



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

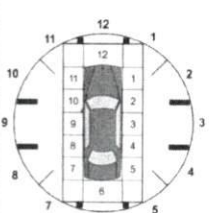
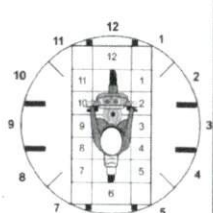
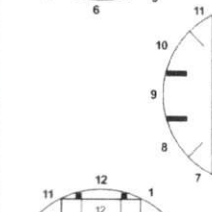
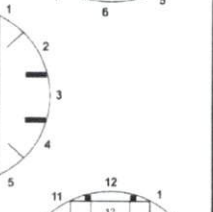
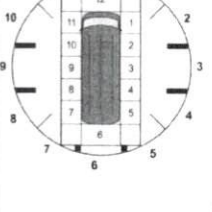
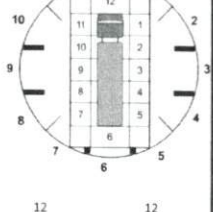
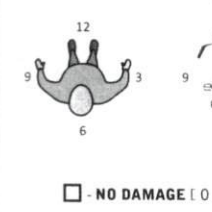
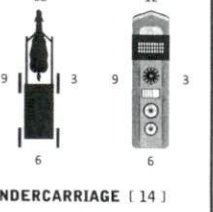
LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 00901	22010608		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 02	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
COUNTY* 09	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 02132022 2114		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME DONALD	ROAD TYPE D R	LATITUDE DECIMAL DEGREES 39.344230		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY				
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 22	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.537567						
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES		ROADWAY <input type="checkbox"/> 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 99		MANNER OF CRASH COLLISION/IMPACT 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 9		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN					
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 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 3		WEATHER 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 01		NARRATIVE ON 2-13-22 AT AROUND 9:14 P.M. UNIT 1 STRUCK UNIT 2 WHILE IT WAS PARKED IN THE LOT OF LUGNUTZ BAR AND GRILL AT 22 DONALD DR.  DRIVER OF UNIT 1 THEN LEFT THE SCENE WITHOUT EXCHANGING ANY INFORMATION.							
CRASH REPORTED DATE / TIME 02132022 2114		DISPATCH DATE / TIME 02132022 2117		ARRIVAL DATE / TIME 02132022 2125		SCENE CLEARED DATE / TIME 02132022 2144		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)			
TOTAL TIME ROADWAY CLOSED 10		OTHER INVESTIGATION TIME 37		TOTAL MINUTES 37		OFFICER'S NAME* P.O. JOSH MOSSMAN		CHECKED BY OFFICER'S NAME* Sgt. J. [Signature]			
OFFICER'S BADGE NUMBER* 147		OFFICER'S BADGE NUMBER* 147		OFFICER'S BADGE NUMBER* 147		OFFICER'S BADGE NUMBER* 147		OFFICER'S BADGE NUMBER* 147			



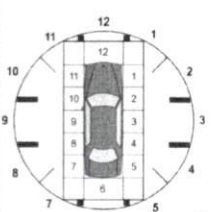
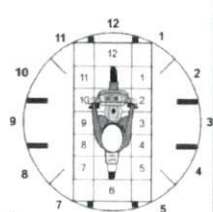
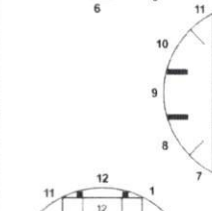
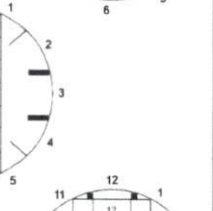
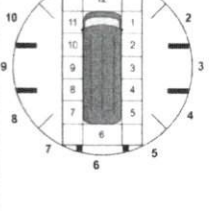
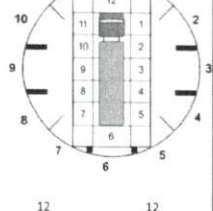
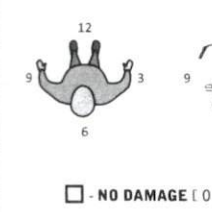
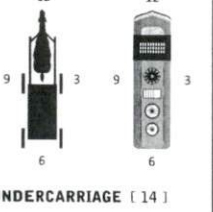
Indicate the north direction with an "N" on the compass diagram.

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	TYPE OF USE	IN EMERGENCY RESPONSE	US DOT #
	INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS
	VEHICLE WEIGHT GVWR/GCWR		HAZARDOUS MATERIAL
	1 - <10K LBS.		MATERIAL RELEASED
	2 - 10,001 - 26K LBS.		PLACARD
	3 - >26K LBS.		CLASS # PLACARD ID #
	TOWED BY: COMPANY NAME		
EVENT(S)	UNIT TYPE		
	1 - PASSENGER CAR		
	2 - PASSENGER VAN (MINIVAN)		
	3 - SPORT UTILITY VEHICLE		
	4 - PICK UP		
	5 - CARGO VAN		
	6 - VAN (9-15 SEATS)		
	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			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			
1 - YES 2 - NO 9 - OTHER / UNKNOWN			
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			
1 - NONE			
2 - TAXI			
3 - ELECTRONIC RIDE SHARING			
4 - SCHOOL TRANSPORT			
5 - BUS - TRANSIT/COMMUTER			
6 - BUS - CHARTER/TOUR			
7 - BUS - INTERCITY			
8 - BUS - SHUTTLE			
9 - BUS - OTHER			
10 - AMBULANCE			
11 - FIRE			
12 - MILITARY			
13 - POLICE			
14 - PUBLIC UTILITY			
15 - CONSTRUCTION EQUIPMENT			
16 - FARM			
17 - MOWING			
18 - SNOW REMOVAL			
19 - TOWING			
20 - SAFETY SERVICE PATROL			
21 - MAIL CARRIER			
99 - OTHER / UNKNOWN			
CARGO BODY TYPE			
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			
VEHICLE DEFECTS			
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			
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			
ACTION			
1 - NON-CONTACT			
2 - NON-COLLISION			
3 - STRIKING			
4 - STRUCK			
5 - BOTH STRIKING & STRUCK			
9 - OTHER / UNKNOWN			
1 - STRAIGHT AHEAD			
2 - BACKING			
3 - CHANGING LANES			
4 - OVERTAKING/PASSING			
5 - MAKING RIGHT TURN			
6 - MAKING LEFT TURN			
7 - MAKING U-TURN			
8 - ENTERING TRAFFIC LANE			
9 - LEAVING TRAFFIC LANE			
10 - PARKED			
11 - SLOWING OR STOPPED IN TRAFFIC			
12 - DRIVERLESS			
13 - NEGOTIATING A CURVE			
14 - ENTERING OR CROSSING SPECIFIED LOCATION			
15 - WALKING, RUNNING, JOGGING, PLAYING			
16 - WORKING			
17 - PUSHING VEHICLE			
18 - APPROACHING OR LEAVING VEHICLE			
19 - STANDING			
20 - OTHER NON-MOTORIST			
21 - STANDING OUTSIDE DISABLED VEHICLE			
99 - OTHER / UNKNOWN			
CONTRIBUTING CIRCUMSTANCES			
1 - NONE			
2 - FAILURE TO YIELD			
3 - RAN RED LIGHT			
4 - RAN STOP SIGN			
5 - UNSAFE SPEED			
6 - IMPROPER TURN			
7 - LEFT OF CENTER			
8 - FOLLOWING TOO CLOSE / ACDA			
9 - IMPROPER LANE CHANGE			
10 - IMPROPER PASSING			
11 - DROVE OFF ROAD			
12 - IMPROPER BACKING			
13 - IMPROPER START FROM A PARKED POSITION			
14 - STOPPED OR PARKED ILLEGALLY			
15 - SWERVING TO AVOID			
16 - WRONG WAY			
17 - VISION OBSTRUCTION			
18 - OPERATING DEFECTIVE EQUIPMENT			
19 - LOAD SHIFTING/FALLING/SPILLING			
20 - IMPROPER CROSSING			
21 - LYING IN ROADWAY			
22 - NOT DISCERNIBLE			
23 - OPENING DOOR INTO ROADWAY			
99 - OTHER IMPROPER ACTION			
SEQUENCE OF EVENTS			
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 RIGHT			
9 - RAN OFF ROAD LEFT			
10 - CROSS MEDIAN			
11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL			
12 - DOWNHILL 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			
COLLISION WITH FIXED OBJECT - STRUCK			
25 - IMPACT ATTENUATOR / CRASH CUSHION			
26 - BRIDGE OVERHEAD STRUCTURE			
27 - BRIDGE PIER OR ABUTMENT			
28 - BRIDGE PARAPET			
29 - BRIDGE RAIL			
30 - GUARDRAIL FACE			
31 - GUARDRAIL END			
32 - PORTABLE BARRIER			
33 - MEDIAN CABLE BARRIER			
34 - MEDIAN GUARDRAIL BARRIER			
35 - MEDIAN CONCRETE BARRIER			
36 - MEDIAN OTHER BARRIER			
37 - TRAFFIC SIGN POST			
38 - OVERHEAD SIGN POST			
39 - LIGHT / LUMINARIES SUPPORT			
40 - UTILITY POLE			
41 - OTHER POST, POLE OR SUPPORT			
42 - CULVERT			
43 - CURB			
44 - DITCH			
45 - EMBANKMENT			
46 - FENCE			
47 - MAILBOX			
48 - TREE			
49 - FIRE HYDRANT			
50 - WORK ZONE MAINTENANCE EQUIPMENT			
51 - WALL			
52 - BUILDING			
53 - TUNNEL			
54 - OTHER FIXED OBJECT			
99 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT			
MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2 2 0 1 0 6 0 8	
DAMAGE	
DAMAGE SCALE	
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 checked="" type="checkbox"/> UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE	
1 - REFER TO UNIT DIAGRAM	
14 - UNDERCARRIAGE	
15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	4 - STOP SIGN
	2 - SIGNAL
	5 - YIELD SIGN
	3 - FLASHER
	6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH	
2 - SOUTH	
3 - EAST	
4 - WEST	
5 - NORTHEAST	
6 - NORTHWEST	
7 - SOUTHEAST	
8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	



OWNER	UNIT # 012	OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER LAMPLEY, BRIANA S.	OWNER PHONE: ( ) INCLUDE AREA CODE ( ) SAME AS DRIVER		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER 1590 OAK KNOLL DR. APT. 2 CINCINNATI, OH 45224				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JAC3135	VEHICLE IDENTIFICATION # 2HGFC2F6XKH507450	VEHICLE YEAR 2019	VEHICLE MAKE HONDA
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 926891706	COLOR WHITE	VEHICLE MODEL CIVIC
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 00	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME		
	<input type="checkbox"/> PASSENGER CAR		HAZARDOUS MATERIAL		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> MATERIAL RELEASED		
	<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> PLACARD		
	<input type="checkbox"/> PICK UP		CLASS # PLACARD ID #		
	<input type="checkbox"/> CARGO VAN				
<input type="checkbox"/> VAN (9-15 SEATS)					
# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			
1 - PASSENGER CAR		0 - NO AUTOMATION			
2 - PASSENGER VAN (MINIVAN)		1 - DRIVER ASSISTANCE			
3 - SPORT UTILITY VEHICLE		2 - PARTIAL AUTOMATION			
4 - PICK UP		3 - CONDITIONAL AUTOMATION			
5 - CARGO VAN		4 - HIGH AUTOMATION			
6 - VAN (9-15 SEATS)		5 - FULL AUTOMATION			
11 - ALL TERRAIN VEHICLE (ATV/UTV)		9 - UNKNOWN			
12 - MOTORCYCLE 2-WHEELED					
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					
SPECIAL FUNCTION		VEHICLE DEFECTS			
1 - NONE		1 - TURN SIGNALS			
2 - TAXI		2 - HEAD LAMPS			
3 - ELECTRONIC RIDE SHARING		3 - TAIL LAMPS			
4 - SCHOOL TRANSPORT					
5 - BUS - TRANSIT/COMMUTER					
6 - BUS - CHARTER/TOUR					
7 - BUS - INTERCITY					
8 - BUS - SHUTTLE					
9 - BUS - OTHER					
10 - AMBULANCE					
11 - FIRE					
12 - MILITARY					
13 - POLICE					
14 - PUBLIC UTILITY					
15 - CONSTRUCTION EQUIPMENT					
16 - FARM					
17 - MOWING					
18 - SNOW REMOVAL					
19 - TOWING					
20 - SAFETY SERVICE PATROL					
21 - MAIL CARRIER					
99 - OTHER / UNKNOWN					
1 - NO CARGO BODY TYPE / NOT APPLICABLE		1 - TURN SIGNALS			
2 - BUS		2 - HEAD LAMPS			
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		3 - TAIL LAMPS			
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 - INTERSECTION - MARKED CROSSWALK		1 - TURN SIGNALS			
2 - INTERSECTION - UNMARKED CROSSWALK		2 - HEAD LAMPS			
3 - INTERSECTION - OTHER		3 - TAIL LAMPS			
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		1 - TURN SIGNALS			
2 - NON-COLLISION		2 - HEAD LAMPS			
3 - STRIKING		3 - TAIL LAMPS			
4 - STRUCK					
5 - BOTH STRIKING & STRUCK					
9 - OTHER / UNKNOWN					
1 - STRAIGHT AHEAD					
2 - BACKING					
3 - CHANGING LANES					
4 - OVERTAKING/PASSING					
5 - MAKING RIGHT TURN					
6 - MAKING LEFT TURN					
7 - MAKING U-TURN					
8 - ENTERING TRAFFIC LANE					
9 - LEAVING TRAFFIC LANE					
10 - PARKED					
11 - SLOWING OR STOPPED IN TRAFFIC					
12 - DRIVERLESS					
13 - NEGOTIATING A CURVE					
14 - ENTERING OR CROSSING SPECIFIED LOCATION					
15 - WALKING, RUNNING, JOGGING, PLAYING					
16 - WORKING					
17 - PUSHING VEHICLE					
18 - APPROACHING OR LEAVING VEHICLE					
19 - STANDING					
20 - OTHER NON-MOTORIST					
21 - STANDING OUTSIDE DISABLED VEHICLE					
99 - OTHER / UNKNOWN					
1 - NONE		1 - TURN SIGNALS			
2 - FAILURE TO YIELD		2 - HEAD LAMPS			
3 - RAN RED LIGHT		3 - TAIL LAMPS			
4 - RAN STOP SIGN					
5 - UNSAFE SPEED					
6 - IMPROPER TURN					
7 - LEFT OF CENTER					
8 - FOLLOWING TOO CLOSE / ACDA					
9 - IMPROPER LANE CHANGE					
10 - IMPROPER PASSING					
11 - DROVE OFF ROAD					
12 - IMPROPER BACKING					
13 - IMPROPER START FROM A PARKED POSITION					
14 - STOPPED OR PARKED ILLEGALLY					
15 - SWERVING TO AVOID					
16 - WRONG WAY					
17 - VISION OBSTRUCTION					
18 - OPERATING DEFECTIVE EQUIPMENT					
19 - LOAD SHIFTING/FALLING/ SPILLING					
20 - IMPROPER CROSSING					
21 - LYING IN ROADWAY					
22 - NOT DISCERNIBLE					
23 - OPENING DOOR INTO ROADWAY					
99 - OTHER IMPROPER ACTION					
CONTRIBUTING CIRCUMSTANCES		SEQUENCE OF EVENTS			
1 - NONE		1 - OVERTURN/ROLLOVER			
2 - FAILURE TO YIELD		2 - FIRE/EXPLOSION			
3 - RAN RED LIGHT		3 - IMMERSION			
4 - RAN STOP SIGN		4 - JACKKNIFE			
5 - UNSAFE SPEED		5 - CARGO / EQUIPMENT LOSS OR SHIFT			
6 - IMPROPER TURN		6 - EQUIPMENT FAILURE			
7 - LEFT OF CENTER		7 - SEPARATION OF UNITS			
8 - FOLLOWING TOO CLOSE / ACDA		8 - RAN OFF ROAD RIGHT			
9 - IMPROPER LANE CHANGE		9 - RAN OFF ROAD LEFT			
10 - IMPROPER PASSING		10 - CROSS MEDIAN			
11 - DROVE OFF ROAD		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL			
12 - IMPROPER BACKING		12 - DOWNHILL RUNAWAY			
13 - IMPROPER START FROM A PARKED POSITION		13 - OTHER NON-COLLISION			
14 - STOPPED OR PARKED ILLEGALLY		14 - PEDESTRIAN			
15 - SWERVING TO AVOID		15 - PEDALCYCLE			
16 - WRONG WAY		16 - RAILWAY VEHICLE			
17 - VISION OBSTRUCTION		17 - ANIMAL - FARM			
18 - OPERATING DEFECTIVE EQUIPMENT		18 - ANIMAL - DEER			
19 - LOAD SHIFTING/FALLING/ SPILLING		19 - ANIMAL - OTHER			
20 - IMPROPER CROSSING		20 - MOTOR VEHICLE IN TRANSPORT			
21 - LYING IN ROADWAY		21 - PARKED MOTOR VEHICLE			
22 - NOT DISCERNIBLE		22 - WORK ZONE MAINTENANCE EQUIPMENT			
23 - OPENING DOOR INTO ROADWAY		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE			
99 - OTHER IMPROPER ACTION		24 - OTHER MOVABLE OBJECT			
1 - IMPACT ATTENUATOR / CRASH CUSHION		25 - WORK ZONE MAINTENANCE EQUIPMENT			
2 - BRIDGE OVERHEAD STRUCTURE		26 - WALL			
3 - BRIDGE PIER OR ABUTMENT		27 - BUILDING			
4 - BRIDGE PARAPET		28 - TUNNEL			
5 - BRIDGE RAIL		29 - OTHER FIXED OBJECT			
6 - GUARDRAIL FACE		99 - OTHER / UNKNOWN			
31 - GUARDRAIL END					
32 - PORTABLE BARRIER					
33 - MEDIAN CABLE BARRIER					
34 - MEDIAN GUARDRAIL BARRIER					
35 - MEDIAN CONCRETE BARRIER					
36 - MEDIAN OTHER BARRIER					
37 - TRAFFIC SIGN POST					
38 - OVERHEAD SIGN POST					
39 - LIGHT / LUMINARIES SUPPORT					
40 - UTILITY POLE					
41 - OTHER POST, POLE OR SUPPORT					
42 - CULVERT					
43 - CURB					
44 - DITCH					
45 - EMBANKMENT					
46 - FENCE					
47 - MAILBOX					
48 - TREE					
49 - FIRE HYDRANT					
1 - FIRST HARMFUL EVENT		1 - MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 22010608	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR 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	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 1 0 6 0 8

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER							
0 1			0								
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		
5				9 9	<input type="checkbox"/>	0 1	9	1	1		
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER						
			<input type="checkbox"/>								
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 <input type="checkbox"/> OTHER DRUG	9	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER							
0 2			0								
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		
					<input type="checkbox"/>						
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER						
			<input type="checkbox"/>								
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 <input type="checkbox"/> OTHER DRUG		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER							
			0								
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		
					<input type="checkbox"/>						
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER						
			<input type="checkbox"/>								
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 <input type="checkbox"/> OTHER DRUG		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS					
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN					
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED					
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN					
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	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	ALCOHOL TEST TYPE					
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE					
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD					
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE					
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	CONDITION	4 - BREATH					
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	5 - OTHER					
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	DRUG TEST TYPE					
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	1 - NONE					
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	2 - BLOOD					
4 - SHOULDER & LAP BELT USED	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE					
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER					
6 - CHILD RESTRAINT SYSTEM - REAR FACING				17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	DRUG TEST RESULT(S)					
7 - BOOSTER SEAT			GENDER	18 - OTHER		1 - AMPHETAMINES					
8 - HELMET USED			F - FEMALE			2 - BARBITURATES					
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			M - MALE			3 - BENZODIAZEPINES					
10 - REFLECTIVE CLOTHING			U - OTHER / UNKNOWN			4 - CANNABINOIDS					
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE					
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS					
						7 - OTHER					
						8 - NEGATIVE RESULTS					



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 2 0 1 0 6 0 8

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
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
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
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

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

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ANDREWS, DAYNE H.	0 7 2 1 1 9 8 0		4 1	M
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
				0	
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
				0	
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			