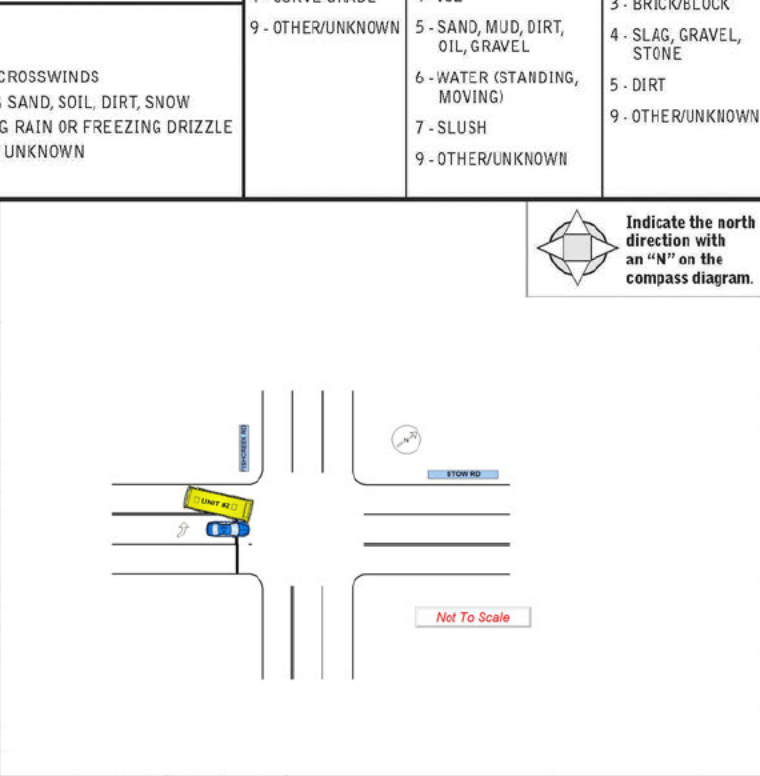


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY		<input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER		LOCAL INFORMATION REPORTING AGENCY NAME* STPD		NCIC* 07712		LOCAL REPORT NUMBER* 2023-00005168	
COUNTY* 1		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1 Stow		LOCATION: CITY, VILLAGE, TOWNSHIP* Stow		CRASH DATE / TIME* 03222023 / 0850		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5			
ROUTE TYPE 1		ROUTE NUMBER 1		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		LOCATION ROAD NAME STOW		ROAD TYPE R D		LATITUDE DECIMAL DEGREES 41.185488	
ROUTE TYPE 1		ROUTE NUMBER 1		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) FISHCREEK		ROAD TYPE R D		LONGITUDE DECIMAL DEGREES -81.423576	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		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 <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
DISTANCE FROM REFERENCE 01		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 1		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 01		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 8		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		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 2	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> 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 2 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 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 02 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN									

NARRATIVE

Unit #1 was stopped for a red light on Stow Rd NB at the intersection of Fishcreek Rd in the left turn lane just past the stop bar. Unit #2 was northbound on Fishcreek Rd making a left turn southbound onto Stow Rd. The driver's side rear corner of unit #2 struck unit #1 causing minor damage.



CRASH REPORTED DATE / TIME 03222023 / 0853		DISPATCH DATE / TIME 03222023 / 0855		ARRIVAL DATE / TIME 03222023 / 0857		SCENE CLEARED DATE / TIME 03222023 / 0948		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 000		OTHER INVESTIGATION TIME 150		TOTAL MINUTES 201		OFFICER'S NAME* DRUMMOND, DANIEL		CHECKED BY OFFICER'S NAME* DRUMMOND, DANIEL	
000		150		201		OFFICER'S BADGE NUMBER* 000710		CHECKED BY OFFICER'S BADGE NUMBER* 000710	
<input type="checkbox"/> SUPPLEMENT (CORRECTION IN ADDITION TO AN EXISTING REPORT SENT TO IDPS)									

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) **GERKE, BRITTANY M**
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)
1201 SHADOWLAWN DR RAVENNA OH 44266
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____
 OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) _____
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____

VEHICLE

LP STATE OH LICENSE PLATE # HTJ2837 VEHICLE IDENTIFICATION # 3MZBN1M3XJM268215 VEHICLE YEAR 2018 VEHICLE MAKE Mazda
 INSURANCE VERIFIED INSURANCE COMPANY State Farm INSURANCE POLICY # 3307764-SFP-35 COLOR Blu VEHICLE MODEL MAZDA 3
 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/GWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL MATERIAL RELEASED CLASS # PLACARD ID # PLACARD _____
 UNIT TYPE 01 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? 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL _____
 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 18 - SNOW REMOVAL 19 - TOWING
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 10 - AMBULANCE
 CARGO BODY TYPE 01 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 01 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 01 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 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 11 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 99 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 120 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 - MOTORVEHICLE IN TRANSPORT 21 - PARKED MOTORVEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE 24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK 1 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
2023-00005168

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
11 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 2

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

UNIT / NON-MOTORIST DIRECTION
FROM 8 **TO** 5

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

UNIT SPEED 000

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) **OWNER PHONE:** INCLUDE AREA CODE (SAME AS DRIVER)
STOW-MUNROE FALLS HIGH SCHOOL
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
3227 GRAHAM RD Stow OH 44224
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

LP STATE OH **LICENSE PLATE #** Q01493 **VEHICLE IDENTIFICATION #** 4DRBWAAN1FB692253 **VEHICLE YEAR** 2015 **VEHICLE MAKE** Interna
 INSURANCE VERIFIED **INSURANCE COMPANY** Love Insurance **INSURANCE POLICY #** AS5Z51294377012 **COLOR** Yel **VEHICLE MODEL** Bus
 COMMERCIAL **GOVERNMENT** **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY:** COMPANY NAME
 INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **#OCCUPANTS** 35 **VEHICLE WEIGHT GVWR/GVWR**
 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. **HAZARDOUS MATERIAL**
 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 99 - UNKNOWN OR HIT/SKIP

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

SPECIAL FUNCTION 04
 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 02
 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 10 - FLAT BED 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 3 **PRE-CRASH ACTIONS** 06
 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

CONTRIBUTING CIRCUMSTANCES 06
 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 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
 6 - IMPROPER TURN 12 - IMPROPER BACKING

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

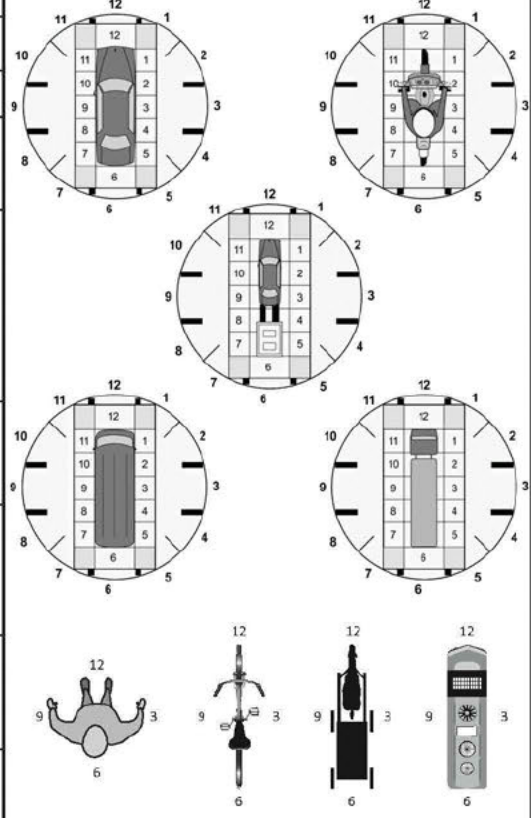
COLLISION WITH FIXED OBJECT - STRUCK
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN 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 1 **MOST HARMFUL EVENT** 1

LOCAL REPORT NUMBER
 2023-00005168

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

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY



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

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

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

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

UNIT / NON-MOTORIST DIRECTION
 FROM 7 TO 8
 1 - NORTH 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

UNIT SPEED 010 **DETECTED SPEED** 1
 1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED
POSTED SPEED 35

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
 2 0 2 3 - 0 0 0 0 5 1 6 8

UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER				
0 1	GERKE, BRITTANY M					0 2 2 3 1 9 8 9		0 3 4	F				
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
1201 SHADOWLAWN DR RAVENNA OH 44266						[PHONE]							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5						0 4		0 1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
O H	[BLANK]					[BLANK]							
OL CLASS	ENDORSEMENT	RESTRICTION		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT
								1	1		1	1	

UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER				
0 2	COLLINS, DAVID RANDALL					1 0 1 0 1 9 5 3		0 6 9	M				
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
703 S MUNROE RD TALLMADGE OH 44278						[PHONE]							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5						0 4		0 1	5	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
O H	[BLANK]					[BLANK]							
OL CLASS	ENDORSEMENT	RESTRICTION		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT
								1	1		1	1	

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

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	EJECTION		OL ENDORSEMENT		ALCOHOL TEST TYPE	
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		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		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	
SAFETY EQUIPMENT	TRAPPED		GENDER		DRUG TEST TYPE	
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	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	
				CONDITION		DRUG TEST RESULT(S)
				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		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 3 - 0 0 0 0 5 1 6 8

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]	
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 1

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]	
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 1

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]	
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 1

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]	
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 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 EJECTION 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

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

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

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
 2 0 2 3 - 0 0 0 0 5 1 6 8

OCCUPANT	UNIT #	02	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				9 9	<input type="checkbox"/>	9 9	5	1	1

OCCUPANT	UNIT #	02	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				9 9	<input type="checkbox"/>	9 9	5	1	1

OCCUPANT	UNIT #	02	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				9 9	<input type="checkbox"/>	9 9	5	1	1

OCCUPANT	UNIT #	02	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				9 9	<input type="checkbox"/>	9 9	5	1	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
EJECTION			
INJURED TAKEN BY			
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
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
TRAPPED			
GENDER			
F - FEMALE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT TRAPPED
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - EXTRICATED BY MECHANICAL MEANS
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED BY NON-MECHANICAL MEANS
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

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

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

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

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 3 - 0 0 0 0 5 1 6 8

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]		
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 1

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]		
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 1

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]		
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 1

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]		
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 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 EJECTION 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

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

WITNESS	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
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WITNESS	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
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OCCUPANT / WITNESS ADDENDUM

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OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]		
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 1

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]		
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 1

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
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INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 1

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]		
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 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 EJECTION 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

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

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

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

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 3 - 0 0 0 0 5 1 6 8

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]		
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 1

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]		
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 1

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]		
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 1

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]		
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9 AIR BAG USAGE 5 EJECTION 1 TRAPPED 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 EJECTION 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

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

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

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

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
 2 0 2 3 - 0 0 0 0 5 1 6 8

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]				
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<table border="1"> <tr> <td>SEATING POSITION 9 9</td> <td>AIR BAG USAGE 5</td> <td>EJECTION 1</td> <td>TRAPPED 1</td> </tr> </table>	SEATING POSITION 9 9	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
SEATING POSITION 9 9	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1							

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]				
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<table border="1"> <tr> <td>SEATING POSITION 9 9</td> <td>AIR BAG USAGE 5</td> <td>EJECTION 1</td> <td>TRAPPED 1</td> </tr> </table>	SEATING POSITION 9 9	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
SEATING POSITION 9 9	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1							

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]				
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<table border="1"> <tr> <td>SEATING POSITION 9 9</td> <td>AIR BAG USAGE 5</td> <td>EJECTION 1</td> <td>TRAPPED 1</td> </tr> </table>	SEATING POSITION 9 9	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
SEATING POSITION 9 9	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1							

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]				
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES 5	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<table border="1"> <tr> <td>SEATING POSITION 9 9</td> <td>AIR BAG USAGE 5</td> <td>EJECTION 1</td> <td>TRAPPED 1</td> </tr> </table>	SEATING POSITION 9 9	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
SEATING POSITION 9 9	AIR BAG USAGE 5	EJECTION 1	TRAPPED 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 <hr/> EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE <hr/> TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

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

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

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

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
 2 0 2 3 - 0 0 0 0 5 1 6 8

OCCUPANT	UNIT #	02	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				9 9	<input type="checkbox"/>	9 9	5	1	1

OCCUPANT	UNIT #	02	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				9 9	<input type="checkbox"/>	9 9	5	1	1

OCCUPANT	UNIT #	02	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				9 9	<input type="checkbox"/>	9 9	5	1	1

OCCUPANT	UNIT #	02	NAME: LAST, FIRST, MIDDLE [REDACTED]	DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]			CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				9 9	<input type="checkbox"/>	9 9	5	1	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
EJECTION			
INJURED TAKEN BY			
1 - NOT TRANSPORTED /TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
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
TRAPPED			
GENDER			
F - FEMALE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT TRAPPED
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - EXTRICATED BY MECHANICAL MEANS
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED BY NON-MECHANICAL MEANS
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

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

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

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

LOCAL REPORT NUMBER

2 0 2 3 - 0 0 0 0 5 1 6 8

OCCUPANT	UNIT #	02	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				9 9	<input type="checkbox"/>	9 9	5	1	1

OCCUPANT	UNIT #	02	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				9 9	<input type="checkbox"/>	9 9	5	1	1

OCCUPANT	UNIT #	02	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				9 9	<input type="checkbox"/>	9 9	5	1	1

OCCUPANT	UNIT #	02	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				9 9	<input type="checkbox"/>	9 9	5	1	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 <hr/> EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE <hr/> TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			
GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN			

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

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

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

LOCAL REPORT NUMBER
2 0 2 3 - 0 0 0 0 5 1 6 8

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]			DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]	
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]				
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1

OCCUPANT	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE [REDACTED]			DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]	
	ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]				
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1

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

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

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	
INJURED TAKEN BY				
1 - NOT TRANSPORTED /TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	EJECTION	
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
GENDER				
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)	TRAPPED	
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		

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

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

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

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 23-5168	REPORTING AGENCY Stow PD	DATE OF CRASH M 3 10 22 1Y 23
IN COUNTY OF Summit	CRASH LOCATION Stow Rd / Fish Creek Rd	

- Unit #1's front end was past the stop bar indicating the intersection.
- Unit #2 still could have exercised more caution in making the turn.
- Both units contributed to the cause of the crash.

OFFICER'S SIGNATURE X 	BADGE NUMBER 710
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LOCAL REPORT NUMBER 23-05168	REPORTING AGENCY STOW PD	DATE OF CRASH M 3 D 22 Y 23
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, DAVID COLLINS HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

REEDY #737 AT ECHO HILLS SCHOOL
OFFICER'S NAME LOCATION

I MADE A LEFT TURN ON GREEN TO STOW RD FROM FISHCREEK WEST BOUND. THE BUS CUPTED A CAR THAT WAS BEYOND THE WHITE STOP LINE.

David Collins

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X <i>Reedy #737</i>

LOCAL REPORT NUMBER <i>23-568</i>	REPORTING AGENCY <i>Stow PD</i>	DATE OF CRASH M <i>3</i> D <i>22</i> Y <i>23</i>
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, *Tracy Moten* PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Sgt Dummard OFFICER'S NAME AT *4704 Darrow* LOCATION

I was traveling on Fishcreek road turning left onto Stow Road behind Bus 64. It turned left and the side of the bus hit the front driver side of the car that was stopped at the red light.

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS X <i>Tracy Moten</i>	OFFICER'S SIGNATURE X <i>Sgt Dummard</i>