

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901				HIT/SKIP 1 - SOLVED 2 - UNSOLVED			NUMBER OF UNITS 2	UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN	
REFERENCE LOCATION	COUNTY* 09	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield				CRASH DATE/TIME* 02/15/2025 05:59		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Dixie Hwy			ROAD TYPE HW	LATITUDE 39.332591		5	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) S. Gilmore Rd.			ROAD TYPE RD	LONGITUDE -84.521890			
	REFERENCE POINT	DIRECTION FROM REFERENCE	1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE	ROAD TYPE			INTERSECTION RELATED		
				IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	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	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	4		
	DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	1 - MILES 2 - FEET 3 - YARDS					NUMBER OF APPROACHES			
								ROADWAY			
								ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				MANNER OF CRASH COLLISION/IMPACT 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER/UNKNOWN				DIRECTION OF TRAVEL	MEDIAN TYPE		
1	6	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	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<input type="checkbox"/>	1 - DIVIDED FLUSH MEDIAN < 4 FEET 2 - DIVIDED FLUSH MEDIAN ≥ 4 FEET 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) 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 1 - LANE CLOSURE 2 - LANE SHFT/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	CONDITIONS	SURFACE	
3	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	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1	2	2	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN		
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN				WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		DIAGRAM 					
3	4										
NARRATIVE <p>On February 15, 2025 at about 5:59 A.M. Unit 1 was stopped at the intersection of Dixie Hwy and S. Gilmore Rd, traveling west bound. Unit 2 was also stopped at the intersection of Dixie Hwy and S. Gilmore Rd, traveling east bound and in the left turn lane. Unit 2's light turned green, indicating to turn left. Unit 1's light was red at the time. Unit 2 began to drive through the intersection when Unit 1 ran the red light, striking Unit 2.</p> <p>Unit 1's vehicle registration lists the vehicle is a White Chevrolet K12, however, the vehicle is a White Chevrolet Suburban. The VIN on the registration matched the VIN on the vehicle which also matched the VIN on the insurance. It appears to be an oversight. Driver was told about the registration and instructed to contact the BMV to get it fixed.</p>											
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
02/15/2025 05:59		02/15/2025 06:01		02/15/2025 06:04		02/15/2025 06:54					
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* Finley, Sarah			CHECKED BY OFFICER'S NAME* Harrington, Kevin			SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPD)		
			OFFICER'S BADGE NUMBER* 163			CHECKED BY OFFICER'S BADGE NUMBER* 112					

IR25-000815

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) HAYES, BILLY EDWARD	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 124 James St., Allegan, MI 49010		

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

LP STATE MI	LICENSE PLATE # DJA9623	VEHICLE IDENTIFICATION # 1GNFK16357J351302	VEHICLE YEAR 2007	VEHICLE MAKE Chevrolet
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY MEYERING INSURANCE AGENCY	INSURANCE POLICY # 52-752-389-00	COLOR White	VEHICLE MODEL Suburban

TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME FOX TOWING	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS <input type="checkbox"/> HIT/SKIP UNIT 2	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID #

UNIT TYPE <input type="checkbox"/> 3 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN/ SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
<input type="checkbox"/> 0	# OF TRAILING UNITS			

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

SPECIAL FUNCTION <input type="checkbox"/> 1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER/UNKNOWN
---	---	--	---	---

CARGO BODY TYPE <input type="checkbox"/> 1 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	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN
---	---	---	---	---

VEHICLE DEFECTS <input type="checkbox"/>	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 <input type="checkbox"/> 2 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 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	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN
--	---	---	--	---

ACTION <input type="checkbox"/> 3 3 - STRIKING 4 - STRUCK 5 - BOTH 5 - STRIKING PRE-CRASH 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH 5 - STRIKING PRE-CRASH 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - BOTH 5 - STRIKING PRE-CRASH 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN	8 - ENTERING TRAFFIC 9 - LEAVING TRAFFIC 10 - PARKED 11 - SLOWING OR STOPPED IN 12 - DRIVERLESS	13 - NEGOTIATING A LANE 14 - ENTERING OR LANE 15 - PARKED 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING CROSSING 20 - OTHER NON- SPECIFIED LOCATION 21 - WALKING, RUNNING, JOGGING, PLAYING 22 - OTHER MOTORIST 23 - STANDING OUTSIDE JOGGING, PLAYING 24 - WORKING 99 - OTHER/UNKNOWN
--	--	---	--	---	---

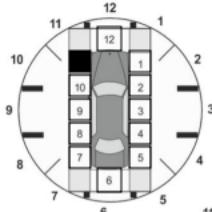
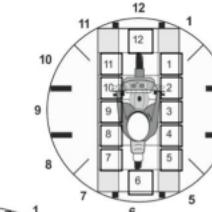
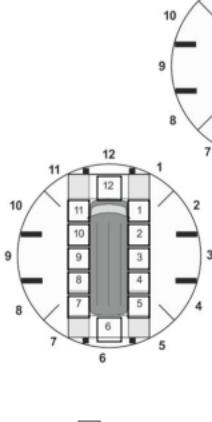
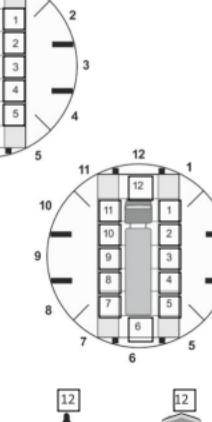
CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 3 3 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO 9 - IMPROPER LANE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START CLOSE/ACDA POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION
--	---	---	---	--

SEQUENCE OF EVENTS

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

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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

DAMAGE	
DAMAGE SCALE	
4	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
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	
11	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW <input type="checkbox"/> 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL <input type="checkbox"/> 2 1 - ROUNDABOUT4 - STOP SIGN 2 - SIGNAL5 - YIELD SIGN 3 - FLASHER6 - NO CONTROL
# OF THROUGH LANES ON ROAD <input type="checkbox"/> 4	RAIL GRADE CROSSING <input type="checkbox"/> 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <input type="checkbox"/> 3 TO <input type="checkbox"/> 4	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED	
10	DETECTED SPEED <input type="checkbox"/> 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
POSTED SPEED	
35	

IR25-000815

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) MEYERS, MARKUS WADE NEIL	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 171 COCHRAN RD, HAMILTON, OH 45013		

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

LP STATE OH	LICENSE PLATE # KDV6821	VEHICLE IDENTIFICATION # 1GTV2UEC7EZ323880	VEHICLE YEAR 2014	VEHICLE MAKE GMC
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE INSURANCE	INSURANCE POLICY # 933395605	COLOR Maroon	VEHICLE MODEL Sierra
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # 1	TOWED BY: COMPANY NAME WAYNES TOWING	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS 1	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	
UNIT TYPE 4		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD		

1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN/ SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS 0						

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			

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	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
--	--	---	--	---	---

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
--	--	---	---	---

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
--	--	--	---	---	--------------------

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
--	--	--	---	---	---

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH 6 - STRIKING PRE-CRASH 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - MAKING LEFT TURN 6 - MAKING U-TURN 7 - MAKING U-TURN	8 - ENTERING TRAFFIC 9 - LEAVING TRAFFIC 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A LANE 14 - ENTERING OR LANE 15 - PARKED STOPPED IN TRAFFIC 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING CROSSING 20 - OTHER NON- SPECIFIED LOCATION 21 - WALKING, RUNNING, JOGGING, PLAYING 22 - APPROACHING OR LEAVING 23 - STANDING SPECIFIED LOCATION 24 - WORKING 99 - OTHER/UNKNOWN
---	--	---	---	--	---

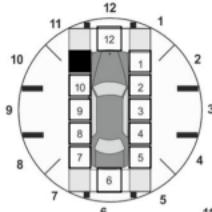
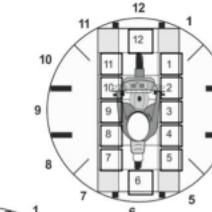
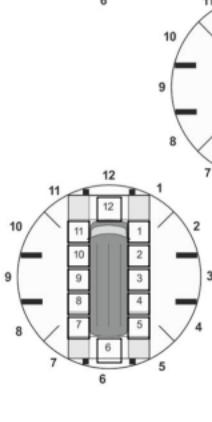
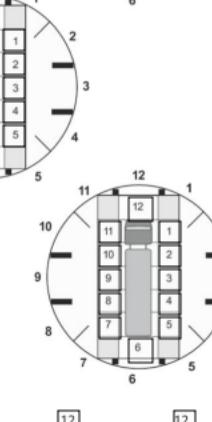
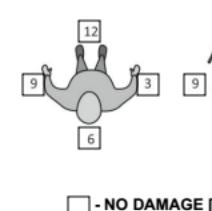
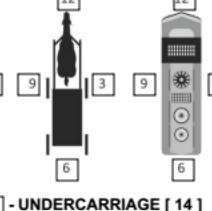
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		7 - LEFT OF CENTER 8 - FOLLOWING TOO 9 - IMPROPER LANE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START CLOSE/ACDA POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION
---	--	---	---	---	--

SEQUENCE OF EVENTS

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

COLLISION WITH FIXED OBJECT - STRUCK					
4 5 6 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 PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST OVERHEAD SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE OR SUPPORT	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	

1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
---	---------------------	---	--------------------

DAMAGE			
DAMAGE SCALE			
4	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN		
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			
11	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC			
2	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD			
4	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION			
4	FROM 4	TO 1	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED			
25	DETECTED SPEED		
1	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED		
POSTED SPEED			
35			



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER*

IR25-000815

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER			
	1	HAYES, BILLY EDWARD						09/15/1998			26	M			
ADDRESS: STREET, CITY, STATE, ZIP 124 James St., Allegan, MI 49010													CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5		INJURED TAKEN BY []		EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED 4	DOT-COMPLIANT MC HELMET		SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE MI		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 313.01a			LOCAL CODE []	OFFENSE DESCRIPTION Obedience to Traffic Control Devic			CITATION NUMBER 2500035451				
OL CLASS 4		ENDORSEMENT SELECT UP TO 2 [] []		RESTRICTION SELECT UP TO 3 [] [] []		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG			CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
UNIT # 2		NAME: LAST, FIRST, MIDDLE MEYERS, MARKUS WADE NEIL						DATE OF BIRTH 03/21/1988			AGE 36	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 171 COCHRAN RD, HAMILTON, OH 45013													CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5		INJURED TAKEN BY []		EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED 4	DOT-COMPLIANT MC HELMET		SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH		OPERATOR LICENSE NUMBER		OFFENSE CHARGED			LOCAL CODE []	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS 1		ENDORSEMENT SELECT UP TO 2 [] []		RESTRICTION SELECT UP TO 3 [] [] []		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG			CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
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 []	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 SELECT UP TO 2 [] []		RESTRICTION SELECT UP TO 3 [] [] []		DRIVER DISTRACTED BY []	ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG			CONDITION []	ALCOHOL TEST STATUS [] TYPE [] VALUE .		DRUG TEST(S) STATUS [] TYPE [] RESULT SELECT UP TO 4		
INJURIES		SEATING POSITION		AIR BAG		OL CLASS	OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS				
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		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 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER		1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN		1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN				
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN		ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER					
SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN		CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER							
TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN		CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS									

IR25-000815

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																						
	1	KERSEY, JOSEPH JAMES				01/19/1989		36	M																																																																						
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																										
124 James St., Allegan, MI 49010																																																																															
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																																																				
5		<input type="checkbox"/>			3	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>																																																																					
OCCUPANT	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																																																																				
<input type="checkbox"/>		<input type="checkbox"/>			1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																					
OCCUPANT	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																																																																				
<input type="checkbox"/>		<input type="checkbox"/>			1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																					
OCCUPANT	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																																																																				
<input type="checkbox"/>		<input type="checkbox"/>			1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																					
<table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER & LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td colspan="2">INJURED TAKEN BY</td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> </tr> <tr> <td colspan="2">1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> </tr> <tr> <td colspan="2">2 - EMS</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> </tr> <tr> <td colspan="2">3 - POLICE</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> </tr> <tr> <td colspan="2">9 - OTHER / UNKNOWN</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> </tr> <tr> <td colspan="2">GENDER</td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> </tr> <tr> <td colspan="2">F - FEMALE</td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> </tr> <tr> <td colspan="2">M - MALE</td> <td></td> <td>13 - TRAILING UNIT</td> </tr> <tr> <td colspan="2">U - OTHER / UNKNOWN</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>15 - NON-MOTORIST</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>99 - OTHER / UNKNOWN</td> </tr> </tbody> </table>												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	INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2 - EMS		8 - HELMET USED	8 - THIRD - MIDDLE	3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT	9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	F - FEMALE		99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	M - MALE			13 - TRAILING UNIT	U - OTHER / UNKNOWN			14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				15 - NON-MOTORIST				99 - OTHER / UNKNOWN
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																																																																												
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE																																																																												
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)																																																																												
2 - EMS		8 - HELMET USED	8 - THIRD - MIDDLE																																																																												
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT																																																																												
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB																																																																												
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)																																																																												
F - FEMALE		99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA																																																																												
M - MALE			13 - TRAILING UNIT																																																																												
U - OTHER / UNKNOWN			14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)																																																																												
			15 - NON-MOTORIST																																																																												
			99 - OTHER / UNKNOWN																																																																												
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																																																																									
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER																																																																						
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																									