



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY			LOCAL INFORMATION			LOCAL REPORT NUMBER*				
			REPORTING AGENCY NAME* Fairfield Police Department			2 2 0 1 0 8 5 3				
			NCIC* 0 0 9 0 1			HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 1	UNIT IN ERROR 0 1 98 - ANIMAL 99 - UNKNOWN		
COUNTY* 0 9	LOCALITY* 1 - CITY 1 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			CRASH DATE / TIME* 0 2 1 4 2 0 2 2 2 0 5 6		CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Crestview	ROAD TYPE A V	LATITUDE DECIMAL DEGREES 3 9 3 1 4 3 0 6				
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5991	ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 5 2 9 9 2 9				
REFERENCE POINT 3	DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	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						
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS			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 0 6 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			MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 1			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	CONDITIONS 2	SURFACE 5 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 3 9 - OTHER / UNKNOWN			WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 0 1 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN				
NARRATIVE On 2/14/2022 at about 8:56 p.m. Unit 1 was traveling north on Crestview Ave. and when at 5991 Crestview Ave. attempted to turn around in the front yard of 5991 Crestview Ave. and in so doing struck a block planter box in the yard.									 Indicate the north direction with an "N" on the compass diagram.	
Property Owner: Donald Shull 5991 Crestview Ave. Fairfield, OH, 45014									Private Property	
The driver of Unit 1 was arrested for and charged with: OVI - FCO 333.01a1A OVI Refusal - FCO 333.01a2 No Driver's License - FCO 335.073a										
CRASH REPORTED DATE / TIME 0 2 1 4 2 0 2 2 2 0 5 6		DISPATCH DATE / TIME 0 2 1 4 2 0 2 2 2 0 5 8		ARRIVAL DATE / TIME 0 2 1 4 2 0 2 2 2 1 0 2		SCENE CLEARED DATE / TIME 0 2 1 4 2 0 2 2 2 1 3 3		REPORT TAKEN BY		
TOTAL TIME ROADWAY CLOSED 0 0 0		OTHER INVESTIGATION TIME 1 2 0		TOTAL MINUTES 1 5 5		OFFICER'S NAME* D. Gooch		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODOT)		
						CHECKED BY OFFICER'S NAME* <i>Setal</i>				
						OFFICER'S BADGE NUMBER* 1 6 0		CHECKED BY OFFICER'S BADGE NUMBER* 8 7		



UNIT

OWNER #		OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER)	
0 1		Davis, Texasanna			
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)					
83 Ridge Dr., Fairfield, OH, 45014					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE		LICENSE PLATE #		VEHICLE IDENTIFICATION #	
O H		DKN2480		1 F M Z U 6 1 2 K X 4 U A 7 3 5 4 5	
<input type="checkbox"/> INSURANCE VERIFIED		INSURANCE COMPANY		INSURANCE POLICY #	
<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> GOVERNMENT		US DOT #	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED		<input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS	
				0 1	
TYPE OF USE		IN EMERGENCY RESPONSE		VEHICLE WEIGHT GVWR/GCWR	
				1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
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 - MOVED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	
0 3				12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	
# OF TRAILING UNITS				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	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				TOWED BY: COMPANY NAME	
0 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN				FOX	
AUTONOMOUS MODE LEVEL				HAZARDOUS MATERIAL	
0 0				<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER				1 - NO AUTOMATION 2 - DRIVER ASSISTANCE 3 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
0 1				11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	
1 - NO CARGO BODY TYPE /NOT APPLICABLE 2 - BUS				16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	
0 1				21 - MAIL CARRIER 99 - OTHER / UNKNOWN	
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS				12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	
0 1				8 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUMP	
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS				7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT 9 - DEFECTIVE	
0 1				9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK				9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	
0 1				12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK				12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	
0 3				12 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST	
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN				13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	
0 3				18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST	
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN				18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	
0 3				21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN				21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	
SEQUENCE OF EVENTS				NON-COLLISION	
1 5 1				11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	
1 5 1				16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	
2 1 1				21 - PARKED MOTOR VEHICLE	
2 1 1				22 - WORK ZONE MAINTENANCE EQUIPMENT	
2 1 1				23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	
3 1 1				24 - OTHER MOVABLE OBJECT	
3 1 1				25 - IMPACT ATTENUATOR /CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	
4 1 1				31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	
4 1 1				37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT	
5 1 1				40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	
5 1 1				42 - CULVERT	
6 1 1				43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	
6 1 1				50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	
1		FIRST HARMFUL EVENT		1 MOST HARMFUL EVENT	



MOTORIST / Non-MOTORIST

INJURIES							DATE OF BIRTH			AGE		GENDER	
5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	9 9	0 2 1 4 1 9 9 2	3 0	F					
ADDRESS: STREET, CITY, STATE, ZIP 5400 Eastgate Dr. Apt 5, Fairfield, OH, 45014							CONTACT PHONE - INCLUDE AREA CODE						
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
O H				331.34	<input checked="" type="checkbox"/>	Failure to Control	250319						
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)				
4				5	<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	6	2 1	1	1	1	1		
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 checked="" 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 <input type="checkbox"/> OTHER DRUG				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	<input checked="" 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 <input type="checkbox"/> OTHER DRUG			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-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-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-TEST GIVEN, RESULTS UNKNOWN								
INJURED TAKEN BY		6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-EXCEPT CLASS A & CLASS B BUS									
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	6-NOT VALID OL	7-EXCEPT TRACTOR-TRAILER									
2-EMS	8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE		8-INTERMEDIATE LICENSE RESTRICTIONS									
3-POLICE	9-THIRD - RIGHT SIDE			9-LEARNER'S PERMIT RESTRICTIONS									
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB			10-LIMITED TO DAYLIGHT ONLY									
SAFETY EQUIPMENT				11-LIMITED TO EMPLOYMENT									
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			12-LIMITED - OTHER									
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA			13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)									
3-LAP BELT ONLY USED	13-TRAILING UNIT			14-MILITARY VEHICLES ONLY									
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			15-MOTOR VEHICLES WITHOUT AIR BRAKES									
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST			16-OUTSIDE MIRROR									
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN			17-PROSTHETIC AID									
7-BOOSTER SEAT				18-OTHER									
8-HELMET USED													
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)													
10-REFLECTIVE CLOTHING													
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY													
99-OTHER / UNKNOWN													
INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS		ALCOHOL TEST TYPE							
1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NONE	2-BLOOD	3-URINE							
2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	4-BREATH	5-OTHER								
3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER										
4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER										
INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
1-NOT TRAPPED	S - SCHOOL BUS	1-NOT TRAPPED	S - SCHOOL BUS										
2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS										
3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT										
INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS		DRUG TEST TYPE							
1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NONE	2-BLOOD	3-URINE							
2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	4-BREATH	5-OTHER								
3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER										
4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER										
INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
1-NOT TRAPPED	S - SCHOOL BUS	1-NOT TRAPPED	S - SCHOOL BUS										
2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS										
3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT										
INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS		DRUG TEST TYPE							
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3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER										
4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER										
INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
1-NOT TRAPPED	S - SCHOOL BUS	1-NOT TRAPPED	S - SCHOOL BUS										
2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS										
3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT										
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INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
1-NOT TRAPPED	S - SCHOOL BUS	1-NOT TRAPPED	S - SCHOOL BUS										
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2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	4-BREATH	5-OTHER								
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INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
1-NOT TRAPPED	S - SCHOOL BUS	1-NOT TRAPPED	S - SCHOOL BUS										
2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS										
3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT										
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3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER										
4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER										
INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
1-NOT TRAPPED	S - SCHOOL BUS	1-NOT TRAPPED	S - SCHOOL BUS										
2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS										
3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT										
INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS		DRUG TEST TYPE							
1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NONE	2-BLOOD	3-URINE							
2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	4-BREATH	5-OTHER								
3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER										
4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER										
INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
1-NOT TRAPPED	S - SCHOOL BUS	1-NOT TRAPPED	S - SCHOOL BUS										
2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS										
3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT										
INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS		DRUG TEST TYPE							
1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NONE	2-BLOOD	3-URINE							
2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	4-BREATH	5-OTHER								
3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER										
4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER										
INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
1-NOT TRAPPED	S - SCHOOL BUS	1-NOT TRAPPED	S - SCHOOL BUS										
2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS										
3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT										
INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS		DRUG TEST TYPE							
1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NONE	2-BLOOD	3-URINE							
2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	4-BREATH	5-OTHER								
3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER										
4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER										
INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
1-NOT TRAPPED	S - SCHOOL BUS	1-NOT TRAPPED	S - SCHOOL BUS										
2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS										
3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT										
INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS		DRUG TEST TYPE							
1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NONE	2-BLOOD	3-URINE							
2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	4-BREATH	5-OTHER								
3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER										
4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER										
INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
1-NOT TRAPPED	S - SCHOOL BUS	1-NOT TRAPPED	S - SCHOOL BUS										
2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS										
3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT										
INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS		DRUG TEST TYPE							
1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NONE	2-BLOOD	3-URINE							
2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	4-BREATH	5-OTHER								
3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER										
4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER										
INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
1-NOT TRAPPED	S - SCHOOL BUS	1-NOT TRAPPED	S - SCHOOL BUS										
2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS										
3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT										
INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS		DRUG TEST TYPE							
1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NONE	2-BLOOD	3-URINE							
2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	4-BREATH	5-OTHER								
3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER										
4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER										
INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
1-NOT TRAPPED	S - SCHOOL BUS	1-NOT TRAPPED	S - SCHOOL BUS										
2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS										
3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT										
INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS		DRUG TEST TYPE							
1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NONE	2-BLOOD	3-URINE							
2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	4-BREATH	5-OTHER								
3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER										
4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER										
INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
1-NOT TRAPPED	S - SCHOOL BUS	1-NOT TRAPPED	S - SCHOOL BUS										
2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS										
3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT										
INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS		DRUG TEST TYPE							
1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NONE	2-BLOOD	3-URINE							
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3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER										
4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER										
INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
1-NOT TRAPPED	S - SCHOOL BUS	1-NOT TRAPPED	S - SCHOOL BUS										
2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	2-EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS										
3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	3-FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT										
INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS		DRUG TEST TYPE							
1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NONE	2-BLOOD	3-URINE							
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4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER										
INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
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INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS		DRUG TEST TYPE							
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3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER										
4-NOT APPLICABLE	N - TANKER	4-NOT APPLICABLE	N - TANKER										
INJURIES		TRAPPED	R - THREE-WHEEL MOTORCYCLE										
1-NOT TRAPPED	S - SCHOOL BUS	1-NOT TRAPPED	S - SCHOOL BUS										
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INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS		DRUG TEST TYPE							
1-NOT EJECTED	H - HAZMAT	1-NOT EJECTED	H - HAZMAT	1-NONE	2-BLOOD	3-URINE							
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3-TOTALLY EJECTED	P - PASSENGER	3-TOTALLY EJECTED	P - PASSENGER										

OCCUPANT / WITNESS ADDENDUM

OCCUPANT						LOCAL REPORT NUMBER																																		
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER																																
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																		
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																														
OCCUPANT	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	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																														
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	0																															
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	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																														
OCCUPANT	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	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																														
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	0																															
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																		
	INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE																																	
	1 - FATAL	2 - SUSPECTED SERIOUS INJURY	3 - SUSPECTED MINOR INJURY	4 - POSSIBLE INJURY	5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT	2 - SHOULDER BELT ONLY USED	3 - LAP BELT ONLY USED	4 - SHOULDER & LAP BELT USED	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	2 - FRONT - MIDDLE	3 - FRONT - RIGHT SIDE	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - SECOND - MIDDLE	6 - SECOND - RIGHT SIDE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8 - THIRD - MIDDLE	9 - THIRD - RIGHT SIDE	1 - NOT DEPLOYED	2 - DEPLOYED FRONT	3 - DEPLOYED SIDE	4 - DEPLOYED BOTH FRONT/SIDE	5 - NOT APPLICABLE	9 - DEPLOYMENT UNKNOWN															
	INJURED TAKEN BY		1 - NOT TRANSPORTED /TREATED AT SCENE		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 EJECTED		2 - PARTIALLY EJECTED		3 - TOTALLY EJECTED		4 - NOT APPLICABLE															
	GENDER		F - FEMALE		M - MALE		U - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		2 - FRONT - MIDDLE		3 - FRONT - RIGHT SIDE		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5 - SECOND - MIDDLE		6 - SECOND - RIGHT SIDE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		8 - THIRD - MIDDLE		9 - THIRD - RIGHT SIDE		10 - SLEEPER SECTION OF TRUCK CAB		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		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																									
	WITNESS		Carter, Timothy, Ray					0 5 2 4 1 9 6 3					5 8		M																									
	WITNESS		ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																
	WITNESS		5990 Crestview Ave., Fairfield, OH, 45014																																					
	WITNESS		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH					AGE		GENDER																									
	WITNESS							0					0																											
	WITNESS		ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																
	WITNESS		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH					AGE		GENDER																									
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