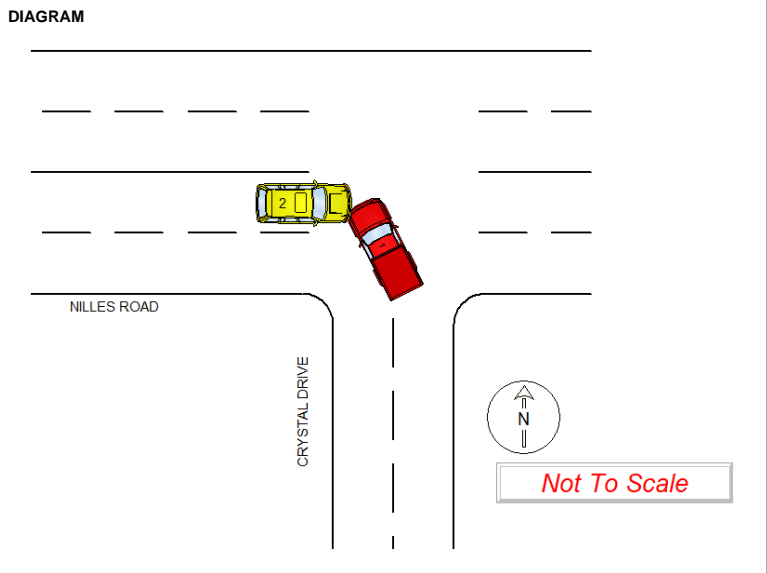


<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		<b>LOCAL INFORMATION</b> REPORTING AGENCY NAME* <b>Fairfield Police Department</b>		LOCAL REPORT NUMBER* <b>IR23-002704</b>		NCIC* <b>00901</b>		HIT/SKIP <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED		NUMBER OF UNITS <b>2</b>		UNIT IN ERROR <input checked="" type="checkbox"/> 1 98 - ANIMAL 99 - UNKNOWN											
COUNTY* <b>09</b>		LOCALITY* <input checked="" type="checkbox"/> 1 - CITY <input type="checkbox"/> 2 - VILLAGE <input type="checkbox"/> 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Fairfield</b>		CRASH DATE/TIME* <b>09/25/2023 17:15</b>		CRASH SEVERITY <input checked="" type="checkbox"/> 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY																	
ROUTE TYPE <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		ROUTE NUMBER <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		LOCATION ROAD NAME <b>NILLES</b>		ROAD TYPE <b>RD</b>		LATITUDE <b>39.336841</b>		REFERENCE POINT <input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE #		DIRECTION FROM REFERENCE <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		ROUTE TYPE <b>IR - INTERSTATE ROUTE (TP)</b> <b>US - FEDERAL US ROUTE</b> <b>SR - STATE ROUTE</b> <b>CR - NUMBERED COUNTY ROUTE</b> <b>TR - NUMBERED TOWNSHIP ROUTE</b>		ROAD TYPE <b>AL - ALLEY</b> <b>AV - AVENUE</b> <b>BL - BOULEVARD</b> <b>CR - CIRCLE</b> <b>CT - COURT</b> <b>DR - DRIVE</b> <b>HE - HEIGHTS</b>		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		<input checked="" type="checkbox"/> 3 NUMBER OF APPROACHES	
ROUTE TYPE <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		ROUTE NUMBER <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>CRYSTAL</b>		ROAD TYPE <b>DR</b>		LONGITUDE <b>-84.545266</b>														DISTANCE FROM REFERENCE <input type="checkbox"/> 1 - MILES <input type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS		DISTANCE UNIT OF MEASURE <input type="checkbox"/> 1 - MILES <input type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS	
LOCATION OF FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY <input type="checkbox"/> 7 - ON RAMP <input type="checkbox"/> 8 - OFF RAMP		<input type="checkbox"/> 9 - CROSSOVER <input type="checkbox"/> 10 - DRIVEWAY/ALLEY ACCESS <input type="checkbox"/> 11 - RAILWAY GRADE CROSSING <input type="checkbox"/> 12 - SHARED USE PATHS OR TRAILS <input type="checkbox"/> 13 - BIKE LANE <input type="checkbox"/> 14 - TOLL BOOTH <input type="checkbox"/> 99 - OTHER/UNKNOWN		<input checked="" type="checkbox"/> 6 MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON		<input type="checkbox"/> 4 - REAR-TO-REAR <input type="checkbox"/> 5 - BACKING <input type="checkbox"/> 6 - ANGLE <input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 - OTHER/UNKNOWN		DIRECTION OF TRAVEL <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		MEDIAN TYPE <input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET) <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) <input type="checkbox"/> 9 - OTHER/UNKNOWN															
<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 <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER		LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA		CONTOUR <input checked="" type="checkbox"/> 3 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN		CONDITIONS <input checked="" type="checkbox"/> 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE <input checked="" type="checkbox"/> 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN															
LIGHT CONDITION <input checked="" type="checkbox"/> 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN		WEATHER <input checked="" type="checkbox"/> 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		<input type="checkbox"/> 6 - SNOW <input type="checkbox"/> 7 - SEVERE CROSSWINDS <input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 9 - FREEZING RAIN OR FREEZING DRIZZLE <input type="checkbox"/> 99 - OTHER/UNKNOWN		CRASH REPORTED DATE/TIME <b>09/25/2023 17:15</b>		DISPATCH DATE/TIME <b>09/25/2023 17:20</b>		ARRIVAL DATE/TIME <b>09/25/2023 17:25</b>		SCENE CLEARED DATE/TIME <b>09/25/2023 18:00</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST											
TOTAL TIME ROADWAY CLOSED <b>0</b>		OTHER INVESTIGATION TIME <b>0</b>		TOTAL MINUTES <b>40</b>		OFFICER'S NAME* <b>Partin, Emma</b>		CHECKED BY OFFICER'S NAME* <b>Wolfe, Bradley</b>		OFFICER'S BADGE NUMBER* <b>176</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>103</b>		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)											

**NARRATIVE**  
 On September 25, 2023 at 5:15p.m., unit 2 was traveling east on Nilles Road. Unit 1 made a left turn from Crystal Drive onto Nilles Road. Unit 1 did not yield to oncoming traffic when making the left turn, causing unit 2 to strike unit 1.  
  
 Unit 1 stated there was an issue with westbound traffic on Nilles Road causing him to stop in unit 2's lane of travel.





<b>OWNER</b>	<b>UNIT #</b> 2	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) HONDA LEASE TRUST	<b>OWNER PHONE:</b> INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER) 1745 WELCH LN, CINCINNATI, OH 45240		
	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE
	<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> HVU6603	<b>VEHICLE IDENTIFICATION #</b> 2HKRW5H34KH418049
		<b>VEHICLE YEAR</b> 2019	<b>VEHICLE MAKE</b> Honda
	<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> ALLSTATE INSURANCE	<b>INSURANCE POLICY #</b> 992918939
		<b>COLOR</b> Blue	<b>VEHICLE MODEL</b> CR-V
	<b>TYPE OF USE</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>US DOT #</b>
	<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 1
	<b>VEHICLE WEIGHT GVWR/GCWR</b> <input type="checkbox"/> 1 - <= 10K LBS. <input type="checkbox"/> 2 - 10,001 - 26K LBS. <input type="checkbox"/> 3 - >= 26K LBS.		<b>TOWED BY:</b> COMPANY NAME FOX TOWING
	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/>		
	<b>UNIT TYPE</b> 3	<b># OF TRAILING UNITS</b> 0	
	<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 1 - YES 2 - NO 9 - OTHER/UNKNOWN 0		
	<b>SPECIAL FUNCTION</b> 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER/UNKNOWN		
	<b>CARGO BODY TYPE</b> 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 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN		
	<b>VEHICLE DEFECTS</b> 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		
	<b>NON-MOTORIST LOCATION AT IMPACT</b> 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 OR TRAILS 11 - SHARED USE PATHS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN		
	<b>ACTION</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN 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		
	<b>CONTRIBUTING CIRCUMSTANCES</b> 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		
	<b>SEQUENCE OF EVENTS</b>		
	<b>EVENTS</b>		
	<b>COLLISION WITH FIXED OBJECT - STRUCK</b>		
	<b>FIRST HARMFUL EVENT</b> 1 <b>MOST HARMFUL EVENT</b> 1		

<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
3	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
<b>DAMAGED AREA(S)</b> 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 ]	
<b>INITIAL POINT OF CONTACT</b>	
12	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b>	<b>TRAFFIC CONTROL</b>
2	6
<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
4	1
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM 4 TO 3	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
35	1
<b>POSTED SPEED</b>	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
35	



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*  
 IR23-002704

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER								
	1	GILLISSEN, JACKSON P.	07/22/2012	11	M								
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
	5660 CHESAPEAKE WAY, FAIRFIELD, OH 45014												
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED								
	5				7								
					<input type="checkbox"/> DOT-COMPLIANT MC HELMET <table style="display: inline-table; vertical-align: middle;"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td>6</td> <td>3</td> <td>1</td> <td>1</td> </tr> </table>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	6	3	1	1
SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED										
6	3	1	1										

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER								
	1	GILLISSEN, LINCOLN O.	11/23/2015	7	M								
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
	5660 CHESAPEAKE WAY, FAIRFIELD, OH 45014												
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED								
	5				4								
					<input type="checkbox"/> DOT-COMPLIANT MC HELMET <table style="display: inline-table; vertical-align: middle;"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td>4</td> <td>1</td> <td>1</td> <td>1</td> </tr> </table>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	4	1	1	1
SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED										
4	1	1	1										

<b>OCCUPANT</b>	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 <table style="display: inline-table; vertical-align: middle;"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
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<b>OCCUPANT</b>	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 <table style="display: inline-table; vertical-align: middle;"> <tr> <td>SEATING POSITION</td> <td>AIR BAG USAGE</td> <td>EJECTION</td> <td>TRAPPED</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED										

INJURY	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

<b>WITNESS</b>	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	