

<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		<b>LOCAL INFORMATION</b> <b>REPORTING AGENCY NAME*</b> NCIC* Fairfield Police Department 00901				<b>HIT/SKIP</b> 1 - SOLVED 2 - UNSOLVED			<b>NUMBER OF UNITS</b> 2	<b>UNIT IN ERROR</b> 1 98 - ANIMAL 99 - UNKNOWN				
<b>COUNTY*</b> 09 <b>LOCALITY*</b> 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		<b>LOCATION:</b> CITY, VILLAGE, TOWNSHIP* Fairfield				<b>CRASH DATE/TIME*</b> 05/25/2023 14:47			<b>CRASH SEVERITY</b> 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY					
<b>REFERENCE LOCATION</b>  <b>ROUTE TYPE</b> <b>ROUTE NUMBER</b> <b>PREFIX</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<b>LOCATION ROAD NAME</b> PORT UNION				<b>ROAD TYPE</b> RD	<b>LATITUDE</b> 39.334489			<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> 3351		<b>ROAD TYPE</b> RD	<b>LONGITUDE</b> -84.510172		
	<b>ROUTE TYPE</b>	<b>ROUTE NUMBER</b>	<b>PREFIX</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> 3351				<b>ROAD TYPE</b> RD			<b>LONGITUDE</b> -84.510172			
<b>REFERENCE POINT</b> 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		<b>DIRECTION FROM REFERENCE</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		<b>ROAD TYPE</b> AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		<b>ROAD TYPE</b> HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		<b>INTERSECTION RELATED</b> <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA					
<b>DISTANCE FROM REFERENCE</b> 50		<b>DISTANCE UNIT OF MEASURE</b> 1 - MILES 2 - FEET 3 - YARDS							<b>NUMBER OF APPROACHES</b> <input type="checkbox"/> ROADWAY DIVIDED					
<b>LOCATION OF FIRST HARMFUL EVENT</b> 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				<b>MANNER OF CRASH COLLISION/IMPACT</b> 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				<b>DIRECTION OF TRAVEL</b>	<b>MEDIAN TYPE</b> 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		<b>WORK ZONE TYPE</b> 1 - LANE CLOSURE 2 - LANE SHFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		<b>CONTOUR</b>	<b>CONDITIONS</b>	<b>SURFACE</b>						
<input type="checkbox"/> ACTIVE SCHOOL ZONE						<b>1</b>	<b>1</b>	<b>2</b>						
<b>LIGHT CONDITION</b> 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN			<b>WEATHER</b> 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	<b>1</b> - STRAIGHT LEVEL <b>2</b> - STRAIGHT GRADE <b>3</b> - CURVE LEVEL <b>4</b> - CURVE GRADE <b>9</b> - OTHER/ UNKNOWN	<b>1</b> - DRY <b>2</b> - WET <b>3</b> - SNOW <b>4</b> - ICE <b>5</b> - SAND, MUD, DIRT, OIL, GRAVEL <b>6</b> - WATER (STANDING, MOVING) <b>7</b> - SLUSH <b>9</b> - OTHER/UNKNOWN	<b>1</b> - CONCRETE <b>2</b> - BLACKTOP, BITUMINOUS, ASPHALT <b>3</b> - BRICK/BLOCK <b>4</b> - SLAG, GRAVEL, STONE <b>5</b> - DIRT <b>9</b> - OTHER/ UNKNOWN				
<b>NARRATIVE</b> On 5/25/23 at about 2:47 P.M., Unit 1 was traveling west on Port Union Rd and when near 3351 went left of center striking Unit 2 which was eastbound at about 35 MPH.						<b>DIAGRAM</b> 								
<b>CRASH REPORTED DATE/TIME</b> 05/25/2023 14:47		<b>DISPATCH DATE/TIME</b> 05/25/2023 15:04		<b>ARRIVAL DATE/TIME</b> 05/25/2023 15:08		<b>SCENE CLEARED DATE/TIME</b> 05/25/2023 15:16			<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
<b>TOTAL TIME ROADWAY CLOSED</b> 0		<b>OTHER INVESTIGATION TIME</b> 0		<b>TOTAL MINUTES</b> 12	<b>OFFICER'S NAME*</b> Sons, Jacob		<b>CHECKED BY OFFICER'S NAME*</b> Pohl, Daniel			<b>SUPPLEMENT</b> <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)</small>				
					<b>OFFICER'S BADGE NUMBER*</b> 150		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 130							

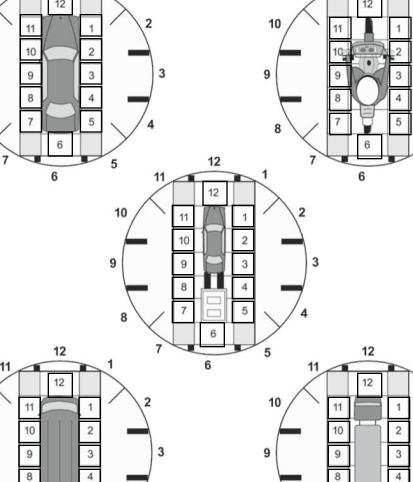
LOCAL REPORT NUMBER\*  
IR23-000049

**DAMAGE**

**DAMAGE SCALE**

<b>9</b>	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
----------	--

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY



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

**INITIAL POINT OF CONTACT**

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

**TRAFFIC**

<b>TRAFFICWAY FLOW</b>  <input type="checkbox"/> 2 1 - ONE-WAY 2 - TWO-WAY	<b>TRAFFIC CONTROL</b>  <input type="checkbox"/> 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b>  <input type="checkbox"/> 2	<b>RAIL GRADE CROSSING</b>  <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**  
  
 0

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

**POSTED SPEED**  
  
 35

IR23-000049

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) FAIRFIELD CITY SCHOOL DISTRICT ADMIN		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER) 4641 BACH LN, FAIRFIELD, OH 45014				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE OH	LICENSE PLATE # Q04305	VEHICLE IDENTIFICATION # 4DRBUC8N8HB475017	VEHICLE YEAR 2017	VEHICLE MAKE IBUS
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY LIBERTY MUTUAL	INSURANCE POLICY # A57251292829013	COLOR Yellow	VEHICLE MODEL
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS 9	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.	
UNIT TYPE 19 19		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID #		
0 0		# OF TRAILING UNITS		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 2		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 1 - YES 2 - NO 9 - OTHER/UNKNOWN	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
SPECIAL FUNCTION 4 4		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 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL SHARING 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 4 - SCHOOL TRANSPORT 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 5 - BUS - TRANSIT /COMMUTER		
CARGO BODY TYPE 2 2		1 - NO CARGO BODY 3 - VEHICLE TOWING 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER TYPE / NOT APPLICABLE ANOTHER MOTOR VEHICLE 9 - CARGO TANK 13 - AUTO TRANSPORTER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE 11 - DUMP 99 - OTHER/UNKNOWN 7 - GRAIN/CHIPS/GRAVEL		
VEHICLE DEFECTS		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK 2 - HEAD LAMPS 5 - STEERING TIRES 9 - MOTOR TROUBLE 99 - OTHER/UNKNOWN 3 - TAIL LAMPS 6 - TIRE BLOWOUT 8 - TRAILER EQUIPMENT DEFECTIVE PRIOR ACCIDENT	10 - DISABLED FROM PRIOR ACCIDENT	
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING 12 - FIRST RESPONDER 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER/UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS	13 - AT INCIDENT SCENE	14 - STANDING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE
ACTION 4 4		1 - NON-CONTACT 1 - STRAIGHT AHEAD 8 - ENTERING TRAFFIC 13 - NEGOTIATING A 2 - NON-COLLISION 2 - BACKING LANE 14 - LEAVING TRAFFIC 18 - APPROACHING OR 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC 19 - STANDING 4 - STRUCK 1 - OVERTAKING/ LANE 5 - BOTH 4 - PASSING 10 - PARKED 20 - OTHER NON- STRIKING PRE-CRASHES 6 - MAKING RIGHT TURN 11 - SLOWING OR & STRUCK ACTIONS 7 - MAKING LEFT TURN 12 - DRIVERLESS 21 - STANDING OUTSIDE 9 - OTHER/UNKNOWN 8 - MAKING U-TURN 13 - SLOWING OR STOPPED IN TRAFFIC 14 - WORKING 15 - SWERVING TO 16 - WORKING 16 - WORKING 17 - PUSHING VEHICLE	18 - LEAVING VEHICLE 19 - STANDING 20 - OTHER NON- MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - OTHER/UNKNOWN	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP
CONTRIBUTING CIRCUMSTANCES 1 1		1 - NONE 7 - LEFT OF CENTER 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/ACDA 3 - RAN RED LIGHT 9 - IMPROPER LANE 4 - RAN STOP SIGN 10 - IMPROPER PASSING 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 6 - IMPROPER TURN 12 - IMPROPER BACKING 13 - IMPROPER START 14 - OPERATING DEFECTIVE 15 - SWERVING TO 16 - WORKING 17 - VISION OBSTRUCTION 18 - OPERATING 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER ACTION	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP
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 - 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 IN TRANSPORT 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
2 1	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN 39 - LIGHT/LUMINARIES 40 - SUPPORT 41 - MEDIAN CONCRETE 42 - MEDIAN OTHER 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	
3 1	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	40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	
4 1	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			
5 1	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			
6 1	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			
COLLISION WITH FIXED OBJECT - STRUCK				
4 1	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			
5 1	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			
6 1	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 1	FIRST HARMFUL EVENT 1	MOST HARMFUL EVENT 1		

DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing damage areas numbered 1 to 12. Areas 1-12 are	



## MOTORIST / NON-MOTORIST

---

**LOCAL REPORT NUMBER**

IR23-000049

MOTORIST / NON-MOTORIST	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH				AGE		GENDER						
	1	DRIVER, HITSKIP								01/01/1900				123		U					
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	99	DOT-COMPLIANT MC HELMET		SEATING POSITION	1	AIR BAG USAGE	1	EJECTION	1	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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			9	1	1	.	1	1	RESULT SELECT UP TO 4					
UNIT #		NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH				AGE		GENDER					
2	CLARK, DOUGLAS STUART								09/23/1952				70		M						
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE											
775 LOUISE AV, FAIRFIELD, OH 45014																					
INJURIES		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		
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"/> P	<input type="checkbox"/> S			<input type="checkbox"/>	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			1	1	1	.	1	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	1	AIR BAG USAGE	1	EJECTION	1	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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG				1	1	.	1	1	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		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - NOT APPLICABLE		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		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		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										9 - 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 EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		11 - LIMITED TO DAYLIGHT ONLY 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 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	
SAFETY EQUIPMENT										TRAPPED		OL ENDORSEMENT		CONDITION		ALCOHOL TEST TYPE		DRUG TEST TYPE			
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN										1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER		1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS			
INJURIES										EJECTION		OL ENDORSEMENT		CONDITION		ALCOHOL TEST TYPE		DRUG TEST TYPE			
INJURIES										OL ENDORSEMENT		GENDER		CONDITION		ALCOHOL TEST TYPE		DRUG TEST TYPE			
INJURIES										GENDER		F - FEMALE M - MALE U - OTHER / UNKNOWN		CONDITION		ALCOHOL TEST TYPE		DRUG TEST TYPE			
INJURIES										F - FEMALE M - MALE U - OTHER / UNKNOWN		CONDITION		ALCOHOL TEST TYPE		DRUG TEST TYPE					



## OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

IR23-000049

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																						
	2	SANCHEZ-ORTEGA, HEAVENLYN				04/22/2008		15	F																																																																						
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																									
	3195 JAMES PLACE, HAMILTON, OH 45011																																																																														
OCCUPANT	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	AIR BAG USAGE	EJECTION	TRAPPED																																																																				
	5					1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	11	1	1	1																																																																				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																						
	2	TIPTON, ALIVIA				07/15/2008		14	F																																																																						
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																									
	3100 CYPRESS HILL DR, HAMILTON, OH 45011																																																																														
OCCUPANT	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	AIR BAG USAGE	EJECTION	TRAPPED																																																																				
	5					1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	11	1	1	1																																																																				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																						
	2	BOYKIN, SEQUOIA				08/07/2008		14	F																																																																						
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																									
	6385 HOLLY LN, FAIRFIELD TWP, OH 45011																																																																														
OCCUPANT	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	AIR BAG USAGE	EJECTION	TRAPPED																																																																				
	5					1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	11	1	1	1																																																																				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																						
	2	CANION, KANYA				02/17/2007		16	F																																																																						
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																									
	159 WOODSTOCK DR, FAIRFIELD, OH 45014																																																																														
OCCUPANT	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	AIR BAG USAGE	EJECTION	TRAPPED																																																																				
	5					1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	11	1	1	1																																																																				
<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 &amp; 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><b>INJURED TAKEN BY</b></td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td><b>EJECTION</b></td> </tr> <tr> <td>2 - EMS</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> <td>1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> <td>2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td>3 - TOTALLY EJECTED</td> </tr> <tr> <td><b>GENDER</b></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> <td>4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td><b>TRAPPED</b></td> </tr> <tr> <td>M - MALE</td> <td></td> <td>13 - TRAILING UNIT</td> <td>1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>15 - NON-MOTORIST</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>99 - OTHER / UNKNOWN</td> <td></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	<b>INJURED TAKEN BY</b>	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	1 - NOT TRANSPORTED / TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>	2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED	3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT	2 - PARTIALLY EJECTED	9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	<b>GENDER</b>	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>	M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED	U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS			15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS			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																																																																												
<b>INJURED TAKEN BY</b>	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN																																																																												
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>																																																																												
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED																																																																												
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT	2 - PARTIALLY EJECTED																																																																												
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED																																																																												
<b>GENDER</b>	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE																																																																												
F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>																																																																												
M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED																																																																												
U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS																																																																												
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS																																																																												
		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																																																																									



## OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

IR23-000049

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																																					
	2	DOZIER, KARMELLA				05/25/2007		16	F																																																																																					
ADDRESS: STREET, CITY, STATE, ZIP 3206 JAMES PL, FAIRFIELD TWP, OH 45011					CONTACT PHONE - INCLUDE AREA CODE																																																																																									
<table border="1"> <tr> <td>INJURIES 5</td> <td>INJURED TAKEN BY [ ]</td> <td>EMS AGENCY (NAME)</td> <td>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</td> <td>SAFETY EQUIPMENT USED 1</td> <td><input type="checkbox"/> DOT-COMPLIANT MC HELMET</td> <td>SEATING POSITION 11</td> <td>AIR BAG USAGE 1</td> <td>EJECTION 1</td> <td>TRAPPED 1</td> </tr> </table>					INJURIES 5	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 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																
INJURIES 5	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 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																																					
	2	HUYNH, VY				03/20/2006		17	M																																																																																					
ADDRESS: STREET, CITY, STATE, ZIP 3068 ELORA LN, FAIRFIELD TWP, OH 45011					CONTACT PHONE - INCLUDE AREA CODE																																																																																									
<table border="1"> <tr> <td>INJURIES 5</td> <td>INJURED TAKEN BY [ ]</td> <td>EMS AGENCY (NAME)</td> <td>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</td> <td>SAFETY EQUIPMENT USED 1</td> <td><input type="checkbox"/> DOT-COMPLIANT MC HELMET</td> <td>SEATING POSITION 11</td> <td>AIR BAG USAGE 1</td> <td>EJECTION 1</td> <td>TRAPPED 1</td> </tr> </table>					INJURIES 5	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 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																
INJURIES 5	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 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																																					
	2	KHADKA, BIPAL				08/13/2008		14	M																																																																																					
ADDRESS: STREET, CITY, STATE, ZIP 6445 LORINDA DR, HAMILTON, OH 45011					CONTACT PHONE - INCLUDE AREA CODE																																																																																									
<table border="1"> <tr> <td>INJURIES 5</td> <td>INJURED TAKEN BY [ ]</td> <td>EMS AGENCY (NAME)</td> <td>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</td> <td>SAFETY EQUIPMENT USED 1</td> <td><input type="checkbox"/> DOT-COMPLIANT MC HELMET</td> <td>SEATING POSITION 11</td> <td>AIR BAG USAGE 1</td> <td>EJECTION 1</td> <td>TRAPPED 1</td> </tr> </table>					INJURIES 5	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 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																
INJURIES 5	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 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																																					
	2	MARQUETTE, MAXWELL				08/02/2007		15	M																																																																																					
ADDRESS: STREET, CITY, STATE, ZIP 2902 ROCHESTER AVE, FAIRFIELD TWP, OH 45011					CONTACT PHONE - INCLUDE AREA CODE																																																																																									
<table border="1"> <tr> <td>INJURIES 5</td> <td>INJURED TAKEN BY [ ]</td> <td>EMS AGENCY (NAME)</td> <td>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</td> <td>SAFETY EQUIPMENT USED 1</td> <td><input type="checkbox"/> DOT-COMPLIANT MC HELMET</td> <td>SEATING POSITION 11</td> <td>AIR BAG USAGE 1</td> <td>EJECTION 1</td> <td>TRAPPED 1</td> </tr> </table>					INJURIES 5	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 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																
INJURIES 5	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 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																					
<table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th colspan="2">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 colspan="2">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 colspan="2">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 colspan="2">3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td colspan="2">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 colspan="2">5 - NOT APPLICABLE</td> </tr> <tr> <td><b>INJURED TAKEN BY</b></td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> <td colspan="2">9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td colspan="2"><b>EJECTION</b></td> </tr> <tr> <td>2 - EMS</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> <td colspan="2">1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> <td colspan="2">2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td colspan="2">3 - TOTALLY EJECTED</td> </tr> <tr> <td><b>GENDER</b></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> <td colspan="2">4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td colspan="2"><b>TRAPPED</b></td> </tr> <tr> <td>M - MALE</td> <td></td> <td>13 - TRAILING UNIT</td> <td colspan="2">1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td colspan="2">2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>15 - NON-MOTORIST</td> <td colspan="2">3 - FREED BY NON-MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>99 - OTHER / UNKNOWN</td> <td colspan="2"></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		<b>INJURED TAKEN BY</b>	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN		1 - NOT TRANSPORTED / TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>		2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED		3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT	2 - PARTIALLY EJECTED		9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED		<b>GENDER</b>	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE		F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>		M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED		U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS				15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS				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																																																																																											
<b>INJURED TAKEN BY</b>	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN																																																																																											
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>																																																																																											
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED																																																																																											
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT	2 - PARTIALLY EJECTED																																																																																											
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED																																																																																											
<b>GENDER</b>	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE																																																																																											
F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>																																																																																											
M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED																																																																																											
U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS																																																																																											
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS																																																																																											
		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																																																																																								