

IR25-001971

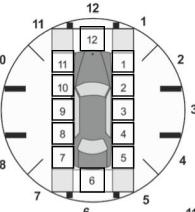
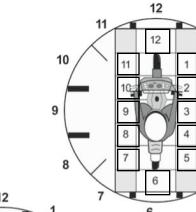
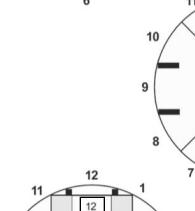
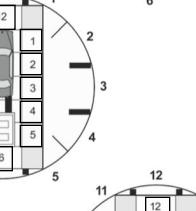
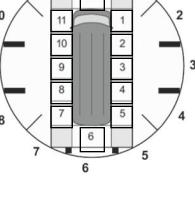
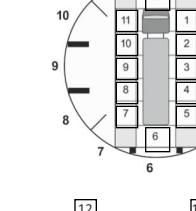
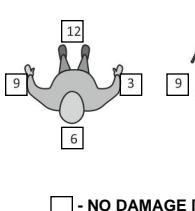
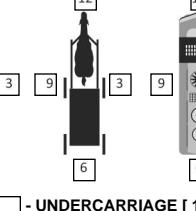
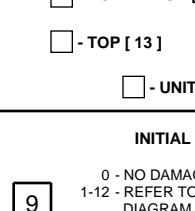
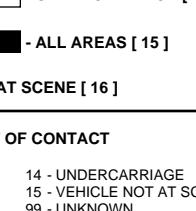
OWNER	UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) JC RETAIL SERVICE		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER				
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 11533 FLAGER LN, CINCINNATI, OH 45240						
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
	LP STATE OH	LICENSE PLATE # GBD3260	VEHICLE IDENTIFICATION # JTDDR32T6Y0055418	VEHICLE YEAR 2000	VEHICLE MAKE Toyota		
CARGO BODY TYPE	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR Red VEHICLE MODEL Celica			
	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			
SPECIAL FUNCTION	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 2	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #		
	UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN					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
EVENT(S)	# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 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
SEQUENCE OF EVENTS	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING				
	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL				
CONTRIBUTING CIRCUMSTANCES	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		6 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN				
	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE				
COLLISION WITH FIXED OBJECT - STRUCK	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASH 6 - MAKING RIGHT TURN 7 - MAKING LEFT TURN 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 9 - LEAVING TRAFFIC 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS				
	13 - NEGOTIATING A LANE 14 - ENTERING OR LANE 15 - PARKED 16 - WORKING		18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON- SPECIFIED LOCATION 21 - STANDING OUTSIDE 22 - WALKING, RUNNING, JOGGING, PLAYING 23 - STANDING 24 - WORKING 99 - OTHER/UNKNOWN				
UNIT / NON-MOTORIST DIRECTION	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		17 - VISION OBSTRUCTION FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - PARKED ILLEGALLY 20 - SWERVING TO AVOID 21 - LOAD SHIFTING/ FALLING/SPILLING 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - IMPROPER ACTION				
	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING		25 - IMPACT ATTENUATOR/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE				
13 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 14 - SEPARATION OF UNITS 15 - RAN OFF ROAD RIGHT 16 - RAN OFF ROAD LEFT 17 - CROSS MEDIAN		26 - RAILWAY VEHICLE MAINTENANCE EQUIPMENT 27 - ANIMAL - FARM MAINTENANCE EQUIPMENT 28 - ANIMAL - OTHER EQUIPMENT 29 - DOWNHILL RUNAWAY 30 - OTHER NON- COLLISION 31 - PEDESTRIAN 32 - CROSSWALK 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER					
18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - OTHER MOBILE OBJECT		31 - WORK ZONE MAINTENANCE EQUIPMENT 32 - DITCH 33 - EMBANKMENT 34 - FENCE 35 - MAILBOX 36 - TREE 37 - TUNNEL 38 - OTHER FIXED OBJECT 39 - FIRE HYDRANT 40 - CULVERT 41 - OTHER POST, POLE OR SUPPORT 42 - WALL 43 - BUILDING 44 - TUNNEL 45 - OTHER UNKNOWN					
43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - CULVERT 51 - TUNNEL 52 - OTHER FIXED OBJECT 53 - FIRE HYDRANT 54 - OTHER UNKNOWN		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN					
55 - GUARDRAIL END 56 - PORTABLE BARRIER 57 - OVERHEAD SIGN 58 - MEDIAN LUMINARIES 59 - MEDIAN GUARDRAIL SUPPORT 60 - UTILITY POLE 61 - OTHER POST, POLE OR SUPPORT 62 - CULVERT		55 - GUARDRAIL END 56 - PORTABLE BARRIER 57 - OVERHEAD SIGN 58 - MEDIAN LUMINARIES 59 - MEDIAN GUARDRAIL SUPPORT 60 - UTILITY POLE 61 - OTHER POST, POLE OR SUPPORT 62 - CULVERT					
63 - MEDIAN OTHER BARRIER		63 - MEDIAN OTHER BARRIER					
64 - GUARDRAIL FACE		64 - GUARDRAIL FACE					
65 - FIRST HARMFUL EVENT		66 - MOST HARMFUL EVENT					

DAMAGE

DAMAGE SCALE

4 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

9 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW

2 1 - ONE-WAY 6 1 - ROUNDABOUT
2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

TRAFFIC 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 4 TO 3

UNIT SPEED

77

DETECTED SPEED

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

POSTED SPEED

35



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER*

IR25-001971

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH			AGE	GENDER								
	1	GURRION CORTEZ, JUAN DIEGO							06/08/1998			26	M								
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE											
11533 FLAGLER LN, FOREST PARK, OH 45240																					
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	1	AIR BAG USAGE	2	EJECTION	1	TRAPPED	2			
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		CONDITION	ALCOHOL TEST			DRUG TEST(S)									
					9	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	9	5	2	.	5	2	RESULT SELECT UP TO 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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 SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)									
						<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA		5	2	.	5	2	RESULT SELECT UP TO 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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 SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)									
						<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA		5	2	.	5	2	RESULT SELECT UP TO 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE											
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		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN									
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		6 - NONE									
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		8 - THIRD - MIDDLE		9 - THIRD - RIGHT		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		7 - BLOOD									
2 - EMS		10 - SLEEPER SECTION OF TRUCK CAB		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1 - NOT EJECTED		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		8 - URINE									
3 - POLICE		12 - PASSENGER IN UNENCLOSED CARGO AREA		2 - PARTIALLY EJECTED		9 - LEARNER'S PERMIT RESTRICTIONS		9 - MILITARY VEHICLES ONLY		9 - OTHER / UNKNOWN		9 - BREATH									
9 - OTHER / UNKNOWN		13 - TRAILING UNIT		3 - TOTALLY EJECTED		10 - LIMITED TO DAYLIGHT ONLY		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		10 - OTHER / UNKNOWN		10 - OTHER									
SAFETY EQUIPMENT		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		4 - NOT APPLICABLE		11 - LIMITED TO EMPLOYMENT		16 - OUTSIDE MIRROR		11 - APPARENTLY NORMAL		11 - AMPHETAMINES									
1 - NONE USED		15 - NON-MOTORIST		12 - FREED BY NON-MECHANICAL MEANS		12 - LIMITED - OTHER		17 - PROSTHETIC AID		2 - PHYSICAL IMPAIRMENT		2 - BARBITURATES									
2 - SHOULDER BELT ONLY USED		99 - OTHER / UNKNOWN		13 - NOT TRAPPED		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		18 - OTHER		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - BENZODIAZEPINES									
3 - LAP BELT ONLY USED		14 - EXTRICATED BY MECHANICAL MEANS		14 - MILITARY VEHICLES ONLY		15 - MOTOR VEHICLES WITH AIR BRAKES		16 - APPARENTLY NORMAL		4 - ILLNESS		4 - CANNABINOID									
4 - SHOULDER & LAP BELT USED		15 - FREED BY NON-MECHANICAL MEANS		16 - OUTSIDE MIRROR		17 - OUTSIDE MIRROR		17 - APPARENTLY NORMAL		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - COCAINE									
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		17 - OTHER / UNKNOWN		18 - OTHER		18 - OTHER		18 - APPARENTLY NORMAL		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - OPIATES / OPIOIDS									
6 - CHILD RESTRAINT SYSTEM - REAR FACING		1 - APPARENTLY NORMAL		1 - APPARENTLY NORMAL		1 - APPARENTLY NORMAL		1 - APPARENTLY NORMAL		7 - OTHER		7 - NEGATIVE RESULTS									
7 - BOOSTER SEAT		2 - APPARENTLY NORMAL		2 - APPARENTLY NORMAL		2 - APPARENTLY NORMAL		2 - APPARENTLY NORMAL		2 - APPARENTLY NORMAL		2 - APPARENTLY NORMAL									
8 - HELMET USED		3 - APPARENTLY NORMAL		3 - APPARENTLY NORMAL		3 - APPARENTLY NORMAL		3 - APPARENTLY NORMAL		3 - APPARENTLY NORMAL		3 - APPARENTLY NORMAL									
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		4 - APPARENTLY NORMAL		4 - APPARENTLY NORMAL		4 - APPARENTLY NORMAL		4 - APPARENTLY NORMAL		4 - APPARENTLY NORMAL		4 - APPARENTLY NORMAL									
10 - REFLECTIVE CLOTHING		1 - APPARENTLY NORMAL		2 - APPARENTLY NORMAL		3 - APPARENTLY NORMAL		4 - APPARENTLY NORMAL		5 - APPARENTLY NORMAL		5 - APPARENTLY NORMAL									
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		2 - APPARENTLY NORMAL		3 - APPARENTLY NORMAL		4 - APPARENTLY NORMAL		5 - APPARENTLY NORMAL		6 - APPARENTLY NORMAL		6 - APPARENTLY NORMAL									
99 - OTHER / UNKNOWN		3 - APPARENTLY NORMAL		4 - APPARENTLY NORMAL		5 - APPARENTLY NORMAL		6 - APPARENTLY NORMAL		7 - APPARENTLY NORMAL		7 - APPARENTLY NORMAL									



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER*

IR25-001971

OCCUPANT	UNIT # NAME: LAST, FIRST, MIDDLE 1 MARQUEZ-CORTES, CRISTOANGEL					DATE OF BIRTH 02/17/2006		AGE 19	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 11533 Flagler Ln., FOREST PARK, OH 45240					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES <input type="checkbox"/> 1	INJURED TAKEN BY <input type="checkbox"/> 1	EMS AGENCY (NAME) FAIRFIELD CITY EMS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <input type="checkbox"/> 4	<input type="checkbox"/> DOT-C _{OMPLIANT} MC HELMET	SEATING POSITION <input type="checkbox"/> 3	AIR BAG USAGE <input type="checkbox"/> 2	EJECTION <input type="checkbox"/> 1	TRAPPED <input type="checkbox"/> 2	
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <input type="checkbox"/>	<input type="checkbox"/> DOT-C _{OMPLIANT} MC HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>	
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <input type="checkbox"/>	<input type="checkbox"/> DOT-C _{OMPLIANT} MC HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>	
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <input type="checkbox"/>	<input type="checkbox"/> DOT-C _{OMPLIANT} MC HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>	
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 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)							
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT	7 - THIRD - MIDDLE							
2 - EMS		8 - HELMET USED	8 - THIRD - RIGHT							
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB							
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)							
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	12 - PASSENGER IN UNENCLOSED CARGO AREA							
F - FEMALE		99 - OTHER / UNKNOWN	13 - TRAILING UNIT							
M - MALE			14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)							
U - OTHER / UNKNOWN			15 - NON-MOTORIST							
			99 - OTHER / 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 TIJERINA, ERICA CELEST					DATE OF BIRTH 07/18/1989		AGE 35	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 4715 MCCORMICK LN, FAIRFIELD, OH 45014					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE BRYANT, TAYLOR JUDD					DATE OF BIRTH 03/10/2003		AGE 22	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 1370 ROSS AVE, HAMILTON, OH 45013					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE ADDRESS: STREET, CITY, STATE, ZIP					DATE OF BIRTH		AGE	GENDER	
						CONTACT PHONE - INCLUDE AREA CODE				