHER<br>2                                                                                                                                                              |  | CONDITIONS<br>1                                                                                                                                                             |  | SURFACE<br>2                                                                                                                                                                                                                                                                                                   |  |
| NARRATIVE<br>Unit #1 was northbound on Wadsworth Rd. at or about 6447, when it struck a deer that ran out into the roadway. Unit #1 continued on to the intersection of Wadsworth Rd. and Sharon Copley Rd., where the driver pulled over due to the damage, which rendered the vehicle disabled. The owner stated that she arranged for a tow through her insurance company. No injuries were reported at the scene and the deer was unable to be located. |  |                                                                                                                                                                           |  | <p style="text-align: center;">Wadsworth Rd.</p>                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                |  |
| CRASH REPORTED DATE / TIME<br>12/09/2025 17:41                                                                                                                                                                                                                                                                                                                                                                                                              |  | DISPATCH DATE / TIME<br>12/09/2025 17:41                                                                                                                                  |  | ARRIVAL DATE / TIME<br>12/09/2025 18:02                                                                                                                                     |  | SCENE CLEARED DATE / TIME<br>12/09/2025 18:23                                                                                                                                                                                                                                                                  |  |
| TOTAL TIME ROADWAY CLOSED<br>OTHER INVESTIGATION TIME                                                                                                                                                                                                                                                                                                                                                                                                       |  | TOTAL MINUTES<br>42                                                                                                                                                       |  | OFFICER'S NAME*<br>Hazeq, Daniel                                                                                                                                            |  | CHECKED BY OFFICER'S NAME*<br>Searle, Cory                                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | OFFICER'S BADGE NUMBER*<br>1607                                                                                                                                           |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>1605                                                                                                                                  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><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 )  
**GRIMES-PEAK, WHITNEY, M.**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**1050 MARILYN WAY, MEDINA, OH, 44256**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # HJQ9728 VEHICLE IDENTIFICATION # 3CZRUGH73GM700712 VEHICLE YEAR 2016 VEHICLE MAKE HONDA

INSURANCE VERIFIED INSURANCE COMPANY GEICO INSURANCE POLICY # 4330267941 COLOR WHI VEHICLE MODEL HR-V

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME INS. CO. (UNKNOWN)

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD

UNIT TYPE: 3

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? 2

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 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER  
6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE  
11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP.  
16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL  
21 - MAIL CARRIER 99 - OTHER / UNKNOWN

CARGO BODY TYPE: 1

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

VEHICLE DEFECTS: 1

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

NON-MOTORIST LOCATION: 1

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

ACTION: 3 PRE-CRASH ACTIONS: 1

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

CONTRIBUTING CIRCUMSTANCES: 1

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 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING  
13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION  
18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE  
23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS: 1

1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE  
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

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 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER 35 - MEDIUM CONCRETE BARRIER 36 - MEDIUM 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

LOCAL REPORT NUMBER  
**25-69378**

**DAMAGE**

DAMAGE SCALE

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

4

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

**HAZARDOUS MATERIAL**

MATERIAL RELEASED  PLACARD

**INITIAL POINT OF CONTACT**

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

12

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

**TRAFFIC**

TRAFFICWAY FLOW: 1

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL: 6

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

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**: 50

**POSTED SPEED**: 55

**DETECTED SPEED**: 1

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





# 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 |

|                 |                                   |                           |                   |                                                 |                                   |                                                  |                  |               |          |
|-----------------|-----------------------------------|---------------------------|-------------------|-------------------------------------------------|-----------------------------------|--------------------------------------------------|------------------|---------------|----------|
| <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 |

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

| 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                                                                            |                              |

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

|                |                                   |                                   |  |     |        |
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