

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

MMJ 7-12-01

| | | | | | | |
|---|----------------|--|------------------------------------|--|----------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY | | LOCAL INFORMATION 21MPD0519 | LOCAL REPORT NUMBER * 21MPD0519 | | | |
| OH -2 OH -1P OTHER | OH -3 OTHER | REPORTING AGENCY NAME * Millersburg | NCIC * 03801 | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | NUMBER OF UNITS 2 | UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN |

| | | | | |
|---------------|--|---|--|--|
| COUNTY* 38 | LOCALITY* 2 <small>1 - CITY 2 - VILLAGE 3 - TOWNSHIP</small> | LOCATION: CITY, VILLAGE, TOWNSHIP* Millersburg | CRASH DATE / TIME* 04/12/2021 14:08 | CRASH SEVERITY 4 <small>1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY</small> |
|---------------|--|---|--|--|

| | | | | | |
|-----------------|-------------------|--|--------------------------------|-----------------|---------------------------------------|
| ROUTE TYPE 1 | ROUTE NUMBER 1 | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME Crawford | ROAD TYPE ST | LATITUDE DECIMAL DEGREES 40.556211 |
|-----------------|-------------------|--|--------------------------------|-----------------|---------------------------------------|

| | | | | | |
|-----------------|---------------------|--|--|-----------|---|
| ROUTE TYPE 1 | ROUTE NUMBER 188 | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 188 N Crawford St | ROAD TYPE | LONGITUDE DECIMAL DEGREES -81.914844 |
|-----------------|---------------------|--|--|-----------|---|

| | | | | |
|---|--|---|--|---|
| REFERENCE POINT 3 <small>1 - INTERSECTION 2 - MILE POST 3 - HOUSE #</small> | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA |
|---|--|---|--|---|

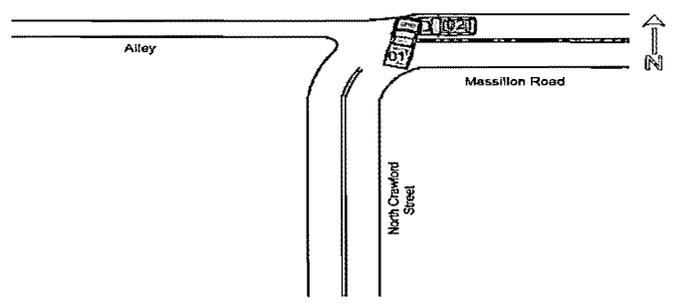
| | | | | | |
|------------------------------|--|--|---|---|---|
| DISTANCE FROM REFERENCE 3 | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | LOCATION OF FIRST HARMFUL EVENT 1 <small>1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP</small> | MANNER OF CRASH COLLISION/IMPACT 6 <small>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</small> | DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | MEDIAN TYPE 2 <small>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</small> |
|------------------------------|--|--|---|---|---|

| | | | | | |
|---|---|---|--|--|--|
| <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 3 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 4 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 02 was southbound on Massillon Road approaching the curve turning into N Crawford St. Unit 01 was northbound on Crawford St approaching the curve turning into Massillon Road. Unit 01 failed to make the turn and struck Unit 02. Unit 01 stated that the brake system had failed contributing to the crash.



| | | | | |
|--|--|---|---|---|
| CRASH REPORTED DATE / TIME 04/12/2021 14:08 | DISPATCH DATE / TIME 04/12/2021 14:10 | ARRIVAL DATE / TIME 04/12/2021 14:14 | SCENE CLEARED DATE / TIME 04/12/2021 15:15 | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED 60 | OTHER INVESTIGATION TIME 30 | TOTAL MINUTES 95 | OFFICER'S NAME* Genet, Stephanie | CHECKED BY OFFICER'S NAME* |
| | | | OFFICER'S BADGE NUMBER* 107 | CHECKED BY OFFICER'S BADGE NUMBER* |

SUPPLEMENT
 (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

| | | |
|--|--|--|
| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) |
| 1 | PERKINS, NOAH, MICHAEL | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) | | |
| 6906 CLARK AVE, CLEVELAND, OH, 44101 | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |
| | | |
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # |
| OH | M093264 | 2GCEC19V4Y1257020 |
| VEHICLE YEAR | VEHICLE MAKE | |
| 2000 | CHEVROLET | |
| <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # |
| | GIECO | |
| TYPE OF USE | | US DOT # |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | # OCCUPANTS |
| | | |
| TOWED BY: COMPANY NAME | | HAZARDOUS MATERIAL |
| BULLY DAWGS TOWING | | <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD ID # |
| UNIT TYPE | 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER 2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP | |
| 4 | | |
| # OF TRAILING UNITS | | |
| | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | |
| 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION | | |
| 2 | | |
| SPECIAL FUNCTION | | |
| 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIP. 20 - SAFETY SERVICE PATROL | | |
| 1 | | |
| CARGO BODY TYPE | | |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN 2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN /ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 10 - FLAT BED 14 - GARBAGE/REFUSE | | |
| 4 | | |
| 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 | | |
| 4 | | |
| NON-MOTORIST LOCATION | | |
| 1 - INTERSECTION - MARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 2 - INTERSECTION - UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE | | |
| 3 | | |
| ACTION | | |
| 1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 18 - APPROACHING OR LEAVING VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 19 - STANDING 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION 20 - OTHER NON-MOTORIST 8 - ENTERING TRAFFIC LANE | | |
| 3 | 13 | |
| CONTRIBUTING CIRCUMSTANCES | | |
| 1 - NONE 8 - FOLLOWING TOO CLOSE 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 2 - FAILURE TO YIELD 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING /FALLING/SPILLING 99 - OTHER IMPROPER ACTION 3 - RAN RED LIGHT 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - LYING IN ROADWAY 5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE 6 - IMPROPER TURN 7 - LEFT OF CENTER | | |
| 18 | | |
| SEQUENCE OF EVENTS | | |
| 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 19 - ANIMAL -OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PULSED MOTOR VEHICLE 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 5 - CARGO /EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 30 - WORK ZONE MAINTENANCE EQUIPMENT 6 - EQUIPMENT FAILURE 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 | | |
| 20 | | |
| 9 | | |
| 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 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 | | |
| 1 | 2 | |
| FIRST HARMFUL EVENT | | |
| MOST HARMFUL EVENT | | |

| | |
|--|--|
| LOCAL REPORT NUMBER | |
| 21MPD0519 | |
| DAMAGE | |
| DAMAGE SCALE | |
| 1 - NONE 3 - FUNCTIONAL DAMAGE 4 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| 4 | |
| DAMAGED AREA(S) | |
| INDICATE ALL THAT APPLY | |
| | |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> 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 | |
| 1 | |
| TRAFFIC | |
| TRAFFICWAY FLOW | TRAFFIC CONTROL |
| 1 - ONE-WAY 2 - TWO-WAY | 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| 2 | 6 |
| # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING |
| 2 | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION | |
| 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| FROM 2 TO 1 | |
| UNIT SPEED | DETECTED SPEED |
| 30 | 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED | |
| 35 | |

UNIT # 2 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER)
OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
 614-771-6740

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
 3420 SCIOTO RUN BLVD, HILLIARD, OH, 43026

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

LP STATE OH **LICENSE PLATE #** BL04XC **VEHICLE IDENTIFICATION #** 3CZRM3H31GG707992 **VEHICLE YEAR** 2016 **VEHICLE MAKE** HONDA

INSURANCE VERIFIED **INSURANCE COMPANY** STATE FARM **INSURANCE POLICY #** 565 5190 D30 35K **COLOR** GRY **VEHICLE MODEL** CR-V

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

INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **# OCCUPANTS** 1 **VEHICLE WEIGHT GVWR/GCWR**
 1 - ≤10K LBS.
 2 - 10.001 - 26K LBS.
 3 - > 26K LBS.

MATERIAL RELEASED **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

UNIT TYPE 3

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

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

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

SPECIAL FUNCTION 1

| | | | | |
|-----------------------------|------------------------|--------------------------|----------------------------|----------------------|
| 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 EQUIP. | 20 - SAFETY SERVICE PATROL | |

CARGO BODY TYPE 1

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

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

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

ACTION 4

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

CONTRIBUTING CIRCUMSTANCES 1

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

SEQUENCE OF EVENTS

1 20

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

COLLISION WITH FIXED OBJECT - STRUCK

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

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

LOCAL REPORT NUMBER
 21MPD0519

DAMAGE

DAMAGE SCALE

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

4

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 99 - OTHER / UNKNOWN

12 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP

TRAFFIC

| | |
|-----------------------------------|---------------------------------|
| TRAFFICWAY FLOW | TRAFFIC CONTROL |
| 1 - ONE-WAY | 1 - ROUNDABOUT 4 - STOP SIGN |
| 2 - TWO-WAY | 2 - SIGNAL 5 - YIELD SIGN |
| 2 | 3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING |
| 2 | 1 - NOT INVOLVED |
| | 2 - INVOLVED - ACTIVE CROSSING |
| | 3 - INVOLVED - PASSIVE CROSSING |

UNIT / NON-MOTORIST DIRECTION

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 30 **DETECTED SPEED** 1

POSTED SPEED 35 **DETECTED SPEED** 3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

21MPD0519

| | | | | | | | | | | |
|---|--|----------------------------|---|--|---|---|--|--------------------|--|--------------|
| UNIT # 1 | NAME: LAST, FIRST, MIDDLE PERKINS, KRystal, D | | | | DATE OF BIRTH 11/17/1983 | | | AGE 37 | GENDER F | |
| ADDRESS: STREET, CITY, STATE, ZIP 4370 CR 58 APT 428, MILLERSBURG, OH, 44654 | | | | | CONTACT PHONE - INCLUDE AREA CODE 216-237-1286 | | | | | |
| INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 4 | <input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET | SEATING POSITION 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OL STATE OH | OPERATOR LICENSE NUMBER RW640055 | | OFFENSE CHARGED 335.01A1 | | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION DRIVERS LICENSE REQUIRED | | | CITATION NUMBER ZL37G0V | |
| OL CLASS 6 | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS: 1, TYPE: 1, VALUE: . | | DRUG TEST(S) STATUS: 1, TYPE: 1, RESULTS SELECT UP TO 4 | |

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|--|--|----------------------------|---|--|---|---|--|--------------------|--|--------------|
| UNIT # 2 | NAME: LAST, FIRST, MIDDLE MILLER, ROBERT, E | | | | DATE OF BIRTH 04/20/1929 | | | AGE 91 | GENDER M | |
| ADDRESS: STREET, CITY, STATE, ZIP 3420 SCIOTO RUN BLVD, HILLIARD, OH, 43026 | | | | | CONTACT PHONE - INCLUDE AREA CODE 614-771-6740 | | | | | |
| INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 4 | <input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET | SEATING POSITION 1 | AIR BAG USAGE 2 | EJECTION 1 | TRAPPED 1 |
| OL STATE OH | OPERATOR LICENSE NUMBER RR130727 | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | |
| OL CLASS 4 | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS: 1, TYPE: 1, VALUE: . | | DRUG TEST(S) STATUS: 1, TYPE: 1, RESULTS SELECT UP TO 4 | |

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|-----------------------------------|---------------------------|----------------------------|---|--|--|--|--|---------------|--|---------|
| 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 <input type="checkbox"/> MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST STATUS: , TYPE: , VALUE: . | | DRUG TEST(S) STATUS: , TYPE: , RESULTS SELECT UP TO 4 | |

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



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

21MPD0519

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| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| 2 | MILLER, D, CAROLYN | 04/28/1933 | 87 | F |

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| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
| 3420 SCIOTO RUN BLVD, HILLIARD, OH, 43026 | 614-771-6740 |

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| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| 4 | 1 | DISTRICT ONE | MILLERSBURG | 4 | | 3 | 2 | 1 | 1 |

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| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
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| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
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| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
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| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
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| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
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| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <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 |
| | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN |
| | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | |
| | 8 - HELMET USED | 8 - THIRD - MIDDLE | EJECTION |
| | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 9 - THIRD - RIGHT SIDE | 1 - NOT EJECTED |
| | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 2 - PARTIALLY EJECTED |
| | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED |
| | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 4 - NOT APPLICABLE |
| | | 13 - TRAILING UNIT | TRAPPED |
| | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 1 - NOT TRAPPED |
| | | 15 - NON-MOTORIST | 2 - EXTRICATED BY MECHANICAL MEANS |
| | | 99 - OTHER / UNKNOWN | 3 - FREED BY NON-MECHANICAL MEANS |

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| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
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| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
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