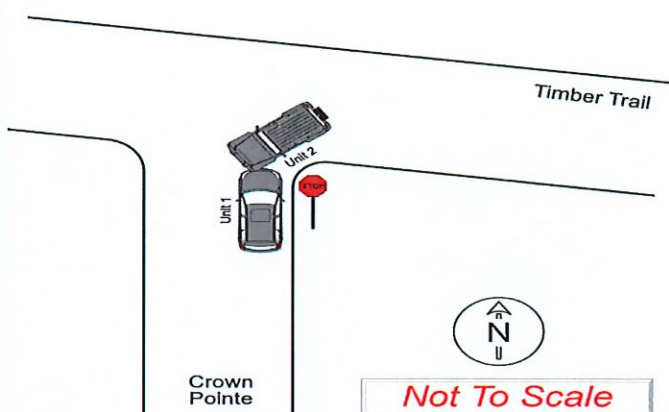


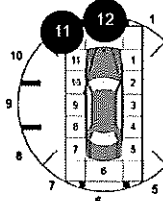
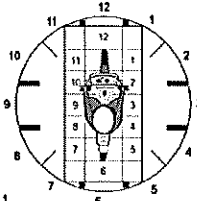
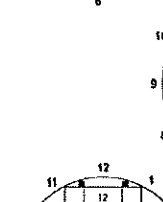
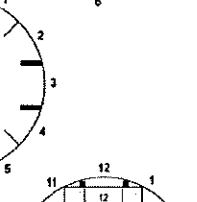
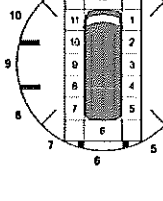
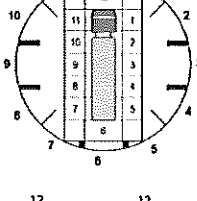
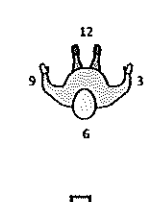
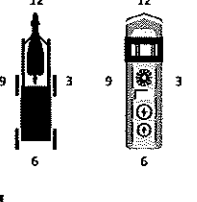
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☐ OH-1P ☐ PRIVATE PROPERTY	☒ OH-3 ☐ OTHER	LOCAL INFORMATION Crown Pt/ Timber Trl		LOCAL REPORT NUMBER * 26-46441				
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* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3	LOCATION: CITY, VILLAGE, TOWNSHIP* Montville (Township of)				CRASH DATE / TIME* 08/17/2026 18:05		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
LOCATION ROUTE TYPE TR	ROUTE NUMBER 622	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Crown Pointe		ROAD TYPE DR	LATITUDE DECIMAL DEGREES 41.135531				
REFERENCE ROUTE TYPE TR	ROUTE NUMBER 621	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Timber		ROAD TYPE TL	LONGITUDE DECIMAL DEGREES -81.835036				
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	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 ☒ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 3					
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 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			
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN	SURFACE 1 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN		
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 stationary at the stop sign, northbound on Crown Pointe Drive, at the intersection of Timber Trail. Unit #2 was westbound on Timber Trail and turned left to continue south on Crown Pointe Drive. Unit #2 failed to follow rules for a left turn and cut the corner too short, travelling left of center and striking Unit #1 head-on. This action caused damage to both vehicles. Both vehicles were moved prior to law enforcement arrival.						
CRASH REPORTED DATE / TIME 08/17/2026 18:05					DISPATCH DATE / TIME 08/17/2026 18:07		ARRIVAL DATE / TIME 08/17/2026 18:19		SCENE CLEARED DATE / TIME 08/17/2026 19:21	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 45		TOTAL MINUTES 119		OFFICER'S NAME* Percy, Richard		CHECKED BY OFFICER'S NAME* Gaede, Seth		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST
				OFFICER'S BADGE NUMBER* 1611		CHECKED BY OFFICER'S BADGE NUMBER* 1608		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)		



UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
1	BARLOW, DAVID, J	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)		
5164 CROWN POINTE DRIVE, MEDINA, OH, 44256		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
OH	HWM7830	4S4GUHM6053719780
INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
☒	STATEFARM	2102392-SFP-35
TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME
☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	# OCCUPANTS
☐	☐	1
VEHICLE WEIGHT GVWR/GCWR		
1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.		
HAZARDOUS MATERIAL		
☐ MATERIAL ☐ RELEASED ☐ PLACARD		
CLASS # PLACARD ID #		
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 59 - UNKNOWN OR HIT/SKIP		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		
0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN		
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION		
1 - YES 2 - NO 9 - OTHER / UNKNOWN		
AUTONOMOUS MODE LEVEL		
0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN		
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION		
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER		
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOVING 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		
1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN		
2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER		
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN /ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER		
10 - FLAT BED 14 - GARBAGE/REFUSE		
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		
1 - INTERSECTION - MARKED CROSSWALK 4 - MIDDLEBLOCK - 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		
1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE		
2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN		
3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE		
4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 19 - STANDING 20 - OTHER NON-MOTORIST		
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 20 - OTHER NON-MOTORIST		
9 - OTHER / UNKNOWN 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION		
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 - 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 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT		
3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE		
4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT		
5 - CARGO /EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE		
6 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 17 - ANIMAL - FARM 18 - ANIMAL - DEER		
COLLISION WITH FIXED OBJECT - STRUCK		
25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING		
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT /LUMINARIES 46 - FENCE 53 - TUNNEL		
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT		
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 59 - OTHER / UNKNOWN		
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		
FIRST HARMFUL EVENT MOST HARMFUL EVENT		
1 1		

LOCAL REPORT NUMBER	
26-46441	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
	
	
	
	
	
	
	
	
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14]	
☐ - TOP [13] ☐ - ALL AREAS [15]	
☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED
POSTED SPEED	2 - CALCULATED / EDR
25	3 - UNDETERMINED

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAVE AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (☐ SAVE AS DRIVER)	
	2	CIFANI, TAMARA, NOELLE			
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAVE AS DRIVER)				
	1060 GENTRY DRIVE, MEDINA, OH, 44256				
EVENTS	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	OH	KKF6155	1FMEE1BH3RLA67330	2024	FORD
VEHICLE	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	☒	FRANKENMUTH	6894786	GRY	BRONCO
VEHICLE	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
	☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE				
VEHICLE	INTERLOCK DEVICE EQUIPPED		VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
	☐		1 - ≤ 10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.	☐ MATERIAL CLASS # ☐ PLACARD ID #	
VEHICLE	HIT/SKIP UNIT		# OCCUPANTS	PLACARD	
	☐		2		
VEHICLE	UNIT TYPE				
	3				
VEHICLE	# OF TRAILING UNITS				
	0				
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
	2				
VEHICLE	AUTONOMOUS MODE LEVEL				
	0				
VEHICLE	SPECIAL FUNCTION				
	1				
VEHICLE	CARGO BODY TYPE				
	1				
VEHICLE	VEHICLE DEFECTS				
	1				
VEHICLE	NON-MOTORIST LOCATION				
	1				
VEHICLE	ACTION				
	3				
VEHICLE	CONTRIBUTING CIRCUMSTANCES				
	6				
VEHICLE	SEQUENCE OF EVENTS				
	1				
VEHICLE	EVENTS				
	1				
VEHICLE	COLLISION WITH FIXED OBJECT - STRUCK				
	1				
VEHICLE	FIRST HARMFUL EVENT				
	1				
VEHICLE	MOST HARMFUL EVENT				
	1				

LOCAL REPORT NUMBER	
26-46441	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
☐ NO DAMAGE [0] ☐ UNDERCARRIAGE [14]	
☐ TOP [13] ☐ ALL AREAS [15]	
☐ UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
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1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
7	1 - STATED / ESTIMATED SPEED
POSTED SPEED	2 - CALCULATED / EDR
25	3 - UNDETERMINED

PAGE 4 OF 5

LOCAL REPORT NUMBER 26-46441																																																																													
OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE CIFANI, MARLOWE, N				DATE OF BIRTH 06/06/2012	AGE 14	GENDER F																																																																					
	ADDRESS: STREET, CITY, STATE, ZIP 1060 GENTRY DR, MEDINA, OH, 44256-3011					CONTACT PHONE - INCLUDE AREA CODE [REDACTED]																																																																							
	INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																			
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	☐ 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	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																																																			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER																																																																					
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