



<b>UNIT #</b> 1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) MALONE, DIANE	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) 330-786-2994
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 1426 HAMMEL ST, AKRON, OH, 44301		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> BABYCKE	<b>VEHICLE IDENTIFICATION #</b> 1N4BL11D15N904964	<b>VEHICLE YEAR</b> 2005	<b>VEHICLE MAKE</b> NISSAN
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> ALL STATE	<b>INSURANCE POLICY #</b> 980-764-384	<b>COLOR</b> GRY	<b>VEHICLE MODEL</b> ALTIMA
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b>	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> <b>CLASS #</b> <input type="checkbox"/> <b>PLACARD ID #</b>	
<b>TYPE OF USE</b>		<b>VEHICLE WEIGHT GVWR/GCWR</b>	<input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b>	
<input type="checkbox"/> <b>1 - PASSENGER CAR</b> <input type="checkbox"/> <b>6 - VAN (9-15 SEATS)</b> <input type="checkbox"/> <b>12 - GOLF CART</b> <input type="checkbox"/> <b>18 - LIMO (LIVERY VEHICLE)</b> <input type="checkbox"/> <b>23 - PEDESTRIAN/SKATER</b> <input type="checkbox"/> <b>2 - PASSENGER VAN (MINIVAN)</b> <input type="checkbox"/> <b>7 - MOTORCYCLE 2-WHEELED</b> <input type="checkbox"/> <b>13 - SNOWMOBILE</b> <input type="checkbox"/> <b>19 - BUS (16+ PASSENGERS)</b> <input type="checkbox"/> <b>24 - WHEELCHAIR (ANY TYPE)</b> <input type="checkbox"/> <b>3 - SPORT UTILITY VEHICLE</b> <input type="checkbox"/> <b>8 - MOTORCYCLE 3-WHEELED</b> <input type="checkbox"/> <b>14 - SINGLE UNIT TRUCK</b> <input type="checkbox"/> <b>20 - OTHER VEHICLE</b> <input type="checkbox"/> <b>25 - OTHER NON-MOTORIST</b> <input type="checkbox"/> <b>4 - PICK UP</b> <input type="checkbox"/> <b>9 - AUTOCYCLE</b> <input type="checkbox"/> <b>15 - SEMI-TRACTOR</b> <input type="checkbox"/> <b>21 - HEAVY EQUIPMENT</b> <input type="checkbox"/> <b>26 - BICYCLE</b> <input type="checkbox"/> <b>5 - CARGO VAN</b> <input type="checkbox"/> <b>10 - MOPEL OR MOTORIZED BICYCLE</b> <input type="checkbox"/> <b>16 - FARM EQUIPMENT</b> <input type="checkbox"/> <b>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</b> <input type="checkbox"/> <b>27 - TRAIN</b> <input type="checkbox"/> <b>11 - ALL TERRAIN VEHICLE (ATV/UTV)</b> <input type="checkbox"/> <b>17 - MOTORHOME</b> <input type="checkbox"/> <b>99 - UNKNOWN OR HIT/SKIP</b>		<b># OF TRAILING UNITS</b>		
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>				
<input type="checkbox"/> <b>1 - YES</b> <input type="checkbox"/> <b>2 - NO</b> <input type="checkbox"/> <b>9 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>0 - NO AUTOMATION</b> <input type="checkbox"/> <b>3 - CONDITIONAL AUTOMATION</b> <input type="checkbox"/> <b>9 - UNKNOWN</b> <input type="checkbox"/> <b>1 - DRIVER ASSISTANCE</b> <input type="checkbox"/> <b>4 - HIGH AUTOMATION</b> <input type="checkbox"/> <b>2 - PARTIAL AUTOMATION</b> <input type="checkbox"/> <b>5 - FULL AUTOMATION</b>				
<b>SPECIAL FUNCTION</b>				
<input type="checkbox"/> <b>1 - NONE</b> <input type="checkbox"/> <b>6 - BUS - CHARTER/TOUR</b> <input type="checkbox"/> <b>11 - FIRE</b> <input type="checkbox"/> <b>16 - FARM</b> <input type="checkbox"/> <b>21 - MAIL CARRIER</b> <input type="checkbox"/> <b>2 - TAXI</b> <input type="checkbox"/> <b>7 - BUS - INTERCITY</b> <input type="checkbox"/> <b>12 - MILITARY</b> <input type="checkbox"/> <b>17 - MOWING</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>3 - ELECTRONIC RIDE SHARING</b> <input type="checkbox"/> <b>8 - BUS - SHUTTLE</b> <input type="checkbox"/> <b>13 - POLICE</b> <input type="checkbox"/> <b>18 - SNOW REMOVAL</b> <input type="checkbox"/> <b>4 - SCHOOL TRANSPORT</b> <input type="checkbox"/> <b>9 - BUS - OTHER</b> <input type="checkbox"/> <b>14 - PUBLIC UTILITY</b> <input type="checkbox"/> <b>19 - TOWING</b> <input type="checkbox"/> <b>5 - BUS - TRANSIT/COMMUTER</b> <input type="checkbox"/> <b>10 - AMBULANCE</b> <input type="checkbox"/> <b>15 - CONSTRUCTION EQUIP.</b> <input type="checkbox"/> <b>20 - SAFETY SERVICE PATROL</b>				
<b>CARGO BODY TYPE</b>				
<input type="checkbox"/> <b>1 - NO CARGO BODY TYPE / NOT APPLICABLE</b> <input type="checkbox"/> <b>4 - LOGGING</b> <input type="checkbox"/> <b>7 - GRAIN/CHIPS/GRAVEL</b> <input type="checkbox"/> <b>11 - DUMP</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>2 - BUS</b> <input type="checkbox"/> <b>5 - INTERMODAL CONTAINER CHASSIS</b> <input type="checkbox"/> <b>8 - POLE</b> <input type="checkbox"/> <b>12 - CONCRETE MIXER</b> <input type="checkbox"/> <b>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE</b> <input type="checkbox"/> <b>6 - CARGOVAN /ENCLOSED BOX</b> <input type="checkbox"/> <b>9 - CARGO TANK</b> <input type="checkbox"/> <b>13 - AUTO TRANSPORTER</b> <input type="checkbox"/> <b>14 - GARBAGE/REFUSE</b>				
<b>VEHICLE DEFECTS</b>				
<input type="checkbox"/> <b>1 - TURN SIGNALS</b> <input type="checkbox"/> <b>4 - BRAKES</b> <input type="checkbox"/> <b>7 - WORN OR SLICK TIRES</b> <input type="checkbox"/> <b>9 - MOTOR TROUBLE</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b> <input type="checkbox"/> <b>2 - HEAD LAMPS</b> <input type="checkbox"/> <b>5 - STEERING</b> <input type="checkbox"/> <b>8 - TRAILER EQUIPMENT DEFECTIVE</b> <input type="checkbox"/> <b>10 - DISABLED FROM PRIOR ACCIDENT</b> <input type="checkbox"/> <b>3 - TAIL LAMPS</b> <input type="checkbox"/> <b>6 - TIRE BLOWOUT</b>				

<b>NON-MOTORIST LOCATION</b>	<b>NON-MOTORIST LOCATION</b>	<b>NON-MOTORIST LOCATION</b>	<b>NON-MOTORIST LOCATION</b>	<b>NON-MOTORIST LOCATION</b>
<input type="checkbox"/> <b>1 - INTERSECTION - MARKED CROSSWALK</b>	<input type="checkbox"/> <b>4 - MIBLOCK - MARKED CROSSWALK</b>	<input type="checkbox"/> <b>7 - SHOULDER/ROADSIDE</b>	<input type="checkbox"/> <b>10 - DRIVEWAY ACCESS</b>	<input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b>
<input type="checkbox"/> <b>2 - INTERSECTION - UNMARKED CROSSWALK</b>	<input type="checkbox"/> <b>5 - TRAVEL LANE - OTHER LOCATION</b>	<input type="checkbox"/> <b>8 - SIDEWALK</b>	<input type="checkbox"/> <b>11 - SHARED USE PATHS OR TRAILS</b>	
<input type="checkbox"/> <b>3 - INTERSECTION - OTHER</b>	<input type="checkbox"/> <b>6 - BICYCLE LANE</b>	<input type="checkbox"/> <b>9 - MEDIAN/CROSSING ISLAND</b>	<input type="checkbox"/> <b>12 - FIRST RESPONDER AT INCIDENT SCENE</b>	
<b>ACTION</b>	<b>PRE-CRASH ACTIONS</b>	<b>ACTION</b>	<b>ACTION</b>	<b>ACTION</b>
<input type="checkbox"/> <b>1 - NON-CONTACT</b>	<input type="checkbox"/> <b>1 - STRAIGHT AHEAD</b>	<input type="checkbox"/> <b>9 - LEAVING TRAFFIC LANE</b>	<input type="checkbox"/> <b>15 - WALKING, RUNNING, JOGGING, PLAYING</b>	<input type="checkbox"/> <b>21 - STANDING OUTSIDE DISABLED VEHICLE</b>
<input type="checkbox"/> <b>2 - NON-COLLISION</b>	<input type="checkbox"/> <b>2 - BACKING</b>	<input type="checkbox"/> <b>10 - PARKED</b>	<input type="checkbox"/> <b>16 - WORKING</b>	<input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b>
<input type="checkbox"/> <b>3 - STRIKING</b>	<input type="checkbox"/> <b>3 - CHANGING LANES</b>	<input type="checkbox"/> <b>11 - SLOWING OR STOPPED IN TRAFFIC</b>	<input type="checkbox"/> <b>17 - PUSHING VEHICLE</b>	
<input type="checkbox"/> <b>4 - STRUCK</b>	<input type="checkbox"/> <b>4 - OVERTAKING/PASSING</b>	<input type="checkbox"/> <b>12 - DRIVERLESS</b>	<input type="checkbox"/> <b>18 - APPROACHING OR LEAVING VEHICLE</b>	
<input type="checkbox"/> <b>5 - BOTH STRIKING &amp; STRUCK</b>	<input type="checkbox"/> <b>5 - MAKING RIGHT TURN</b>	<input type="checkbox"/> <b>13 - NEGOTIATING A CURVE</b>	<input type="checkbox"/> <b>19 - STANDING</b>	
<input type="checkbox"/> <b>8 - STRUCK</b>	<input type="checkbox"/> <b>6 - MAKING LEFT TURN</b>	<input type="checkbox"/> <b>14 - ENTERING OR CROSSING SPECIFIED LOCATION</b>	<input type="checkbox"/> <b>20 - OTHER NON-MOTORIST</b>	
<input type="checkbox"/> <b>9 - OTHER / UNKNOWN</b>	<input type="checkbox"/> <b>7 - MAKING U-TURN</b>			
<input type="checkbox"/> <b>8 - CONTRIBUTING CIRCUMSTANCES</b>	<input type="checkbox"/> <b>8 - FOLLOWING TOO CLOSE /ACDA</b>	<input type="checkbox"/> <b>13 - IMPROPER START FROM A PARKED POSITION</b>	<input type="checkbox"/> <b>18 - OPERATING DEFECTIVE EQUIPMENT</b>	<input type="checkbox"/> <b>23 - OPENING DOOR INTO ROADWAY</b>
	<input type="checkbox"/> <b>9 - IMPROPER LANE CHANGE</b>	<input type="checkbox"/> <b>14 - STOPPED OR PARKED ILLEGALLY</b>	<input type="checkbox"/> <b>19 - LOAD SHIFTING /FALLING/SPILLING</b>	<input type="checkbox"/> <b>99 - OTHER IMPROPER ACTION</b>
	<input type="checkbox"/> <b>10 - IMPROPER PASSING</b>	<input type="checkbox"/> <b>15 - SWERVING TO AVOID</b>	<input type="checkbox"/> <b>20 - IMPROPER CROSSING</b>	
	<input type="checkbox"/> <b>11 - DROVE OFF ROAD</b>	<input type="checkbox"/> <b>16 - WRONG WAY</b>	<input type="checkbox"/> <b>21 - LYING IN ROADWAY</b>	
	<input type="checkbox"/> <b>12 - IMPROPER BACKING</b>	<input type="checkbox"/> <b>17 - VISION OBSTRUCTION</b>	<input type="checkbox"/> <b>22 - NOT DISCERNIBLE</b>	

<b>SEQUENCE OF EVENTS</b>				
<b>1</b>	<input type="checkbox"/> <b>20</b>	<input type="checkbox"/> <b>1 - OVERTURN/ROLLOVER</b>	<input type="checkbox"/> <b>7 - SEPARATION OF UNITS</b>	<input type="checkbox"/> <b>12 - DOWNHILL RUNAWAY</b>
<b>2</b>	<input type="checkbox"/> <b>20</b>	<input type="checkbox"/> <b>2 - FIRE/EXPLOSION</b>	<input type="checkbox"/> <b>8 - RAN OFF ROAD RIGHT</b>	<input type="checkbox"/> <b>13 - OTHER NON-COLLISION</b>
<b>3</b>	<input type="checkbox"/> <b>20</b>	<input type="checkbox"/> <b>3 - IMMERSION</b>	<input type="checkbox"/> <b>9 - RAN OFF ROAD LEFT</b>	<input type="checkbox"/> <b>14 - PEDESTRIAN</b>
<b>4</b>	<input type="checkbox"/> <b>20</b>	<input type="checkbox"/> <b>4 - JACKKNIFE</b>	<input type="checkbox"/> <b>10 - CROSS MEDIAN</b>	<input type="checkbox"/> <b>15 - PEDALCYCLE</b>
<b>5</b>	<input type="checkbox"/> <b>20</b>	<input type="checkbox"/> <b>5 - CARGO / EQUIPMENT LOSS OR SHIFT</b>	<input type="checkbox"/> <b>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</b>	<input type="checkbox"/> <b>16 - RAILWAY VEHICLE</b>
<b>6</b>	<input type="checkbox"/> <b>20</b>	<input type="checkbox"/> <b>6 - EQUIPMENT FAILURE</b>		<input type="checkbox"/> <b>17 - ANIMAL - FARM</b>
<b>7</b>	<input type="checkbox"/> <b>20</b>			<input type="checkbox"/> <b>18 - ANIMAL - DEER</b>
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>				
<b>1</b>	<input type="checkbox"/> <b>25 - IMPACT ATTENUATOR / CRASH CUSHION</b>	<input type="checkbox"/> <b>31 - GUARDRAIL END</b>	<input type="checkbox"/> <b>38 - OVERHEAD SIGN POST</b>	<input type="checkbox"/> <b>45 - EMBANKMENT</b>
<b>2</b>	<input type="checkbox"/> <b>26 - BRIDGE OVERHEAD STRUCTURE</b>	<input type="checkbox"/> <b>32 - PORTABLE BARRIER</b>	<input type="checkbox"/> <b>39 - LIGHT / LUMINARIES SUPPORT</b>	<input type="checkbox"/> <b>46 - FENCE</b>
<b>3</b>	<input type="checkbox"/> <b>27 - BRIDGE PIER OR ABUTMENT</b>	<input type="checkbox"/> <b>33 - MEDIAN CABLE BARRIER</b>	<input type="checkbox"/> <b>40 - UTILITY POLE</b>	<input type="checkbox"/> <b>47 - MAILBOX</b>
<b>4</b>	<input type="checkbox"/> <b>28 - BRIDGE PARAPET</b>	<input type="checkbox"/> <b>34 - MEDIAN GUARDRAIL BARRIER</b>	<input type="checkbox"/> <b>41 - OTHER POST, POLE OR SUPPORT</b>	<input type="checkbox"/> <b>48 - TREE</b>
<b>5</b>	<input type="checkbox"/> <b>29 - BRIDGE RAIL</b>	<input type="checkbox"/> <b>35 - MEDIAN CONCRETE BARRIER</b>	<input type="checkbox"/> <b>42 - CULVERT</b>	<input type="checkbox"/> <b>49 - FIRE HYDRANT</b>
<b>6</b>	<input type="checkbox"/> <b>30 - GUARDRAIL FACE</b>	<input type="checkbox"/> <b>36 - MEDIAN OTHER BARRIER</b>	<input type="checkbox"/> <b>43 - CURB</b>	<input type="checkbox"/> <b>50 - WORK ZONE MAINTENANCE EQUIPMENT</b>
		<input type="checkbox"/> <b>37 - TRAFFIC SIGN POST</b>	<input type="checkbox"/> <b>44 - DITCH</b>	<input type="checkbox"/> <b>51 - WALL</b>
				<input type="checkbox"/> <b>52 - BUILDING</b>
				<input type="checkbox"/> <b>53 - TUNNEL</b>
				<input type="checkbox"/> <b>54 - OTHER FIXED OBJECT</b>
				<input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b>
<b>1</b>	<b>FIRST HARMFUL EVENT</b>	<b>1</b>	<b>MOST HARMFUL EVENT</b>	

**LOCAL REPORT NUMBER**

19-1679

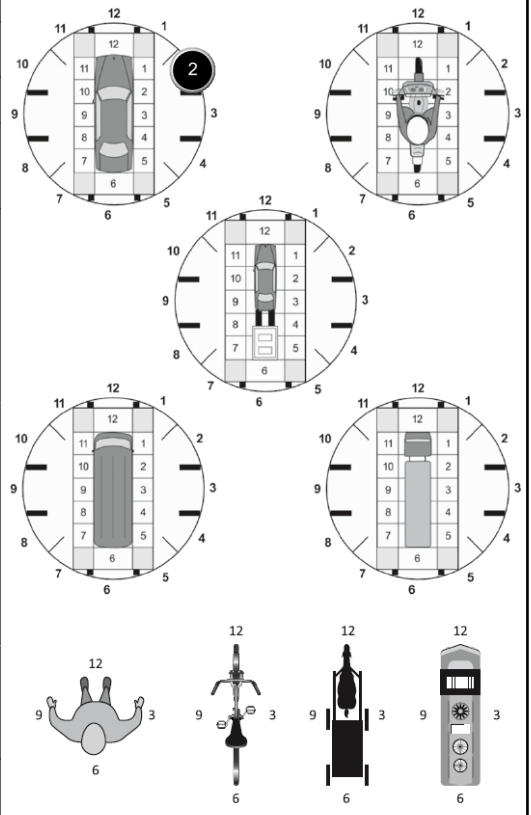
**DAMAGE**

**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**  
 **99 - UNKNOWN**  
 **13 - TOP**

**TRAFFIC**

<b>TRAFFICWAY FLOW</b>	<b>TRAFFIC CONTROL</b>
<input type="checkbox"/> <b>1 - ONE-WAY</b>	<input type="checkbox"/> <b>1 - ROUNDABOUT</b> <input type="checkbox"/> <b>4 - STOP SIGN</b>
<input checked="" type="checkbox"/> <b>2 - TWO-WAY</b>	<input type="checkbox"/> <b>2 - SIGNAL</b> <input type="checkbox"/> <b>5 - YIELD SIGN</b>
	<input type="checkbox"/> <b>3 - FLASHER</b> <input type="checkbox"/> <b>6 - NO CONTROL</b>

<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
<input type="checkbox"/> <b>1</b>	<input type="checkbox"/> <b>1 - NOT INVOLVED</b>
	<input type="checkbox"/> <b>2 - INVOLVED-ACTIVE CROSSING</b>
	<input type="checkbox"/> <b>3 - INVOLVED-PASSIVE CROSSING</b>

**UNIT / NON-MOTORIST DIRECTION**

FROM  **1** TO  **2**

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

<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
<input type="checkbox"/> <b>15</b>	<input type="checkbox"/> <b>1 - STATED / ESTIMATED SPEED</b>
<b>POSTED SPEED</b>	<input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2 - CALCULATED / EDR</b>
<input type="checkbox"/> <b>45</b>	<input type="checkbox"/> <b>3 - UNDETERMINED</b>

<b>UNIT #</b> 2	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) VITHOUS, NANCY	<b>OWNER PHONE:</b> INCLUDE AREA CODE (☐ SAME AS DRIVER) 330-225-8284
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 1550 TAFT DR., BRUNSWICK, OH, 44212		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> NLV1	<b>VEHICLE IDENTIFICATION #</b> 2GNFLGEK5H61B690	<b>VEHICLE YEAR</b> 2018	<b>VEHICLE MAKE</b> CHEVROLET
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> HOMEOWNER	<b>INSURANCE POLICY #</b>	<b>COLOR</b> WHI	<b>VEHICLE MODEL</b> EQUINOX
<b>TYPE OF USE</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b>	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	

<b>UNIT TYPE</b> 3	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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<b>WAS TRAILER OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 2	1 - YES 2 - NO 9 - OTHER / UNKNOWN	<b>AUTONOMOUS MODE LEVEL</b> 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
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<b>SPECIAL FUNCTION</b> 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
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<b>CARGO BODY TYPE</b> 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
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<b>VEHICLE DEFECTS</b> 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
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<b>NON-MOTORIST LOCATION</b> 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
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<b>ACTION</b> 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	11 <b>PRE-CRASH ACTIONS</b> 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
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<b>CONTRIBUTING CIRCUMSTANCES</b> 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
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<b>SEQUENCE OF EVENTS</b> 1	20 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE	<b>NON-COLLISION</b> 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
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<b>COLLISION WITH FIXED OBJECT - STRUCK</b> 4	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 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN 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
<b>FIRST HARMFUL EVENT</b> 1	<b>MOST HARMFUL EVENT</b> 1				

**LOCAL REPORT NUMBER**

19-1679

**DAMAGE**

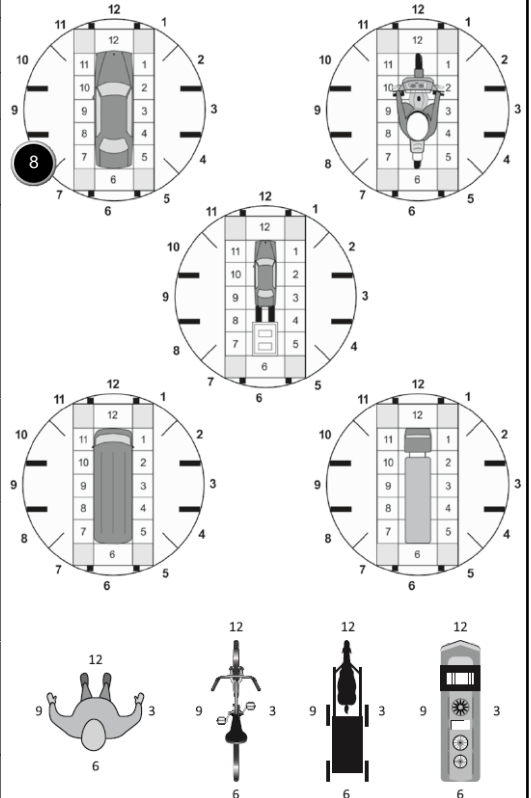
**DAMAGE SCALE**

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

2

**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  
1-12 - REFER TO UNIT DIAGRAM  
13 - TOP  
14 - UNDERCARRIAGE  
15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN

7

**TRAFFIC**

<b>TRAFFICWAY FLOW</b> 2	1 - ONE-WAY 2 - TWO-WAY	<b>TRAFFIC CONTROL</b> 4	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
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<b># OF THROUGH LANES ON ROAD</b> 1	<b>RAIL GRADE CROSSING</b> 1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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**UNIT / NON-MOTORIST DIRECTION**

FROM 1 TO 2

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

<b>UNIT SPEED</b> 0	<b>DETECTED SPEED</b> 1	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b> 45		

# MOTORIST / Non-MOTORIST

**LOCAL REPORT NUMBER**  
19-1679

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>					<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>			
1	MALONE, DIANE					05/14/1944		74	F			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>							
1426 HAMMEL ST, AKRON, OH, 44301					330-786-2994							
<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 <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>		
5	1				4		1	1	1	1		
<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>				
OH	RS099132		4511.21A		<input type="checkbox"/>	SPEED ACDA		1322				
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS</b> SELECT UP TO 4
							1	1	.	1	1	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>					<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>			
2	VITHOUS, NANCY					08/15/1945		73	F			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>							
1550 TAFT DR., BRUNSWICK, OH, 44212					330-225-8284							
<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 <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>		
5	1				4		1	1	1	1		
<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>				
OH	RF524392				<input type="checkbox"/>							
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS</b> SELECT UP TO 4
							1	1	.	1	1	

<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 <input type="checkbox"/> MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</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>				
					<input type="checkbox"/>							
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS</b> SELECT UP TO 4

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

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
19-1679

<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME:</b> LAST, FIRST, MIDDLE			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP				<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
<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</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>

<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME:</b> LAST, FIRST, MIDDLE			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP				<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
<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</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>

<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME:</b> LAST, FIRST, MIDDLE			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP				<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
<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</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>

<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME:</b> LAST, FIRST, MIDDLE			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP				<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
<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</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	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 SUCH AS A 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
INJURED TAKEN BY		EJECTION	
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		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	

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

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

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

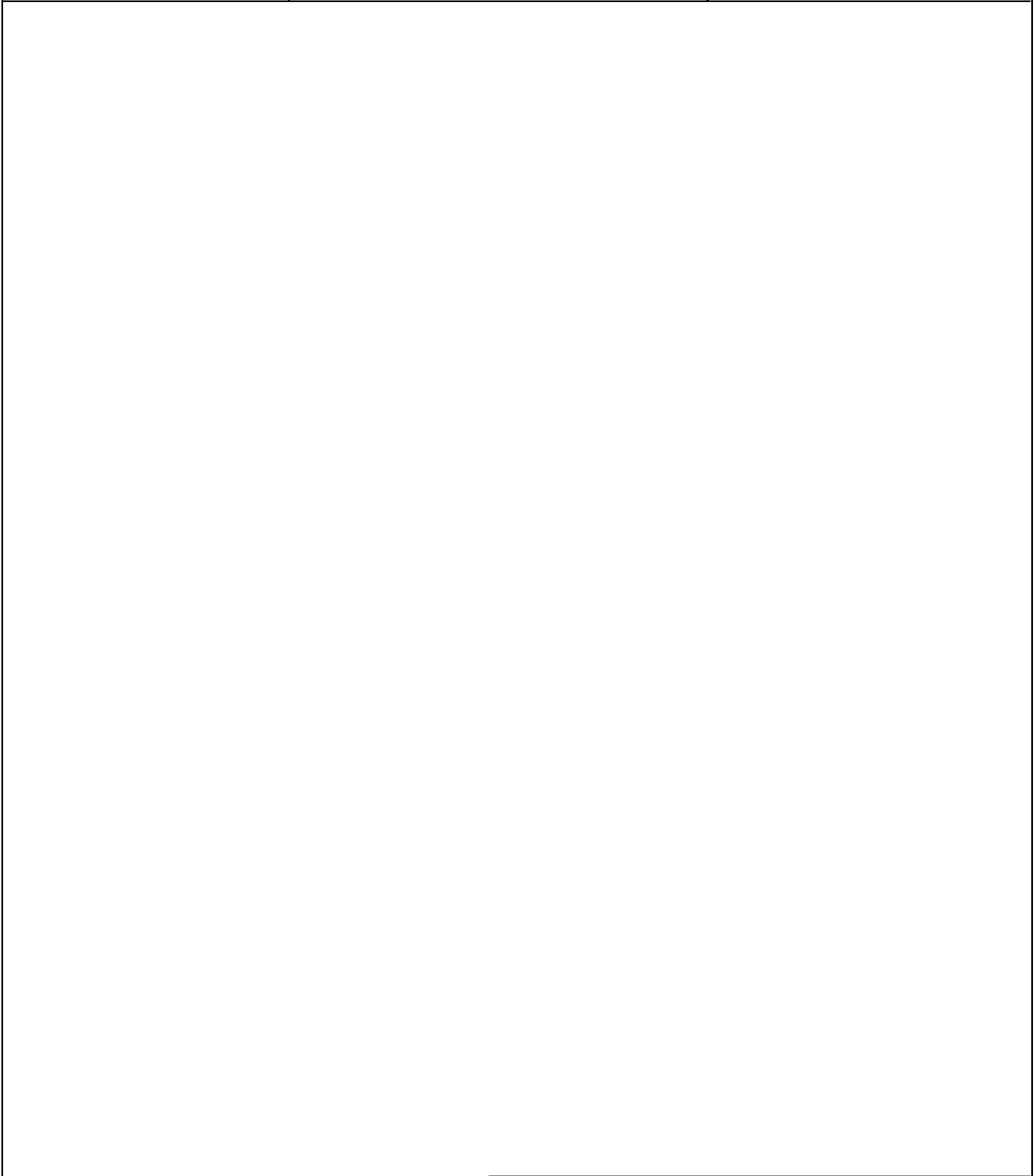
**OHIO TRAFFIC ACCIDENT - OH2 NARRATIVE**

LOCAL REPORT NUMBER <b>19-1679</b>	REPORTING AGENCY <b>Medina Township</b>	DATE OF CRASH <b>02/28/2019</b>
IN COUNTY OF <b>Medina County</b>	ACCIDENT LOCATION <b>W.130th</b>	

OFFICERS SIGNATURE	BADGE NO. <b>1519</b>
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OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER <b>19-1679</b>	REPORTING AGENCY <b>Medina Township</b>	Date Of Crash <b>02/28/2019</b>
IN COUNTY OF <b>Medina County</b>	ACCIDENT LOCATION <b>W.130th</b>	



OFFICERS SIGNATURE	BADGE NO. <b>1519</b>
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