

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

22-56155

PHOTOS TAKEN  
 SECONDARY CRASH

OH-2  
 OH-1P  
 PRIVATE PROPERTY

OH-3  
 OTHER

LOCAL INFORMATION

REPORTING AGENCY NAME\*  
JACKSON TWP POLICE DEPARTME

NCIC\*  
07624

HIT/SKIP  
1 - SOLVED  
2 - UNSOLVED

NUMBER OF UNITS  
02

UNIT IN ERROR  
98 - ANIMAL  
99 - UNKNOWN

COUNTY\*  
76

LOCALITY\*  
3

LOCATION: CITY, VILLAGE, TOWNSHIP\*  
Jackson (Township of)

CRASH DATE / TIME\*  
11122022 1400

CRASH SEVERITY  
5

1 - FATAL  
2 - SERIOUS INJURY SUSPECTED  
3 - MINOR INJURY SUSPECTED  
4 - INJURY POSSIBLE  
5 - PROPERTY DAMAGE ONLY

ROUTE TYPE  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

ROUTE NUMBER

PREFIX

LOCATION ROAD NAME  
BELDEN VILLAGE

ROAD TYPE  
ST

LATITUDE DECIMAL DEGREES

ROUTE TYPE  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

ROUTE NUMBER

PREFIX

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
4082

ROAD TYPE

LONGITUDE DECIMAL DEGREES

REFERENCE POINT  
3

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

WITHIN INTERSECTION OR ON APPROACH

WITHIN INTERCHANGE AREA

NUMBER OF APPROACHES

DISTANCE FROM REFERENCE

DISTANCE UNIT OF MEASURE  
1 - MILES  
2 - FEET  
3 - YARDS

ROADWAY

ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT  
06

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

9 - CROSSOVER  
10 - DRIVEWAY/ALLEY ACCESS  
11 - RAILWAY GRADE CROSSING  
12 - SHARED USE PATHS OR TRAILS  
13 - BIKE LANE  
14 - TOLL BOOTH  
99 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION/IMPACT  
6

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

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 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL  
4 - CURVE GRADE  
9 - OTHER/UNKNOWN

CONDITIONS  
9

1 - DRY  
2 - WET  
3 - SNOW  
4 - ICE  
5 - SAND, MUD, DIRT, OIL, GRAVEL  
6 - WATER (STANDING, MOVING)  
7 - SLUSH  
9 - OTHER/UNKNOWN

SURFACE  
9

1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK  
4 - SLAG, GRAVEL, STONE  
5 - DIRT  
9 - OTHER/UNKNOWN

LIGHT CONDITION  
9

1 - DAYLIGHT  
2 - DAWN/DUSK  
3 - DARK - LIGHTED ROADWAY  
4 - DARK - ROADWAY NOT LIGHTED  
5 - DARK - UNKNOWN ROADWAY LIGHTING  
9 - OTHER / UNKNOWN

WEATHER  
99

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

CONTINUE

NARRATIVE

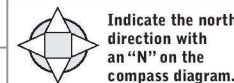
ON NOVEMBER 12, 2022 AT APPROXIMATELY 1400 HOURS, THE OWNER OF UNIT 1 CAME OUT TO HIS VEHICLE IN THE PARKING LOT AND NOTICED DAMAGE ON THE REAR DRIVER'S SIDE. A WITNESS SAID THAT A WHITE JEEP (JKH4126) STRUCK UNIT 1 AND THEN PULLED INTO A DIFFERENT SPOT.

THE OWNER OF THE WHITE JEEP CAME TO STATION AND STATED THAT SHE DID NOT HIT UNIT 1 AND SHE DID NOT HAVE ANY VISIBLE DAMAGE ON HER VEHICLE.

REPORTING OFFICER WAS UNABLE TO MAKE CONTACT WITH THE WITNESS AND THERE WERE NO CCTV CAMERAS IN THE AREA WHERE THE ACCIDENT OCCURRED.

UNIT 2 IS UNKNOWN AT THIS TIME.

LF



CRASH REPORTED DATE / TIME: 11142022 1417

DISPATCH DATE / TIME: 11122022 1417

ARRIVAL DATE / TIME: 11122022 1418

SCENE CLEARED DATE / TIME: 11122022 1523

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

TOTAL TIME ROADWAY CLOSED: 0

OTHER INVESTIGATION TIME: 0

TOTAL MINUTES: 66

OFFICER'S NAME\*: BETZ, EVAN

OFFICER'S BADGE NUMBER\*: 1 3 4

CHECKED BY OFFICER'S NAME\*: SPROWL, JAMIN

CHECKED BY OFFICER'S BADGE NUMBER\*: 1 2 5

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**WASHINGTON, JUSTIN**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**208 18TH ST NW CANTON OH 44703**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER )

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # JJF3933 VEHICLE IDENTIFICATION # \_\_\_\_\_ VEHICLE YEAR 2021 VEHICLE MAKE HOND

INSURANCE VERIFIED INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # \_\_\_\_\_ COLOR SIL VEHICLE MODEL ACC

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 02 VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.

MATERIAL RELEASED  PLACARD HAZARDOUS MATERIAL CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

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

0 # OF TRAILING UNITS

9 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9 AUTONOMOUS MODE LEVEL  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

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

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

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

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

4 ACTION 10 PRE-CRASH ACTIONS  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 22 - WORK ZONE MAINTENANCE EQUIPMENT

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

**EVENT(S)**

20 SEQUENCE OF EVENTS

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

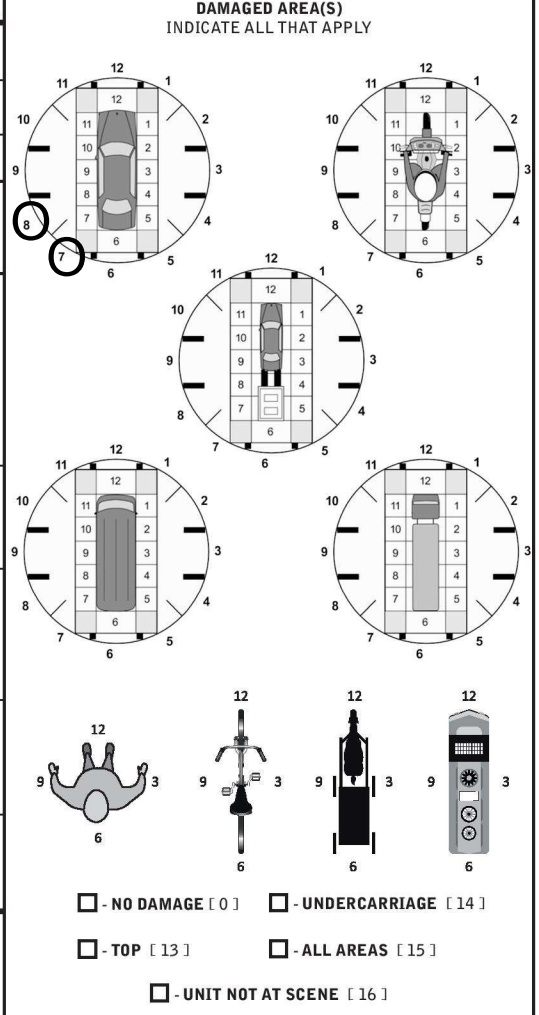
**COLLISION WITH FIXED OBJECT - STRUCK**

4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT   MOST HARMFUL EVENT

**DAMAGE**

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



**INITIAL POINT OF CONTACT**  
7 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
 13 - TOP

**TRAFFIC**

**TRAFFICWAY FLOW**  
  1 - ONE-WAY  
  2 - TWO-WAY

**TRAFFIC CONTROL**  
06 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

**# OF THROUGH LANES ON ROAD**

**RAIL GRADE CROSSING**  
1 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM 9 TO 9

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

**UNIT SPEED**  
000

**POSTED SPEED**  
00

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

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)

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

**DAMAGE**

DAMAGE SCALE

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

**VEHICLE**

LP STATE \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_ VEHICLE IDENTIFICATION # \_\_\_\_\_ VEHICLE YEAR \_\_\_\_\_ VEHICLE MAKE \_\_\_\_\_

INSURANCE VERIFIED \_\_\_\_\_ INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR \_\_\_\_\_ VEHICLE MODEL \_\_\_\_\_

TYPE OF USE: COMMERCIAL ( ) GOVERNMENT ( ) IN EMERGENCY RESPONSE ( )

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

HAZARDOUS MATERIAL: MATERIAL RELEASED ( ) CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

PLACARD ( )

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

UNIT TYPE: 99 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
0 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
0 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
0 4 - PICK UP 10 - MOPEL OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
0 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
0 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
9 1 - YES 2 - NO 9 - OTHER / UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION: 01 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
01 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
01 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
01 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
01 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE: 01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
01 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE  
01 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN

VEHICLE DEFECTS: 01 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
01 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
01 3 - TAIL LAMPS 6 - TIRE BLOWOUT

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

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

**NON-MOTORIST LOCATION AT IMPACT**

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

**ACTION**

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

**INITIAL POINT OF CONTACT**

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

**CONTRIBUTING CIRCUMSTANCES**

06 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
06 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
06 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
06 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
06 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
06 6 - IMPROPER TURN 12 - IMPROPER BACKING 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE

**TRAFFIC**

TRAFFICWAY FLOW: 06 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL: 06 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD \_\_\_\_\_

RAIL GRADE CROSSING: 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**SEQUENCE OF EVENTS**

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 9 TO 9

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

**COLLISION WITH FIXED OBJECT - STRUCK**

4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
4 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
4 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
4 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
4 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
4 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**UNIT SPEED**

000

**POSTED SPEED**

00

**DETECTED SPEED**

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

|  |  |                                   |  |  |  |                         |
|--|--|-----------------------------------|--|--|--|-------------------------|
| <b>UNIT #</b><br>01                      | <b>NAME: LAST, FIRST, MIDDLE</b><br>PARKED, UNOCCUPIED |                                   | <b>DATE OF BIRTH</b>                                   |  | <b>AGE</b>                                       | <b>GENDER</b><br>N      |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |  |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |  |                         |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>                                | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>                         | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b>                                      | <b>OFFENSE DESCRIPTION</b>   |  | <b>CITATION NUMBER</b>  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b>                      | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b>     |
|  |  |                                   |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>DRUG TEST(S)</b>     |

|   |  |                                   |  |  |  |                               |
|---|--|-----------------------------------|--|--|--|-------------------------------|
| <b>UNIT #</b><br>02                                 | <b>NAME: LAST, FIRST, MIDDLE</b><br>UNKNOWN, UNKNOWN |                                   | <b>DATE OF BIRTH</b>                                   |  | <b>AGE</b>                                       | <b>GENDER</b><br>N            |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>UNKNOWN |  |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |  |                               |
| <b>INJURIES</b>                                     | <b>INJURED TAKEN BY</b>                              | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>99   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>01 |
| <b>OL STATE</b>                                     | <b>OPERATOR LICENSE NUMBER</b>                       | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b>                                      | <b>OFFENSE DESCRIPTION</b>   |  | <b>CITATION NUMBER</b>        |
| <b>OL CLASS</b>                                     | <b>ENDORSEMENT SELECT UP TO 2</b>                    | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b><br>9                       | <b>ALCOHOL / DRUG SUSPECTED</b>  | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b>           |
|   |  |                                   |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>DRUG TEST(S)</b>           |

|  |                                   |                                   |  |  |  |                         |
|--|-----------------------------------|-----------------------------------|--|--|--|-------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   | <b>DATE OF BIRTH</b>                                   |  | <b>AGE</b>                                       | <b>GENDER</b>           |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |  |                         |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b>                                      | <b>OFFENSE DESCRIPTION</b>   |  | <b>CITATION NUMBER</b>  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b>     |
|  |                                   |                                   |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>DRUG TEST(S)</b>     |

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

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
**22-56155**

|                 |   |  |  |  |   |
|-----------------|---|--|--|--|---|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>01   | <b>NAME: LAST, FIRST, MIDDLE</b><br>BURNEY, CLAREESA | <b>DATE OF BIRTH</b><br>11252003                       | <b>AGE</b><br>18                         | <b>GENDER</b><br>F                                      |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>2004 CLEVELAND AVE NW CANTON OH 44709 |  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |   |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>   | <b>EMS AGENCY (NAME)</b>                             | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>99       | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> |
|                 |   |  |  |  | <b>SEATING POSITION</b><br>03                           |
|                 |   |  |  |  | <b>AIR BAG USAGE</b>                                    |
|                 |   |  |  |  | <b>EJECTION</b>   |
|                 |   |  |  |  | <b>TRAPPED</b>  |

|                 |  |                                  |  |  |   |
|-----------------|--|----------------------------------|--|--|---|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b>                                   | <b>AGE</b>                               | <b>GENDER</b>   |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |   |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>             | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> |
|                 |  |                                  |  |  | <b>SEATING POSITION</b>                                 |
|                 |  |                                  |  |  | <b>AIR BAG USAGE</b>                                    |
|                 |  |                                  |  |  | <b>EJECTION</b>   |
|                 |  |                                  |  |  | <b>TRAPPED</b>  |

|                 |  |                                  |  |  |   |
|-----------------|--|----------------------------------|--|--|---|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b>                                   | <b>AGE</b>                               | <b>GENDER</b>   |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |   |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>             | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> |
|                 |  |                                  |  |  | <b>SEATING POSITION</b>                                 |
|                 |  |                                  |  |  | <b>AIR BAG USAGE</b>                                    |
|                 |  |                                  |  |  | <b>EJECTION</b>   |
|                 |  |                                  |  |  | <b>TRAPPED</b>  |

|                 |  |                                  |  |  |   |
|-----------------|--|----------------------------------|--|--|---|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b>                                   | <b>AGE</b>                               | <b>GENDER</b>   |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |   |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>             | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> |
|                 |  |                                  |  |  | <b>SEATING POSITION</b>                                 |
|                 |  |                                  |  |  | <b>AIR BAG USAGE</b>                                    |
|                 |  |                                  |  |  | <b>EJECTION</b>   |
|                 |  |                                  |  |  | <b>TRAPPED</b>  |

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

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

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