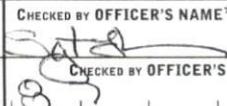


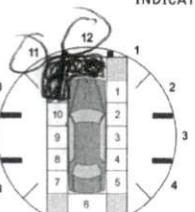
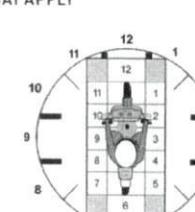
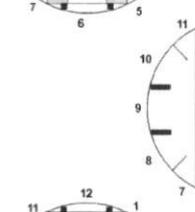
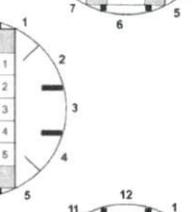
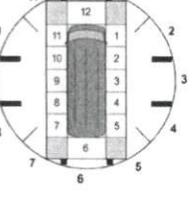
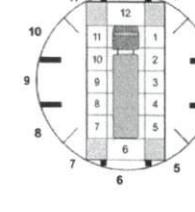
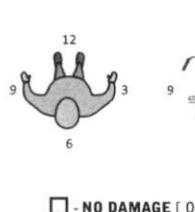


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*			
				2 2 0 2 3 8 3 3			
<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* NCIC* Fairfield Police Department 0 0 9 0 1					
COUNTY* 0 9 LOCALITY* 1 - CITY 1 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield					
ROUTE TYPE LOCATION		ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME CHAPEL HILL		ROAD TYPE D R	
ROUTE TYPE REFERENCE		ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) BRITTANY		ROAD TYPE L A	
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	
DISTANCE FROM REFERENCE 4 0		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		ROAD TYPE 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	
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				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - OTHER / UNKNOWN			
WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT 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		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	
LIGHT CONDITION 3		WEATHER 0 1		CONTOUR 1		CONDITIONS 1	
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		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		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
NARRATIVE <p>On April 3, 2022 at 9:36 P.M., Unit 1 was traveling east on Chapel Hill Drive near Brittany Lane and when doing so, Unit 1 went off the roadway to the left into a divided median and struck a tree. Unit 1 then exited his vehicle and left the scene of the accident on foot.</p> <p>Unit 1 was also cited on ticket 250737 for: Leaving the scene of private property, F.C.O. 335.13 (a) (1)</p> <p>Witnesses on scene stated they observed three black males approximately 20 years of age, flee from Unit 1. Unit 1 stated he was in the vehicle alone.</p>							
 Indicate the north direction with an "N" on the compass diagram.							
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 4 0 3 2 0 2 2 2 1 3 6		0 4 0 3 2 0 2 2 2 1 3 7		0 4 0 3 2 0 2 2 2 1 4 5		0 4 0 3 2 0 2 2 2 3 0 8	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		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 ODDS)	
0		3 0		1 2 1		OFFICER'S NAME* J. TAYLOR OFFICER'S BADGE NUMBER* 1 5 7	
						CHECKED BY OFFICER'S NAME*  CHECKED BY OFFICER'S BADGE NUMBER* 	

OWNER	UNIT # <u>0 1</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>JKA9892</u>	VEHICLE IDENTIFICATION # <u>1G8ZS517N97F257952</u>	VEHICLE YEAR <u>2007</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>GEICO</u>	INSURANCE POLICY # <u>6069662838</u>	VEHICLE MAKE <u>SATURN</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>MARCELLS</u>
INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE <u>0 1</u>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u>1</u> PLACARD ID # <u>1</u> <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 11 - ALL-TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	
18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		# OF TRAILING UNITS <u>0</u>	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1-YES 2-NO 9-OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL <u>0</u> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	
SPECIAL FUNCTION <u>0 1</u> 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 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	
CARGO BODY TYPE <u>0 1</u>		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	
VEHICLE DEFECTS		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN	
NON-MOTORIST LOCATION AT IMPACT <u>1 1</u> 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		1 - INTERSECTION - OTHER 2 - MIDLICK - MARKED CROSSWALK 3 - CHANGING LANES 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - STANDING 14 - OTHER NON-MOTORIST 15 - STANDING OUTSIDE DISABLED VEHICLE 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 24 - OTHER MOVABLE OBJECT	
ACTION <u>3</u> 3 - STRIKING <u>0 1</u> 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - PRE-CRASH ACTIONS 5 - OVERTAKING/PASSING 6 - MAKING LEFT TURN 7 - STRIKING 8 - BACKING 9 - CHANGING LANES 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - MAKING U-TURN 13 - MAKING RIGHT TURN 14 - ENTERING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - LEAVING TRAFFIC LANE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 24 - OTHER MOVABLE OBJECT	
CONTRIBUTING CIRCUMSTANCES <u>1 1</u> 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION	
SEQUENCE OF EVENTS <u>1 0 9</u> 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION <u>2 3 6</u> 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT <u>3 4 8</u> 6 - IMPROPER TURN <u>4 1 1</u> 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT		NON-COLLISION 1 - EQUIPMENT FAILURE 2 - SEPARATION OF UNITS 3 - RAN OFF ROAD RIGHT 4 - RAN OFF ROAD LEFT 5 - CROSS MEDIAN 6 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 7 - DOWNHILL RUNAWAY 8 - OTHER NON-COLLISION 9 - PEDESTRIAN 10 - PEDALCYCLE 11 - RAILWAY VEHICLE 12 - ANIMAL - FARM 13 - ANIMAL - DEER 14 - ANIMAL - OTHER 15 - MOTOR VEHICLE IN TRANSPORT 16 - PARKED MOTOR VEHICLE 17 - WORK ZONE MAINTENANCE EQUIPMENT 18 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 19 - OTHER MOVABLE OBJECT	
COLLISION WITH FIXED OBJECT - STRUCK <u>4 1 1</u> 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	
FIRST HARMFUL EVENT <u>2</u>		MOST HARMFUL EVENT <u>3</u>	

LOCAL REPORT NUMBER <u>2 2 0 2 3 8 3 3</u>	
DAMAGE 4	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> NO DAMAGE <u>0</u> <input type="checkbox"/> UNDERCARRIAGE <u>14</u> <input type="checkbox"/> TOP <u>13</u> <input type="checkbox"/> ALL AREAS <u>15</u> <input type="checkbox"/> UNIT NOT AT SCENE <u>16</u>	
INITIAL POINT OF CONTACT 0 - NO DAMAGE <u>1 2</u> 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM <u>12</u> 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC TRAFFIC WAY FLOW <u>2</u> 1 - ONE-WAY 2 - TWO-WAY	
TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <u>2</u> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION 1 - NORTH <u>4</u> 5 - NORTHEAST 2 - SOUTH <u>3</u> 6 - NORTHWEST 3 - EAST <u>3</u> 7 - SOUTHEAST 4 - WEST <u>4</u> 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>3</u> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
DETECTED SPEED 3 - POSTED SPEED <u>2 5</u>	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
2 2 0 2 3 8 3 3									

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER			
	0 1	WILLIAMS, TAVION, A					0 1 1 4 2 0 0 1	2 1		M				
	ADDRESS: STREET, CITY, STATE, ZIP 2837 SATURN DRIVE, FAIRFIELD, OHIO, 45014						CONTACT PHONE - INCLUDE AREA CODE							
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 4	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	1	ALCOHOL / DRUG SUSPECTED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	3	1	1	ALCOHOL TEST	DRUG TEST(S)
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	0 4	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	1	ALCOHOL / DRUG SUSPECTED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	3	1	1	ALCOHOL TEST	DRUG TEST(S)
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	0 4	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	1	ALCOHOL / DRUG SUSPECTED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	3	1	1	ALCOHOL TEST	DRUG TEST(S)
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	2-CDL INTRASTATE ONLY		1-NONE GIVEN				
2-SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE		2-DEPLOYED FRONT		2-CLASS B	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED	3-CORRECTIVE LENSES		2-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE				
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE		3-DEPLOYED SIDE		3-CLASS C	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN	4-EXCEPT CLASS A BUS		5-TEST GIVEN, RESULTS UNKNOWN				
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4-DEPLOYED BOTH FRONT / SIDE		4-REGULAR CLASS (OHIO=D)	5-EXCEPT CLASS A & CLASS B BUS	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5-EXCEPT CLASS A & CLASS B BUS		6-PASSSENGER				
5-NO APPARENT INJURY	5-SECOND - MIDDLE		5-NOT APPLICABLE		5-M/C MOPED ONLY	6-EXCEPT CLASS A & CLASS B BUS	6-INTERMEDIATE LICENSE RESTRICTIONS	6-EXCEPT CLASS A & CLASS B BUS		7-OTHER DISTRACTION INSIDE THE VEHICLE				
INJURED TAKEN BY		6-SECOND - RIGHT SIDE		6-DEPLOYED		6-NO VALID OL	7-EXCEPTTRACTOR-TRAILER	7-EXCEPTTRACTOR-TRAILER		8-OTHER DISTRACTION OUTSIDE THE VEHICLE				
1-NOT TRANSPORTED /TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-NOT DEPLOYED		7-HAZMAT	8-INTERMEDIATE LICENSE RESTRICTIONS	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	8-OTHER DISTRACTION OUTSIDE THE VEHICLE		9-OTHER/UNKNOWN				
2-EMS	8-THIRD - MIDDLE		8-PARTIALLY DEPLOYED		8-MOTORCYCLE	9-LEARNER'S PERMIT RESTRICTIONS	9-OTHER/UNKNOWN	9-OTHER/UNKNOWN		10-OTHER				
3-POLICE	9-THIRD - RIGHT SIDE		9-TOTALLY DEPLOYED		9-P-PASSENGER	10-LIMITED TO DAYLIGHT ONLY	10-APPARENTLY NORMAL	10-APPARENTLY NORMAL		11-APPARENTLY NORMAL				
9. OTHER/UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB		10-NOT APPLICABLE		10-N-TANKER	11-LIMITED TO EMPLOYMENT	11-PHYSICAL IMPAIRMENT	11-PHYSICAL IMPAIRMENT		12-PHYSICAL IMPAIRMENT				
SAFETY EQUIPMENT		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-NOT TRAPPED		11-Q-MOTOR SCOOTER	12-LIMITED-OTHER	12-PHYSICAL IMPAIRMENT		13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)				
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA		12-EXTRICATED BY MECHANICAL MEANS		12-R-THREE-WHEEL MOTORCYCLE	13-X-TANKER/HAZMAT	13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		14-MILITARY VEHICLES ONLY					
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT		13-FREED BY NON-MECHANICAL MEANS		13-S-SCHOOL BUS	14-15-MOTOR VEHICLES WITHOUT AIR BRAKES	14-MILITARY VEHICLES ONLY		15-MOTOR VEHICLES WITHOUT AIR BRAKES					
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14-NOT TRAPPED		14-T-T-DOUBLE & TRIPLE TRAILERS	15-F-F-OUTSIDE MIRROR	15-F-F-OUTSIDE MIRROR		16-F-F-OUTSIDE MIRROR					
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST		15-EXTRICATED BY MECHANICAL MEANS		15-X-X-TANKER/HAZMAT	16-G-G-PROSTHETIC AID	16-G-G-PROSTHETIC AID		17-G-G-PROSTHETIC AID					
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	16-OTHER / UNKNOWN		16-NOT TRAPPED		16-U-U-OTHER / UNKNOWN	17-H-H-OTHER	17-H-H-OTHER		18-H-H-OTHER					
6-CHILD RESTRAINT SYSTEM - REAR FACING	17-REFLECTIVE CLOTHING		17-EXTRICATED BY MECHANICAL MEANS		17-F-F-OTHER / UNKNOWN	18-F-F-OTHER / UNKNOWN	18-F-F-OTHER / UNKNOWN		19-F-F-OTHER / UNKNOWN					
7-BOOSTER SEAT	18-LIGHTING - PEDESTRIAN / CYCLE ONLY		18-NOT TRAPPED		18-U-U-OTHER / UNKNOWN	19-G-G-OTHER / UNKNOWN	19-G-G-OTHER / UNKNOWN		20-G-G-OTHER / UNKNOWN					
8-H-HELMET USED	19-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		19-EXTRICATED BY MECHANICAL MEANS		19-F-F-OTHER / UNKNOWN	20-H-H-OTHER / UNKNOWN	20-H-H-OTHER / UNKNOWN		21-H-H-OTHER / UNKNOWN					
9-P-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	20-REFLECTIVE CLOTHING		20-NOT TRAPPED		20-U-U-OTHER / UNKNOWN	21-G-G-OTHER / UNKNOWN	21-G-G-OTHER / UNKNOWN		22-G-G-OTHER / UNKNOWN					
10-R-REFLECTIVE CLOTHING	21-LIGHTING - PEDESTRIAN / CYCLE ONLY		21-EXTRICATED BY MECHANICAL MEANS		21-F-F-OTHER / UNKNOWN	22-H-H-OTHER / UNKNOWN	22-H-H-OTHER / UNKNOWN		23-H-H-OTHER / UNKNOWN					
11-L-LIGHTING - PEDESTRIAN / CYCLE ONLY	22-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		22-NOT TRAPPED		22-U-U-OTHER / UNKNOWN	23-G-G-OTHER / UNKNOWN	23-G-G-OTHER / UNKNOWN		24-G-G-OTHER / UNKNOWN					
12-O-OTHER / UNKNOWN	23-REFLECTIVE CLOTHING		23-EXTRICATED BY MECHANICAL MEANS		23-F-F-OTHER / UNKNOWN	24-H-H-OTHER / UNKNOWN	24-H-H-OTHER / UNKNOWN		25-H-H-OTHER / UNKNOWN					
INJURIES		SEATING POSITION		AIR BAG		OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION		TEST STATUS				
INJURIES		EJECTION		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		ALCOHOL TEST TYPE				
INJURIES		TRAPPED		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		DRUG TEST TYPE				
INJURIES		GENDER		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
INJURIES		F-FEMALE		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
INJURIES		M-MALE		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
INJURIES		U-OTHER / UNKNOWN		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
INJURIES		GENDER		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
INJURIES		F-FEMALE		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
INJURIES		M-MALE		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
INJURIES		U-OTHER / UNKNOWN		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
INJURIES		GENDER		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
INJURIES		F-FEMALE		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
INJURIES		M-MALE		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
INJURIES		U-OTHER / UNKNOWN		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
INJURIES		GENDER		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
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INJURIES		M-MALE		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
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INJURIES		GENDER		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
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INJURIES		GENDER		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
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INJURIES		GENDER		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
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INJURIES		U-OTHER / UNKNOWN		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
INJURIES		GENDER		OL ENDORSEMENT		OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		CONDITON				
INJURIES														



## OCCUPANT / WITNESS ADDENDUM

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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
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
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
INJURIES	INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE		
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED				
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT				
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE				
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE				
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE				
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN			
1 - NOT TRANSPORTED /TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION			
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED			
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED			
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED			
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE			
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED			
M - MALE				13 - TRAILING UNIT		1 - NOT TRAPPED			
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS			
				15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS			
				99 - OTHER / UNKNOWN					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			
HENDERSON, MICHAEL, MAURICE					0 3 1 8 1 9 7 9	4 3	M		
88 CHAPEL HILL DRIVE, FAIRFIELD, OHIO, 45014					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	HIGLEY, AARON, RUSSELL					1 2 1 5 1 9 9 4	2 7	M	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
31 WOODSTOCK DRIVE, FAIRFIELD, OHIO, 45014					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	BROWN, KAMERON, MAE					0 9 0 1 1 9 9 7	2 4	F	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
31 WOODSTOCK DRIVE, FAIRFIELD, OHIO, 45014					CONTACT PHONE - INCLUDE AREA CODE				