

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2 0 2 5 - 0 0 0 0 6 9 0 8

PHOTOS TAKEN  
 SECONDARY CRASH  
 OH-2  OH-3  
 OH-1P  OTHER  
 PRIVATE PROPERTY

LOCAL INFORMATION  
 REPORTING AGENCY NAME\*  
**STPD**  
 NCIC\*  
**0 7 7 1 2**

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS  
**0 2**  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
**0 2**

COUNTY\* **7 7**  
 LOCALITY\*  
 1 - CITY  
 2 - VILLAGE  
 3 - TOWNSHIP  
**1**  
 LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**Stow**

LOCATION ROAD NAME  
**DARROW**  
 ROAD TYPE  
**R D**

CRASH DATE / TIME\*  
**0 4 2 2 2 0 2 5 / 0 7 2 2**  
 CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
**5**

ROUTE TYPE  
**S R**  
 ROUTE NUMBER  
**0 0 0 9 1**  
 PREFIX  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**DAUCHY LN**  
 ROAD TYPE  
**R D**

LATITUDE DECIMAL DEGREES  
**4 1 . 1 6 8 8 0 8**  
 LONGITUDE DECIMAL DEGREES  
**- 8 1 . 4 4 0 3 7 5**

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
**1**  
 DIRECTION FROM REFERENCE  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
**1**  
 DISTANCE FROM REFERENCE  
**2 5**  
 DISTANCE UNIT OF MEASURE  
 1 - MILES  
 2 - FEET  
 3 - YARDS  
**2**

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  
**0 4**  
 ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT  
 1 - ON ROADWAY  
 2 - ON SHOULDER  
 3 - IN MEDIAN  
 4 - ON ROADSIDE  
 5 - ON GORE  
 6 - OUTSIDE TRAFFIC WAY  
 7 - ON RAMP  
 8 - OFF RAMP  
**0 1**  
 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  
 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  
**2**

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  
**2**  
 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  
**1**

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  
**0 1**

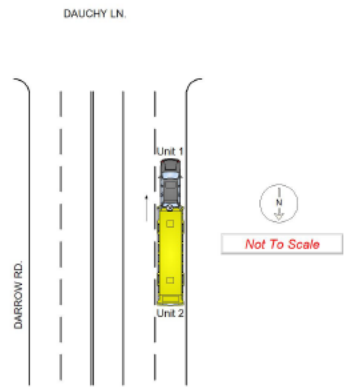
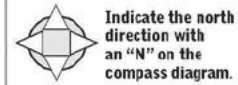
NARRATIVE

**UNIT #1 STOPPED IN TRAFFIC, SOUTHBOUND**

**DARROW RD. NEAR DAUCHY, RIGHT LANE.**

**UNIT #2 A SCHOOL BUS, DIRECTLY BEHIND**

**UNIT #1. UNIT #2, REAR ENDED UNIT #1.**



CRASH REPORTED DATE / TIME: **0 4 2 2 2 0 2 5 / 0 7 2 3**  
 DISPATCH DATE / TIME: **0 4 2 2 2 0 2 5 / 0 7 2 3**  
 ARRIVAL DATE / TIME: **0 4 2 2 2 0 2 5 / 0 7 2 7**  
 SCENE CLEARED DATE / TIME: **0 4 2 2 2 0 2 5 / 0 8 3 4**  
 REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO IDPS)  
 TOTAL TIME ROADWAY CLOSED: **0 1 0**  
 OTHER INVESTIGATION TIME: **0 0 0**  
 TOTAL MINUTES: **0 7 1**  
 OFFICER'S NAME\*: **WILLIAMS, SAMUEL**  
 OFFICER'S BADGE NUMBER\*: **0 0 0 7 5 0**  
 CHECKED BY OFFICER'S NAME\*: **GINTHER, JOHN**  
 CHECKED BY OFFICER'S BADGE NUMBER\*: **0 0 0 7 1 5**

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) **LUNDGREN, T PAUL, II** OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) 2162765922

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) **4779 FOX RUN DR Stow OH 44224** COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # FJK8748 VEHICLE IDENTIFICATION # JTEBU5JR3H5440618 VEHICLE YEAR 2017 VEHICLE MAKE Toyota

INSURANCE VERIFIED INSURANCE COMPANY ERIE INSURANCE POLICY # Q117108822 COLOR SIL VEHICLE MODEL 4-Runne

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE US DOT # TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS # PLACARD ID #  PLACARD

UNIT TYPE 03 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 - MOPED 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

# OF TRAILING UNITS

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

SPECIAL FUNCTION 01 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

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  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER  
 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 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 4 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 PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 01 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 12 - IMPROPER BACKING

SEQUENCE OF EVENTS 20 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 MOTORVEHICLE

COLLISION WITH FIXED OBJECT - STRUCK 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 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER 2025-00006908

DAMAGE DAMAGE SCALE 3 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 06 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 2 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED 005 POSTED SPEED 35 DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

**UNIT #** 02 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**STOW BOARD OF EDUCATION**

**OWNER PHONE:** INCLUDE AREA CODE (  SAME AS DRIVER )  
3306736550

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**4350 ALLEN RD Stow OH 44224**

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

**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** Q00995 **VEHICLE IDENTIFICATION #** 4DRBUAAN5FB142494 **VEHICLE YEAR** 2015 **VEHICLE MAKE** IC BUS

**INSURANCE VERIFIED** **INSURANCE COMPANY** LOVE **INSURANCE POLICY #** AS5-Z51-294377-012 **COLOR** YEL **VEHICLE MODEL** Bus

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** \_\_\_\_\_ **TOWED BY:** COMPANY NAME \_\_\_\_\_

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 25 **VEHICLE WEIGHT GVWR/GCWR**  
1 - ≤10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

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

**UNIT TYPE** 19

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 - MOPED 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

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

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL** 0

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

**SPECIAL FUNCTION** 04

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 EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN

**CARGO BODY TYPE** 02

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

**VEHICLE DEFECTS** \_\_\_\_\_

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 AT IMPACT** \_\_\_\_\_

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

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

**PRE-CRASH ACTIONS** 01

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** 08

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 20

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 MOTORVEHICLE 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 - 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

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**LOCAL REPORT NUMBER**  
2025-00006908

**DAMAGE**

**DAMAGE SCALE**

2 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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**

12

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

**TRAFFIC**

**TRAFFICWAY FLOW** 2

1 - ONE-WAY 2 - TWO-WAY

**TRAFFIC CONTROL** 2

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

**# OF THROUGH LANES ON ROAD** 4

**RAIL GRADE CROSSING** 1

1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**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

**UNIT SPEED** 005

**POSTED SPEED** 35

**DETECTED SPEED** 1

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 5 - 0 0 0 0 6 9 0 8

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> LUNDGREN, T PAUL, II		<b>DATE OF BIRTH</b> 0 8 1 0 1 9 6 8		<b>AGE</b> 0 5 6	<b>GENDER</b> M				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 4779 FOX RUN DR Stow OH 44224				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 2 1 6 2 7 6 5 9 2 2						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE 1 1		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4 1 1	

<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> BROWN, JENNIFER RENEE		<b>DATE OF BIRTH</b> 0 6 2 3 1 9 7 7		<b>AGE</b> 0 4 7	<b>GENDER</b> F				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 3887 HILE RD Stow OH 44224				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 3 3 0 3 8 9 4 2 3 4						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b> 333.03A	<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Assured Clear Distance		<b>CITATION NUMBER</b> SC0001587			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE 1 1		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4 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 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> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS TYPE VALUE		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4	

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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 0 2 5 - 0 0 0 0 6 9 0 8

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

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	
<b>INJURED TAKEN BY</b>				
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	<b>EJECTION</b>	
2 - EMS	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	8 - THIRD - MIDDLE		2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE		3 - TOTALLY EJECTED
<b>GENDER</b>				
F - FEMALE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPLICABLE	
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	<b>TRAPPED</b>	
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED
		13 - TRAILING UNIT		2 - EXTRICATED BY MECHANICAL MEANS
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		3 - FREED BY NON-MECHANICAL MEANS
		15 - NON-MOTORIST		
		99 - OTHER / UNKNOWN		

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

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

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

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 0 2 5 - 0 0 0 0 6 9 0 8

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

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 (ELBOW, 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, 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 <b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE <b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS
<b>INJURED TAKEN BY</b>			
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			
<b>GENDER</b>			
F - FEMALE M - MALE U - OTHER / UNKNOWN			

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

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

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

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 0 2 5 - 0 0 0 0 6 9 0 8

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

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 (ELBOW, 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, 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 <b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE <b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

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

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

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

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 0 2 5 - 0 0 0 0 6 9 0 8

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]	<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]			<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]		
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> [REDACTED]	<b>EMS AGENCY (NAME)</b> [REDACTED]	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> [REDACTED]	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1 1 <b>AIR BAG USAGE</b> 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1

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 (ELBOW, 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, 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 <b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE <b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS
<b>INJURED TAKEN BY</b>			
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			
<b>GENDER</b>			
F - FEMALE M - MALE U - OTHER / UNKNOWN			

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

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

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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 0 2 5 - 0 0 0 0 6 9 0 8

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]			<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]	
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]				<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]				
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 1 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]			<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]	
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]				<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]				
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 1 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]			<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]	
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]				<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]				
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 1 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]			<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]	
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]				<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]				
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 1 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

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	
<b>INJURED TAKEN BY</b>				
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	<b>EJECTION</b>	
2 - EMS	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	8 - THIRD - MIDDLE		2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE		3 - TOTALLY EJECTED
<b>GENDER</b>				
F - FEMALE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPLICABLE	
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	<b>TRAPPED</b>	
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED
		13 - TRAILING UNIT		2 - EXTRICATED BY MECHANICAL MEANS
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		3 - FREED BY NON-MECHANICAL MEANS
		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>		

LOCAL REPORT NUMBER  
2 0 2 5 - 0 0 0 0 6 9 0 8

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]			<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]	
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]				<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]				
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 1 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]			<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]	
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]				<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]				
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 1 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]			<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]	
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]				<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]				
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 1 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

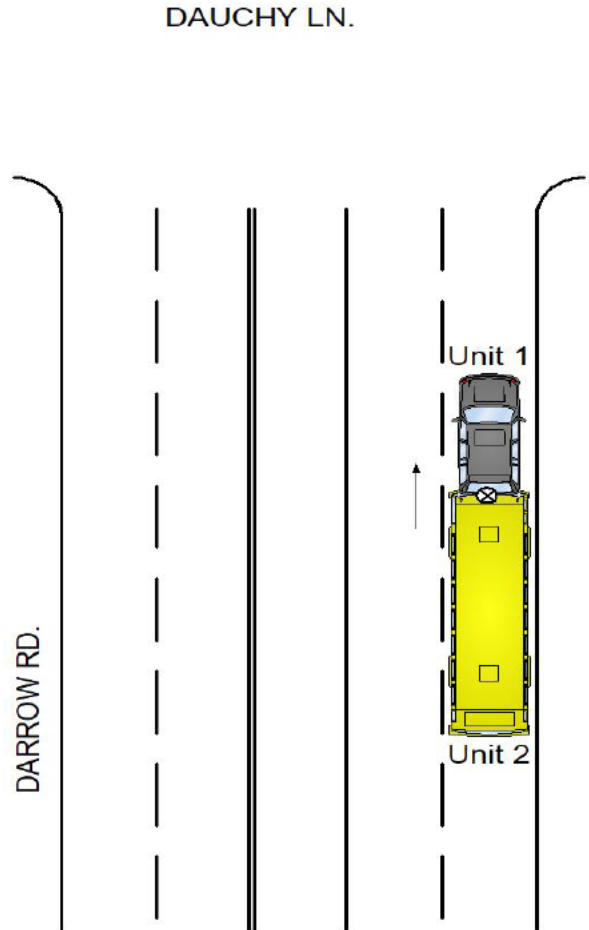
<b>OCCUPANT</b>	<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> [REDACTED]			<b>DATE OF BIRTH</b> [REDACTED]		<b>AGE</b> [REDACTED]	<b>GENDER</b> [REDACTED]	
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> [REDACTED]				<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]				
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 1	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 1 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

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	
<b>INJURED TAKEN BY</b>				
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	<b>EJECTION</b>	
2 - EMS	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	8 - THIRD - MIDDLE		2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE		3 - TOTALLY EJECTED
<b>GENDER</b>				
F - FEMALE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPLICABLE	
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	<b>TRAPPED</b>	
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED
		13 - TRAILING UNIT		2 - EXTRICATED BY MECHANICAL MEANS
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		3 - FREED BY NON-MECHANICAL MEANS
		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>		





TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 25-6908	REPORTING AGENCY STOW PD	DATE OF CRASH MOY   022   Y 25
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, A. Brown HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

OPC. S. Williams - 450 AT 91 / DAUCKEY  
OFFICER'S NAME LOCATION

At intersection of Stow & Darrow Rd. Car in front started to  
 move & I started ~~when~~ <sup>when</sup> they suddenly stopped. I re-ended that  
 vehicle.

ADDRESS OF WITNESS  
3887 Hike Rd

SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X
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