

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* 0 0 9 0 1		LOCAL REPORT NUMBER* 2 2 0 2 2 3 8 4	
COUNTY* 0 9		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield	
REFERENCE LOCATION <input type="checkbox"/> ROUTE TYPE <input type="checkbox"/> ROUTE NUMBER <input type="checkbox"/> PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME WINTON		ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 3 3 0 2 2 8	
	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) HENESY			LONGITUDE DECIMAL DEGREES -8 4 5 4 0 3 6 3	
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 RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY
	DISTANCE FROM REFERENCE 1 0 0		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS		
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 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- REAR-END 4- HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 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	
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 6- SNOW 7- SEVERE CROSSWINDS 8- BLOWING SAND, SOIL, DIRT, SNOW 9- FREEZING RAIN OR FREEZING DRIZZLE 99- OTHER / UNKNOWN		CONTOUR 1 1- STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL 4- CURVE GRADE 1 1- DRY 2- WET 3- SNOW 4- ICE 5- SAND, MUD, DIRT, OIL, GRAVEL 6- WATER (STANDING, MOVING) 7- SLUSH 9- OTHER/UNKNOWN	
NARRATIVE <p>On March 28, 2022 at approximately 4:09 PM, Units 1 and 2 were traveling southbound on Winton Road approaching Henesy Lane. Unit 2 came to a stop in traffic and was rear-ended by Unit 1.</p> <p>Unit 2 passenger was transported to the hospital by EMS for a complaint of back pain.</p>					
 <p>Indicate the north direction with an "N" on the compass diagram.</p> <p>Handwritten notes: Winton Rd. (vertical), Henesy Ln. (horizontal), Not to Scale (diagonal).</p>					
CRASH REPORTED DATE / TIME 0 3 2 8 2 0 2 2 1 6 0 9		DISPATCH DATE / TIME 0 3 2 8 2 0 2 2 1 6 1 1		ARRIVAL DATE / TIME 0 3 2 8 2 0 2 2 1 6 1 2	
SCENE CLEARED DATE / TIME 0 3 2 8 2 0 2 2 1 6 3 9		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 OOPS)			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 5 8	
OFFICER'S NAME* A. ROUSH		OFFICER'S BADGE NUMBER* 1 7 0		CHECKED BY OFFICER'S NAME* J. Sons	
OFFICER'S BADGE NUMBER* 1 5 0		CHECKED BY OFFICER'S BADGE NUMBER*			

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE O_H	LICENSE PLATE # HWJ2938	VEHICLE IDENTIFICATION # K M H C G 4 5 C 3 5 U 6 0 7 6 4 0	VEHICLE YEAR 2 0 0 5
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY TREXIS	INSURANCE POLICY # 1434014857711	VEHICLE MAKE HYUNDAI
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	VEHICLE MODEL ACCENT
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT 0 1	#OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001-26K LBS. 3 - >26K LBS. 1
TOWED BY: COMPANY NAME		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)		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 (6+ 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 1	# OF TRAILING UNITS 0 0	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN	
		AUTONOMOUS MODE LEVEL 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
SPECIAL FUNCTION 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	
4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	
CARGO BODY TYPE 1 - NONE 2 - BUS		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	
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		1 - TURN SIGNALS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT 9 - DEFECTIVE	
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		99 - OTHER / UNKNOWN	
NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	
NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	
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	
ACTION 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	
ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		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		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 / ACDAA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	
CONTRIBUTING CIRCUMSTANCES 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	
CONTRIBUTING CIRCUMSTANCES 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	
SEQUENCE OF EVENTS		NON-COLLISION	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		21 - PARKED MOTOR VEHICLE	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		22 - WORK ZONE MAINTENANCE EQUIPMENT	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		24 - OTHER MOBILE OBJECT	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		55 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		56 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		57 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		58 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		59 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		60 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		61 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		62 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		63 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		64 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		65 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		66 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		67 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		68 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		69 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		70 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		71 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		72 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		73 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		74 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		75 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		76 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		77 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		78 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		79 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		80 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		81 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		82 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		83 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		84 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		85 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		86 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		87 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		88 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		89 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		90 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		91 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		92 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		93 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		94 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		95 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		96 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		97 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		98 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		99 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		100 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		101 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		102 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		103 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		104 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		105 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		106 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		107 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		108 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		109 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		110 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		111 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		112 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		113 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		114 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		115 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		116 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		117 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		118 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		119 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		120 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		121 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		122 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		123 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		124 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		125 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		126 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		127 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		128 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		129 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		130 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		131 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		132 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		133 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		134 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		135 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		136 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		137 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		138 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		139 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		140 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		141 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		142 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		143 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		144 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		145 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		146 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		147 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		148 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		149 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		150 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		151 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		152 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		153 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		154 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		155 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		156 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		157 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		158 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		159 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		160 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		161 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		162 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		163 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		164 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		165 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		166 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		167 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		168 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		169 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		170 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		171 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		172 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		173 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		174 - OTHER	
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		175 - OTHER	
1 -			

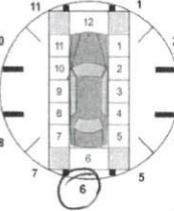
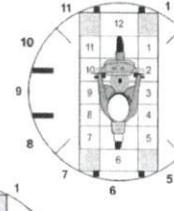
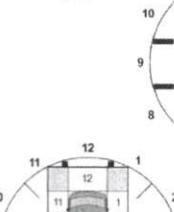
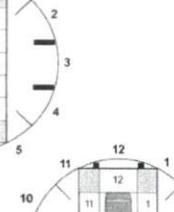
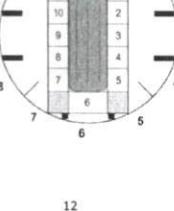
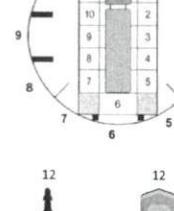
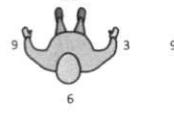
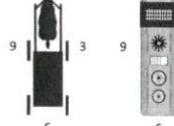
LOCAL REPORT NUMBER											
2	2	0	2	2	3	8	4				
DAMAGE											
DAMAGE SCALE											
2		1 - NONE	3 - FUNCTIONAL DAMAGE								
		2 - MINOR DAMAGE	4 - DISABLING DAMAGE								
		9 - UNKNOWN									
DAMAGED AREA(S) INDICATE ALL THAT APPLY											
						<img alt="Diagram of a vehicle showing damage to the front center (area 11) and front right corner (



UNIT

OWNER

UNIT # <u>012</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER		
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE <u>O H</u>	LICENSE PLATE # <u>GSK5578</u>	VEHICLE IDENTIFICATION # <u>JTEZU5JR6A5012904</u>	VEHICLE YEAR <u>2010</u>	VEHICLE MAKE <u>TOYOTA</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>PROGRESSIVE</u>	INSURANCE POLICY # <u>93964943</u>	COLOR <u>RED</u>	VEHICLE MODEL <u>4RUNNER</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <u>02</u>		#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
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 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 99 - UNKNOWN OR HIT/SKIP
UNIT TYPE <u>03</u>				
1 - NO AUTOMATION 2 - DRIVER ASSISTANCE 3 - PARTIAL AUTOMATION		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
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
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
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
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
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
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	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN
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
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 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	22 - WORK ZONE MAINTENANCE EQUIPMENT 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		

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



MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER			
										2 2 0 2 2 3 8 4		DATE OF BIRTH	AGE
UNIT # <input type="text" value="0 1"/> NAME: LAST, FIRST, MIDDLE <input type="text" value="AMICK, WYATT LEE"/> ADDRESS: STREET, CITY, STATE, ZIP <input type="text" value="5117 WINTON RD, FAIRFIELD, OH 45014"/>										0 4 0 9 2 0 0 0	2 1	M	
										CONTACT PHONE - INCLUDE AREA CODE			
MOTORIST / NON-MOTORIST	INJURIES <input type="text" value="5"/>	INJURED TAKEN BY <input type="text" value=""/>	EMS AGENCY (NAME) <input type="text" value=""/>		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="text" value=""/>		SAFETY EQUIPMENT USED <input type="text" value="0 4"/>	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION <input type="text" value="0 1"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>	
	OL STATE <input type="text" value="O H"/>	OPERATOR LICENSE NUMBER <input type="text" value=""/>			OFFENSE CHARGED <input type="text" value="333.03a"/>		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION <input type="text" value="ACDA"/>			CITATION NUMBER <input type="text" value="250638"/>		
MOTORIST / NON-MOTORIST	OL CLASS <input type="text" value="4"/>	ENDORSEMENT <input type="text" value="SELECT UP TO 2"/>	RESTRICTION SELECT UP TO 3 <input type="text" value=""/>		DRIVER DISTRACTED BY <input type="text" value="1"/>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <input type="text" value="1"/>	ALCOHOL TEST <input type="text" value="1 1"/>		DRUG TEST(S) <input type="text" value="1 1"/>			
	UNIT # <input type="text" value="0 2"/>	NAME: LAST, FIRST, MIDDLE <input type="text" value="RIGA, JEFFREY STEVEN"/>						DATE OF BIRTH <input type="text" value="0 1 1 4 1 9 6 8"/>	AGE <input type="text" value="5 4"/>	GENDER <input type="checkbox"/>			
										CONTACT PHONE - INCLUDE AREA CODE			
MOTORIST / NON-MOTORIST	INJURIES <input type="text" value="5"/>	INJURED TAKEN BY <input type="text" value=""/>	EMS AGENCY (NAME) <input type="text" value=""/>		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="text" value=""/>		SAFETY EQUIPMENT USED <input type="text" value="0 4"/>	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION <input type="text" value="0 1"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>	
	OL STATE <input type="text" value="O H"/>	OPERATOR LICENSE NUMBER <input type="text" value=""/>			OFFENSE CHARGED <input type="text" value=""/>		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION <input type="text" value=""/>			CITATION NUMBER <input type="text" value=""/>		
MOTORIST / NON-MOTORIST	OL CLASS <input type="text" value="4"/>	ENDORSEMENT <input type="text" value="SELECT UP TO 2"/>	RESTRICTION SELECT UP TO 3 <input type="text" value=""/>		DRIVER DISTRACTED BY <input type="text" value="1"/>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <input type="text" value="1"/>	ALCOHOL TEST <input type="text" value="1 1"/>		DRUG TEST(S) <input type="text" value="1 1"/>			
	UNIT # <input type="text" value=""/>	NAME: LAST, FIRST, MIDDLE <input type="text" value=""/>						DATE OF BIRTH <input type="text" value=""/>	AGE <input type="text" value="0"/>	GENDER <input type="checkbox"/>			
										CONTACT PHONE - INCLUDE AREA CODE			
MOTORIST / NON-MOTORIST	INJURIES <input type="text" value=""/>	INJURED TAKEN BY <input type="text" value=""/>	EMS AGENCY (NAME) <input type="text" value=""/>		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="text" value=""/>		SAFETY EQUIPMENT USED <input type="text" value=""/>	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION <input type="text" value=""/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>	
	OL STATE <input type="text" value=""/>	OPERATOR LICENSE NUMBER <input type="text" value=""/>			OFFENSE CHARGED <input type="text" value=""/>		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION <input type="text" value=""/>			CITATION NUMBER <input type="text" value=""/>		
MOTORIST / NON-MOTORIST	OL CLASS <input type="text" value=""/>	ENDORSEMENT <input type="text" value="SELECT UP TO 2"/>	RESTRICTION SELECT UP TO 3 <input type="text" value=""/>		DRIVER DISTRACTED BY <input type="text" value=""/>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <input type="text" value=""/>	ALCOHOL TEST <input type="text" value=""/>		DRUG TEST(S) <input type="text" value=""/>			
	INJURIES <input type="text" value=""/>	SEATING POSITION <input type="text" value=""/>			AIR BAG <input type="text" value=""/>	OL CLASS <input type="text" value=""/>	OL RESTRICTION(S) <input type="text" value=""/>	DRIVER DISTRACTION <input type="text" value=""/>	TEST STATUS <input type="text" value=""/>				
										CONTACT PHONE - INCLUDE AREA CODE			
MOTORIST / NON-MOTORIST	1-FATAL <input type="checkbox"/>	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER) <input type="checkbox"/>	1-NOT DEPLOYED <input type="checkbox"/>		1-CLASS A <input type="checkbox"/>	1-ALCOHOL INTERLOCK DEVICE <input type="checkbox"/>	1-NOT DISTRACTED <input type="checkbox"/>	1-NONE GIVEN <input type="checkbox"/>					
	2-SUSPECTED SERIOUS INJURY <input type="checkbox"/>	2-FRONT - MIDDLE <input type="checkbox"/>	2-DEPLOYED FRONT <input type="checkbox"/>		2-CLASS B <input type="checkbox"/>	2-CDL INTRASTATE ONLY <input type="checkbox"/>	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) <input type="checkbox"/>	2-TEST REFUSED <input type="checkbox"/>					
3-SUSPECTED MINOR INJURY <input type="checkbox"/>	3-FRONT - RIGHT SIDE <input type="checkbox"/>	3-DEPLOYED SIDE <input type="checkbox"/>		3-CLASS C <input type="checkbox"/>	3-CORRECTIVE LENSES <input type="checkbox"/>	3-FARM WAIVER <input type="checkbox"/>	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE <input type="checkbox"/>						
4-POSSIBLE INJURY <input type="checkbox"/>	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) <input type="checkbox"/>	4-DEPLOYED BOTH FRONT / SIDE <input type="checkbox"/>		4-REGULAR CLASS (OHIO = D) <input type="checkbox"/>	4-EXCEPT CLASS A BUS <input type="checkbox"/>	4-EXCEPT CLASS A & CLASS B BUS <input type="checkbox"/>	4-TEST GIVEN, RESULTS KNOWN <input type="checkbox"/>						
5-NO APPARENT INJURY <input type="checkbox"/>	5-SECOND - MIDDLE <input type="checkbox"/>	5-NOT APPLICABLE <input type="checkbox"/>		5-NO DEPLOYMENT UNKNOWN <input type="checkbox"/>	5-M/C MOPED ONLY <input type="checkbox"/>	5-NO VALID OL & CLASS B BUS <input type="checkbox"/>	5-TEST GIVEN, RESULTS UNKNOWN <input type="checkbox"/>						
										CONTACT PHONE - INCLUDE AREA CODE			
MOTORIST / NON-MOTORIST	INJURED TAKEN BY <input type="text" value=""/>	6-SECOND - RIGHT SIDE <input type="checkbox"/>	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) <input type="checkbox"/>		EJECTION <input type="text" value=""/>	OL ENDORSEMENT <input type="text" value=""/>	CONDITION <input type="text" value=""/>	ALCOHOL TEST TYPE <input type="text" value=""/>					
	1-NOT TRANSPORTED / TREATED AT SCENE <input type="checkbox"/>	8-THIRD - MIDDLE <input type="checkbox"/>	9-THIRD - RIGHT SIDE <input type="checkbox"/>		1-NOT EJECTED <input type="checkbox"/>	H - HAZMAT <input type="checkbox"/>	1-INTERMEDIATE LICENSE RESTRICTIONS <input type="checkbox"/>	1-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE <input type="checkbox"/>	1-NONE GIVEN <input type="checkbox"/>				
2-EMS <input type="checkbox"/>	10-SLEEPER SECTION OF TRUCK CAB <input type="checkbox"/>	3-TOTALLY EJECTED <input type="checkbox"/>		2-PARTIALLY EJECTED <input type="checkbox"/>	M - MOTORCYCLE <input type="checkbox"/>	2-LEARNER'S PERMIT RESTRICTIONS <input type="checkbox"/>	2-PASSENGER <input type="checkbox"/>	2-TEST REFUSED <input type="checkbox"/>					
3-POLICE <input type="checkbox"/>	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) <input type="checkbox"/>	4-NOT APPLICABLE <input type="checkbox"/>		3-TOTALLY EJECTED <input type="checkbox"/>	P - PASSENGER <input type="checkbox"/>	3-OTHER DISTRACTION INSIDE THE VEHICLE <input type="checkbox"/>	3-URINE <input type="checkbox"/>	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE <input type="checkbox"/>					
9-OTHER / UNKNOWN <input type="checkbox"/>	12-PASSENGER IN UNENCLOSED CARGO AREA <input type="checkbox"/>	5-FREED BY NON-MECHANICAL MEANS <input type="checkbox"/>		4-EXTRICATED BY MECHANICAL MEANS <input type="checkbox"/>	N - TANKER <input type="checkbox"/>	4-OTHER DISTRACTION OUTSIDE THE VEHICLE <input type="checkbox"/>	4-BREATH <input type="checkbox"/>	4-TEST GIVEN, RESULTS KNOWN <input type="checkbox"/>					
										CONTACT PHONE - INCLUDE AREA CODE			
MOTORIST / NON-MOTORIST	SAFETY EQUIPMENT <input type="text" value=""/>	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) <input type="checkbox"/>	12-PASSENGER IN UNENCLOSED CARGO AREA <input type="checkbox"/>		TRAPPED <input type="checkbox"/>	R - THREE-WHEEL MOTORCYCLE <input type="checkbox"/>	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) <input type="checkbox"/>	DRUG TEST TYPE <input type="text" value=""/>					
	1-NONE USED <input type="checkbox"/>	13-TRAILING UNIT <input type="checkbox"/>	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) <input type="checkbox"/>		15-NON-MOTORIST <input type="checkbox"/>	S - SCHOOL BUS <input type="checkbox"/>	16-OUTSIDE MIRROR <input type="checkbox"/>	1-DRUG TEST RESULTS <input type="text" value=""/>	1-NONE <input type="checkbox"/>				
2-SHOULDER BELT ONLY USED <input type="checkbox"/>	15-NON-MOTORIST <input type="checkbox"/>	16-OUTSIDE MIRROR <input type="checkbox"/>		16-OUTSIDE MIRROR <input type="checkbox"/>	T - DOUBLE & TRIPLE TRAILERS <input type="checkbox"/>	17-PROSTHETIC AID <input type="checkbox"/>	2-BLOOD <input type="checkbox"/>	2-BLOOD <input type="checkbox"/>					
3-LAP BELT ONLY USED <input type="checkbox"/>	16-OUTSIDE MIRROR <input type="checkbox"/>	17-PROSTHETIC AID <input type="checkbox"/>		17-PROSTHETIC AID <input type="checkbox"/>	X - TANKER / HAZMAT <input type="checkbox"/>	18-OTHER <input type="checkbox"/>	3-URINE <input type="checkbox"/>	3-URINE <input type="checkbox"/>					
4-SHOULDER & LAP BELT USED <input type="checkbox"/>	17-REFLECTIVE CLOTHING <input type="checkbox"/>	18-OTHER <input type="checkbox"/>		18-OTHER <input type="checkbox"/>	4-OTHER <input type="checkbox"/>	4-OTHER <input type="checkbox"/>	4-OTHER <input type="checkbox"/>	4-OTHER <input type="checkbox"/>					
5-CHILD RESTRAINT SYSTEM - FORWARD FACING <input type="checkbox"/>	18-REFLECTIVE CLOTHING <input type="checkbox"/>	19-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) <input type="checkbox"/>		19-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) <input type="checkbox"/>	5-COCAINA <input type="checkbox"/>	5-AMPHETAMINES <input type="checkbox"/>	5-AMPHETAMINES <input type="checkbox"/>	5-AMPHETAMINES <input type="checkbox"/>					
6-CHILD RESTRAINT SYSTEM - REAR FACING <input type="checkbox"/>	19-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) <input type="checkbox"/>	20-HELMET USED <input type="checkbox"/>		20-HELMET USED <input type="checkbox"/>	6-BARBITURATES <input type="checkbox"/>	6-BARBITURATES <input type="checkbox"/>	6-BARBITURATES <input type="checkbox"/>	6-BARBITURATES <input type="checkbox"/>					
7-BOOSTER SEAT <input type="checkbox"/>	20-HELMET USED <input type="checkbox"/>	21-REFLECTIVE CLOTHING <input type="checkbox"/>		21-REFLECTIVE CLOTHING <input type="checkbox"/>	7-BENZODIAZEPINES <input type="checkbox"/>	7-BENZODIAZEPINES <input type="checkbox"/>	7-BENZODIAZEPINES <input type="checkbox"/>	7-BENZODIAZEPINES <input type="checkbox"/>					
8-HELMET USED <input type="checkbox"/>	21-REFLECTIVE CLOTHING <input type="checkbox"/>	22-LIGHTING - PEDESTRIAN / BICYCLE ONLY <input type="checkbox"/>		22-LIGHTING - PEDESTRIAN / BICYCLE ONLY <input type="checkbox"/>	8-CANNABINOID <input type="checkbox"/>	8-CANNABINOID <input type="checkbox"/>	8-CANNABINOID <input type="checkbox"/>	8-CANNABINOID <input type="checkbox"/>					
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) <input type="checkbox"/>	22-LIGHTING - PEDESTRIAN / BICYCLE ONLY <input type="checkbox"/>	23-LIGHTING - PEDESTRIAN / BICYCLE ONLY <input type="checkbox"/>		23-LIGHTING - PEDESTRIAN / BICYCLE ONLY <input type="checkbox"/>	9-COCAINA <input type="checkbox"/>	9-COCAINA <input type="checkbox"/>	9-COCAINA <input type="checkbox"/>	9-COCAINA <input type="checkbox"/>					
10-REFLECTIVE CLOTHING <input type="checkbox"/>	23-LIGHTING - PEDESTRIAN / BICYCLE ONLY <input type="checkbox"/>	24-OPIATES / OPIOIDS <input type="checkbox"/>		24-OPIATES / OPIOIDS <input type="checkbox"/>	10-OPIATES / OPIOIDS <input type="checkbox"/>	10-OPIATES / OPIOIDS <input type="checkbox"/>	10-OPIATES / OPIOIDS <input type="checkbox"/>	10-OPIATES / OPIOIDS <input type="checkbox"/>					
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY <input type="checkbox"/>	24-OPIATES / OPIOIDS <input type="checkbox"/>	25-OTHER <input type="checkbox"/>		25-OTHER <input type="checkbox"/>	11-OTHER <input type="checkbox"/>	11-OTHER <input type="checkbox"/>	11-OTHER <input type="checkbox"/>	11-OTHER <input type="checkbox"/>					
12-LIGHTING - PEDESTRIAN / BICYCLE ONLY <input type="checkbox"/>	25-OTHER <input type="checkbox"/>	26-NON-NEGATIVE RESULTS <input type="checkbox"/>		26-NON-NEGATIVE RESULTS <input type="checkbox"/>	12-NON-NEGATIVE RESULTS <input type="checkbox"/>	12-NON-NEGATIVE RESULTS <input type="checkbox"/>	12-NON-NEGATIVE RESULTS <input type="checkbox"/>	12-NON-NEGATIVE RESULTS <input type="checkbox"/>					
										CONTACT PHONE - INCLUDE AREA CODE			

OCCUPANT / WITNESS ADDENDUM

						LOCAL REPORT NUMBER				
						2 2 0 2 2 3 8 4				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	2	JARMON, MILTON L			0 6 0 6 1 9 8 5		36	M		
ADDRESS: STREET, CITY, STATE, ZIP 758 CIRCLE AVE, CINCINNATI, OH 45232						CONTACT PHONE - INCLUDE AREA CODE				
INJURIES <input type="checkbox"/> 4 INJURED TAKEN BY <input type="checkbox"/> 2 EMS AGENCY (NAME) FAIRFIELD EMS INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MERCY FAIRFIELD SAFETY EQUIPMENT USED <input type="checkbox"/> 0 4						<input type="checkbox"/> DOT-Compliant MC HELMET SEATING POSITION 0 6 AIR BAG USAGE 0 1 EJECTION 1 TRAPPED 1				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
					0					
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				
INJURIES <input type="checkbox"/> INJURED TAKEN BY <input type="checkbox"/> EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED <input type="checkbox"/>						<input type="checkbox"/> DOT-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 <input type="checkbox"/> INJURED TAKEN BY <input type="checkbox"/> EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED <input type="checkbox"/>						<input type="checkbox"/> DOT-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 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY						SAFETY EQUIPMENT USED 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				
INJURED TAKEN BY 1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN						SEATING POSITION 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				
GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN						AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN				
EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE										
TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS										
WITNESS	NAME: LAST, FIRST, MIDDLE						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				
WITNESS	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH		AGE	GENDER
							0			
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				