

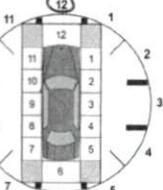
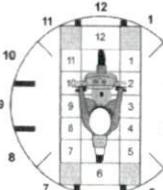
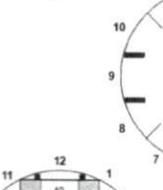
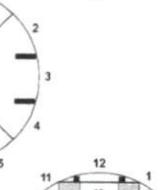
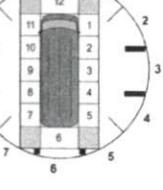
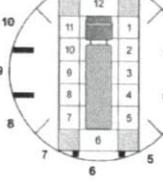
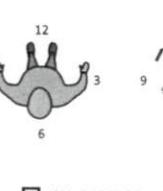
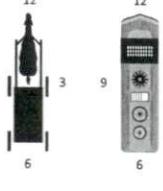
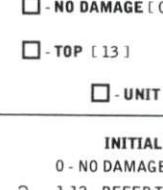
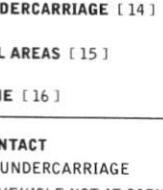


TRAFFIC CRASH REPORT

*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 REPORTING AGENCY NAME* Fairfield Police Department NCIC* 00901			LOCAL REPORT NUMBER* 2 2 0 1 3 3 3 2				
COUNTY* 09 LOCALITY* 1-CITY 1-2-VILLAGE 3-TOWNSHIP			LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			HIT/SKIP 1-SOLVED 2-UNSOLVED				
						NUMBER OF UNITS 0 2				
						UNIT IN ERROR 98-ANIMAL 0 1 99-UNKNOWN				
						CRASH DATE / TIME* 0 2 2 3 2 0 2 2 1 7 1 9				
						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 Wessel	ROAD TYPE D R	LATITUDE DECIMAL DEGREES 3 9 3 3 5 4 1 0				
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 560	ROAD TYPE	LONGITUDE DECIMAL DEGREES -8 4 5 6 5 2 5 6				
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #		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	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE FROM REFERENCE 0		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			MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BEFORE THE 1ST WORK ZONE 3-BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-END 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 10-DRIVEWAY/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER / UNKNOWN			DIRECTION OF TRAVEL 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 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA			CONTOUR 1	CONDITIONS 1	SURFACE 2	
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		WEATHER 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL						1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN	
NARRATIVE <p>On 02/23/2022 at 5:19 P.M., Unit #1 was pulling into the parking lot 560 Wessel Drive and, when attempting to turn into a parking space, crossed over the white line and in so doing, collided with Unit #2 which was parked legally. Unit #2 was unoccupied.</p> <p>The driver of Unit #2 was cited for: FCO 333.01(a) (1) (A), OVI.</p>									 Indicate the north direction with an "N" on the compass diagram.	
CRASH REPORTED DATE / TIME 0 2 2 3 2 0 2 2 1 7 2 0		DISPATCH DATE / TIME 0 2 2 3 2 0 2 2 1 7 2 4		ARRIVAL DATE / TIME 0 2 2 3 2 0 2 2 1 7 2 4		SCENE CLEARED DATE / TIME 0 2 2 3 2 0 2 2 1 8 0 5		REPORT TAKEN BY		
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 4 1		OFFICER'S NAME* S. Cook		CHECKED BY OFFICER'S NAME* <i>S. Cook</i>		
						OFFICER'S BADGE NUMBER* 1 5 3		CHECKED BY OFFICER'S BADGE NUMBER* <i>1 5 3</i>		
HSY7001 OH 1/19 [760-0820]										

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
	0 1	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE S U C	LICENSE PLATE # SFT633	VEHICLE IDENTIFICATION # 1 G C V K N E C 2 J Z 1 8 9 2 3 2	VEHICLE YEAR 2 0 1 8
<input checked="" type="checkbox"/> INSURANCE VERIFIED		INSURANCE COMPANY Moss Insurance Gro	INSURANCE POLICY # 4726100601	COLOR White
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED		# OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE 0 4		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME		
18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP				
# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		
SPECIAL FUNCTION 0 1		AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
CARGO BODY TYPE 0 1		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT / COMMUTER		
VEHICLE DEFECTS 0 1		6 - BUS - CHARTER / TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		
NON-MOTORIST LOCATION AT IMPACT 0 1		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		
ACTION 0 1		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		
CONTRIBUTING CIRCUMSTANCES 0 1		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		
SEQUENCE OF EVENTS 0 1		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT		
COLLISION WITH FIXED OBJECT 0 1		11 - WORN OR SLICK TIRES 12 - TRAILER EQUIPMENT DEFECTIVE 13 - MOTOR TROUBLE 14 - DISABLED FROM PRIOR ACCIDENT		
FIRST HARMFUL EVENT 0 1		15 - SWERVING TO AVOID 16 - WRONG WAY		
MOST HARMFUL EVENT 0 1		17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - WORKING 21 - DRIVINGLESS 22 - APPROACHING OR LEAVING VEHICLE 23 - STANDING 24 - WORKING 25 - DRIVINGLESS		

LOCAL REPORT NUMBER 2 2 0 1 3 3 3 2	
DAMAGE	
DAMAGE SCALE 2 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 2	TRAFFIC CONTROL 6
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	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	
FROM 1 TO 8	
UNIT SPEED 1 0	
DETECTED SPEED 1 1	
POSTED SPEED 1 1	

OWNER	UNIT # 012 OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Lawson, Linda F.		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1829 Clarendon Ave, Middletown, OH 45042		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP 		
VEHICLE	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 				
	LP STATE O H	LICENSE PLATE # JBV4199	VEHICLE IDENTIFICATION # 4T4BF1FK2ER390123	VEHICLE YEAR 2014	VEHICLE MAKE Toyota
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY 	INSURANCE POLICY # 	COLOR Gray	VEHICLE MODEL Camry
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # 	TOWED BY: COMPANY NAME 	
	INTERLOCK EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT 		#OCCUPANTS 0	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID # <input type="checkbox"/> PLACARD 	
	UNIT TYPE 01		VEHICLE WEIGHT GVWR/GCWR 	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	UNIT TYPE 0		# OF TRAILING UNITS 	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)	
	UNIT TYPE 0		# OF TRAILING UNITS 	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	
	UNIT TYPE 0		# 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	
	UNIT TYPE 0		# OF TRAILING UNITS 		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
SPECIAL FUNCTION 01		AUTONOMOUS MODE LEVEL 0	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 - MAIL CARRIER 99 - OTHER / UNKNOWN		
CARGO BODY TYPE 01		AUTONOMOUS MODE LEVEL 0	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 - CARGOTANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN		
VEHICLE DEFECTS 0		AUTONOMOUS MODE LEVEL 0	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 0		AUTONOMOUS MODE LEVEL 0	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - SIDEWALK 4 - TRAVEL LANE - OTHER LOCATION 5 - MEDIAN/CROSSING ISLAND 6 - SHOULDER/ROADSIDE 7 - SIDEWALK 8 - TRAVEL LANE - OTHER LOCATION 9 - FIRST RESPONDER AT INCIDENT SCENE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN		
ACTION 4		AUTONOMOUS MODE LEVEL 0	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 10 4 - STRIKING & STRUCK 5 - BOTH STRIKING & STRUCK 6 - PRE-CRASH ACTIONS 7 - OVERTAKING/PASSING 8 - MAKING RIGHT TURN 9 - MAKING LEFT TURN 10 - PARKED 11 - SLOWING OR STOPPED 12 - DRIVING 13 - LEAVING TRAFFIC LANE 14 - ENTERING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - IN TRAFFIC 17 - INTRA-VEHICLE 18 - OUT-OF-VEHICLE 19 - WORKING 20 - DRIVING 21 - DRIVING 22 - DRIVING 23 - DRIVING 24 - DRIVING 25 - DRIVING 26 - DRIVING 27 - DRIVING 28 - DRIVING 29 - DRIVING 30 - DRIVING 31 - DRIVING 32 - DRIVING 33 - DRIVING 34 - DRIVING 35 - DRIVING 36 - DRIVING 37 - DRIVING 38 - DRIVING 39 - DRIVING 40 - DRIVING 41 - DRIVING 42 - DRIVING 43 - DRIVING 44 - DRIVING 45 - DRIVING 46 - DRIVING 47 - DRIVING 48 - DRIVING 49 - DRIVING 50 - DRIVING 51 - DRIVING 52 - DRIVING 53 - DRIVING 54 - DRIVING 55 - DRIVING 56 - DRIVING 57 - DRIVING 58 - DRIVING 59 - DRIVING 60 - DRIVING 61 - DRIVING 62 - DRIVING 63 - DRIVING 64 - DRIVING 65 - DRIVING 66 - DRIVING 67 - DRIVING 68 - DRIVING 69 - DRIVING 70 - DRIVING 71 - DRIVING 72 - DRIVING 73 - DRIVING 74 - DRIVING 75 - DRIVING 76 - DRIVING 77 - DRIVING 78 - DRIVING 79 - DRIVING 80 - DRIVING 81 - DRIVING 82 - DRIVING 83 - DRIVING 84 - DRIVING 85 - DRIVING 86 - DRIVING 87 - DRIVING 88 - DRIVING 89 - DRIVING 90 - DRIVING 91 - DRIVING 92 - DRIVING 93 - DRIVING 94 - DRIVING 95 - DRIVING 96 - DRIVING 97 - DRIVING 98 - DRIVING 99 - DRIVING		
CONTRIBUTING CIRCUMSTANCES 01		AUTONOMOUS MODE LEVEL 0	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 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 0		AUTONOMOUS MODE LEVEL 0			
NON-COLLISION 0		AUTONOMOUS MODE LEVEL 0	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 EQUIPMENT 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 MOBILE OBJECT 25 - GUARDRAIL END 26 - PORTABLE BARRIER 27 - MEDIAN CABLE BARRIER 28 - MEDIAN GUARDRAIL 29 - MEDIAN CONCRETE BARRIER 30 - GUARDRAIL FACE 31 - LIGHT / LUMINARIES SUPPORT 32 - UTILITY POLE 33 - OTHER POST, POLE OR SUPPORT 34 - CURB 35 - DITCH 36 - ENTRANCE 37 - OVERHEAD SIGN POST 38 - OVERHEAD SIGN POST 39 - FENCE 40 - MAILBOX 41 - TREE 42 - CULVERT 43 - FIRE HYDRANT 44 - OTHER FIXED OBJECT 45 - WALL 46 - BUILDING 47 - TUNNEL 48 - OTHER/UNKNOWN		
COLLISION WITH FIXED OBJECT - STRUCK 0		AUTONOMOUS MODE LEVEL 0	1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 3 - BRIDGE PIER OR ABUTMENT 4 - BRIDGE PARAPET 5 - BRIDGE RAIL 6 - GUARDRAIL FACE 7 - GUARDRAIL END 8 - PORTABLE BARRIER 9 - MEDIAN CABLE BARRIER 10 - MEDIAN GUARDRAIL 11 - MEDIAN CONCRETE BARRIER 12 - GUARDRAIL FACE 13 - GUARDRAIL END 14 - PORTABLE BARRIER 15 - MEDIAN CABLE BARRIER 16 - MEDIAN GUARDRAIL 17 - MEDIAN CONCRETE BARRIER 18 - GUARDRAIL FACE 19 - GUARDRAIL END 20 - PORTABLE BARRIER 21 - MEDIAN CABLE BARRIER 22 - MEDIAN GUARDRAIL 23 - MEDIAN CONCRETE BARRIER 24 - GUARDRAIL FACE 25 - GUARDRAIL END 26 - PORTABLE BARRIER 27 - MEDIAN CABLE BARRIER 28 - MEDIAN GUARDRAIL 29 - MEDIAN CONCRETE BARRIER 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - GUARDRAIL END 38 - PORTABLE BARRIER 39 - MEDIAN CABLE BARRIER 40 - MEDIAN GUARDRAIL 41 - MEDIAN CONCRETE BARRIER 42 - GUARDRAIL FACE 43 - GUARDRAIL END 44 - PORTABLE BARRIER 45 - MEDIAN CABLE BARRIER 46 - MEDIAN GUARDRAIL 47 - MEDIAN CONCRETE BARRIER 48 - GUARDRAIL FACE 49 - GUARDRAIL END 50 - PORTABLE BARRIER 51 - MEDIAN CABLE BARRIER 52 - MEDIAN GUARDRAIL 53 - MEDIAN CONCRETE BARRIER 54 - GUARDRAIL FACE 55 - GUARDRAIL END 56 - PORTABLE BARRIER 57 - MEDIAN CABLE BARRIER 58 - MEDIAN GUARDRAIL 59 - MEDIAN CONCRETE BARRIER 60 - GUARDRAIL FACE 61 - GUARDRAIL END 62 - PORTABLE BARRIER 63 - MEDIAN CABLE BARRIER 64 - MEDIAN GUARDRAIL 65 - MEDIAN CONCRETE BARRIER 66 - GUARDRAIL FACE 67 - GUARDRAIL END 68 - PORTABLE BARRIER 69 - MEDIAN CABLE BARRIER 70 - MEDIAN GUARDRAIL 71 - MEDIAN CONCRETE BARRIER 72 - GUARDRAIL FACE 73 - GUARDRAIL END 74 - PORTABLE BARRIER 75 - MEDIAN CABLE BARRIER 76 - MEDIAN GUARDRAIL 77 - MEDIAN CONCRETE BARRIER 78 - GUARDRAIL FACE 79 - GUARDRAIL END 80 - PORTABLE BARRIER 81 - MEDIAN CABLE BARRIER 82 - MEDIAN GUARDRAIL 83 - MEDIAN CONCRETE BARRIER 84 - GUARDRAIL FACE 85 - GUARDRAIL END 86 - PORTABLE BARRIER 87 - MEDIAN CABLE BARRIER 88 - MEDIAN GUARDRAIL 89 - MEDIAN CONCRETE BARRIER 90 - GUARDRAIL FACE 91 - GUARDRAIL END 92 - PORTABLE BARRIER 93 - MEDIAN CABLE BARRIER 94 - MEDIAN GUARDRAIL 95 - MEDIAN CONCRETE BARRIER 96 - GUARDRAIL FACE 97 - GUARDRAIL END 98 - PORTABLE BARRIER 99 - MEDIAN CABLE BARRIER 100 - MEDIAN GUARDRAIL 101 - MEDIAN CONCRETE BARRIER 102 - GUARDRAIL FACE 103 - GUARDRAIL END 104 - PORTABLE BARRIER 105 - MEDIAN CABLE BARRIER 106 - MEDIAN GUARDRAIL 107 - MEDIAN CONCRETE BARRIER 108 - GUARDRAIL FACE 109 - GUARDRAIL END 110 - PORTABLE BARRIER 111 - MEDIAN CABLE BARRIER 112 - MEDIAN GUARDRAIL 113 - MEDIAN CONCRETE BARRIER 114 - GUARDRAIL FACE 115 - GUARDRAIL END 116 - PORTABLE BARRIER 117 - MEDIAN CABLE BARRIER 118 - MEDIAN GUARDRAIL 119 - MEDIAN CONCRETE BARRIER 120 - GUARDRAIL FACE 121 - GUARDRAIL END 122 - PORTABLE BARRIER 123 - MEDIAN CABLE BARRIER 124 - MEDIAN GUARDRAIL 125 - MEDIAN CONCRETE BARRIER 126 - GUARDRAIL FACE 127 - GUARDRAIL END 128 - 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PORTABLE BARRIER 549 - MEDIAN CABLE BARRIER 550 - MEDIAN GUARDRAIL 551 - MEDIAN CONCRETE BARRIER 552 - GUARDRAIL FACE 553 - GUARDRAIL END 554 - PORTABLE BARRIER 555 - MEDIAN CABLE BARRIER 556 - MEDIAN GUARDRAIL 557 - MEDIAN CONCRETE BARRIER 558 - GUARDRAIL FACE 559 - GUARDRAIL END 560 - PORTABLE BARRIER 561 - MEDIAN CABLE BARRIER 562 - MEDIAN GUARDRAIL 563 - MEDIAN CONCRETE BARRIER 564 - GUARDRAIL FACE 565 - GUARDRAIL END 566 - PORTABLE BARRIER 567 - MEDIAN CABLE BARRIER 568 - MEDIAN GUARDRAIL 569 - MEDIAN CONCRETE BARRIER 570 - GUARDRAIL FACE 571 - GUARDRAIL END 572 - PORTABLE BARRIER 573 - MEDIAN CABLE BARRIER 574 - MEDIAN GUARDRAIL 575 - MEDIAN CONCRETE BARRIER 576 - GUARDRAIL FACE 577 - GUARDRAIL END 578 - PORTABLE BARRIER 579 - MEDIAN CABLE BARRIER 580 - MEDIAN GUARDRAIL 581 - MEDIAN CONCRETE BARRIER 582 - GUARDRAIL FACE 583 - GUARDRAIL END 584 - PORTABLE BARRIER 585 - MEDIAN CABLE BARRIER 586 - MEDIAN GUARDRAIL 587 - MEDIAN CONCRETE BARRIER 588 - GUARDRAIL FACE 589 - GUARDRAIL END 590 - PORTABLE BARRIER 591 - MEDIAN CABLE BARRIER 592 - MEDIAN GUARDRAIL 593 - MEDIAN CONCRETE BARRIER 594 - GUARDRAIL FACE 595 - GUARDRAIL END 596 - PORTABLE BARRIER 597 - MEDIAN CABLE BARRIER 598 - MEDIAN GUARDRAIL 599 - MEDIAN CONCRETE BARRIER 600 - GUARDRAIL FACE 601 - GUARDRAIL END 602 - PORTABLE BARRIER 603 - MEDIAN CABLE BARRIER 604 - MEDIAN GUARDRAIL 605 - MEDIAN CONCRETE BARRIER 606 - GUARDRAIL FACE 607 - GUARDRAIL END 608 - PORTABLE BARRIER 609 - MEDIAN CABLE BARRIER 610 - MEDIAN GUARDRAIL 611 - MEDIAN CONCRETE BARRIER 612 - GUARDRAIL FACE 613 - GUARDRAIL END 614 - PORTABLE BARRIER 615 - MEDIAN CABLE BARRIER 616 - MEDIAN GUARDRAIL 617 - MEDIAN CONCRETE BARRIER 618 - GUARDRAIL FACE 619 - GUARDRAIL END 620 - PORTABLE BARRIER 621 - MEDIAN CABLE BARRIER 622 - MEDIAN GUARDRAIL 623 - MEDIAN CONCRETE BARRIER 624 - GUARDRAIL FACE 625 - GUARDRAIL END 626 - PORTABLE BARRIER 627 - MEDIAN CABLE BARRIER 628 - MEDIAN GUARDRAIL 629 - MEDIAN CONCRETE BARRIER 630 - GUARDRAIL FACE 631 - GUARDRAIL END 632 - PORTABLE BARRIER 633 - MEDIAN CABLE BARRIER 634 - MEDIAN GUARDRAIL 635 - MEDIAN CONCRETE BARRIER 636 - GUARDRAIL FACE 637 - GUARDRAIL END 638 - PORTABLE BARRIER 639 - MEDIAN CABLE BARRIER 640 - MEDIAN GUARDRAIL 641 - MEDIAN CONCRETE BARRIER 642 - GUARDRAIL FACE 643 - GUARDRAIL END 644 - PORTABLE BARRIER 645 - MEDIAN CABLE BARRIER 646 - MEDIAN GUARDRAIL 647 - MEDIAN CONCRETE BARRIER 648 - GUARDRAIL FACE 649 - GUARDRAIL END 650 - PORTABLE BARRIER 651 - MEDIAN CABLE BARRIER 652 - MEDIAN GUARDRAIL 653 - MEDIAN CONCRETE BARRIER 654 - GUARDRAIL FACE 655 - GUARDRAIL END 656 - PORTABLE BARRIER 657 - MEDIAN CABLE BARRIER 658 - MEDIAN GUARDRAIL 659 - MEDIAN CONCRETE BARRIER 660 - GUARDRAIL FACE 661 - GUARDRAIL END 662 - PORTABLE BARRIER 663 - MEDIAN CABLE BARRIER 664 - MEDIAN GUARDRAIL 665 - MEDIAN CONCRETE BARRIER 666 - GUARD		



MOTORIST / Non-MOTORIST

UNIT # 0 1 NAME: LAST, FIRST, MIDDLE Wiggins, Leonard W.					DATE OF BIRTH 0 2 0 1 1 9 5 7			AGE 6 5		GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 534 Creekside Dr. Apt 206, Fairfield, OH 45014					CONTACT PHONE - INCLUDE AREA CODE								
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE S C	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 333.01A1A		LOCAL CODE X	OFFENSE DESCRIPTION OVI			CITATION NUMBER 250324			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 6	ALCOHOL TEST STATUS 4 TYPE 4 VALUE 2 1 7			DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE 0		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	
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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE 0		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	
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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4		
INJURIES	SEATING POSITION	AIR BAG		OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS						
1-FATAL	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	3-TEST GIVEN, RESULTS KNOWN						
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 UNKNOWN	4-TEST GIVEN, RESULTS UNKNOWN						
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE		5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TALKING ON HANDS-FREE COMMUNICATION DEVICE	5-TALKING ON HANDS-FREE COMMUNICATION DEVICE						
	6-SECOND - RIGHT SIDE	6-DEPLOYMENT UNKNOWN		6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HAND-HELD COMMUNICATION DEVICE	6-TALKING ON HAND-HELD COMMUNICATION DEVICE						
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT DEPLOYED		7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER						
	8-THIRD - MIDDLE	8-PARTIALLY EJECTED		8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS						
	9-THIRD - RIGHT SIDE	9-TOTALLY EJECTED		9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS						
	10-SLEEPER SECTION OF TRUCK CAB	10-NOT APPLICABLE		10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY						
	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT EJECTED		11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT						
	12-PASSENGER IN UNENCLOSED CARGO AREA	12-PARTIALLY EJECTED		12-LIMITED - OTHER	12-LIMITED - OTHER	12-LIMITED - OTHER	12-LIMITED - OTHER						
	13-TRAILING UNIT	13-TOTALLY EJECTED		13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)						
	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-NOT APPLICABLE		14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY						
	15-NON-MOTORIST	15-NOT APPLICABLE		15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES						
	99-OTHER / UNKNOWN	99-NOT APPLICABLE		16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR						
		17-PROSTHETIC AID		17-PROSTHETIC AID	17-PROSTHETIC AID	17-PROSTHETIC AID	17-PROSTHETIC AID						
		18-OTHER		18-OTHER	18-OTHER	18-OTHER	18-OTHER						
		TRAPPED		F - FEMALE	F - FEMALE	F - FEMALE	F - FEMALE						
		EXTRICATED BY MECHANICAL MEANS		M - MALE	M - MALE	M - MALE	M - MALE						
		FREED BY NON-MECHANICAL MEANS		U - OTHER / UNKNOWN	U - OTHER / UNKNOWN	U - OTHER / UNKNOWN	U - OTHER / UNKNOWN						
		GENDER		CONDITION									
		F - FEMALE		1-APPARENTLY NORMAL									
		M - MALE		2-PHYSICAL IMPAIRMENT									
		U - OTHER / UNKNOWN		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									
				6-OPIATES / OPIOIDS									
				7-OTHER									
				8-NEGATIVE RESULTS									
				DRUG TEST RESULT(S)									
				1-AMPHETAMINES									
				2-BARBITURATES									
				3-BENZODIAZEPINES									
				4-CANNABINOID									
				5-COCAIN									
				6-OPIATES / OPIOIDS									
				7-OTHER									
				8-NEGATIVE RESULTS									



OCCUPANT / WITNESS ADDENDUM

OCCUPANT						LOCAL REPORT NUMBER				
	UNIT #	NAME: LAST, FIRST, MIDDLE				2 2 0 1 3 3 3 2	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	
	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	
	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 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 - 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		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
	INJURED TAKEN BY						EJECTION			
	1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 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		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
	GENDER						TRAPPED			
	F - FEMALE M - MALE U - OTHER / UNKNOWN						1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	Lackey, Jeremy					0 5 0 1 1 9 9 8	2 3	M		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	30 Providence Dr Apt 4, Fairfield, OH 45014									
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				