



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY | | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER | | LOCAL INFORMATION | | LOCAL REPORT NUMBER* | |
| COUNTY* 09 | | LOCALITY* 1 | | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield | | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | |
| REPORTING AGENCY NAME* Fairfield Police Department | | NCIC* 00901 | | NUMBER OF UNITS 02 | | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN | |
| CRASH DATE / TIME* 05012022 1726 | | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY | | CRASH SEVERITY 5 | | | |
| ROUTE TYPE U S | | ROUTE NUMBER 127 | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | LATITUDE DECIMAL DEGREES 39.318200 | |
| ROUTE TYPE | | ROUTE NUMBER | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | LONGITUDE DECIMAL DEGREES -84.561562 | |
| 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 440 | | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | | INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | | NUMBER OF APPROACHES 4 | |
| 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 BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN | | 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 | |
| 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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | | CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | |
| 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 | | CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | | SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN | |
| NARRATIVE On May 1, 2022 at approximately 5:26 PM, Units 1 and 2 were traveling southbound on Pleasant Avenue approaching Hunter Road. Unit 2 was stopped in traffic. Unit 1 then rear-ended Unit 2. | | SCENE DIAGRAM Indicate the north direction with an "N" on the compass diagram. Pleasant Ave. Hunter Rd. Not to Scale | | | | | |
| CRASH REPORTED DATE / TIME 05012022 1726 | | DISPATCH DATE / TIME 05012022 1731 | | ARRIVAL DATE / TIME 05012022 1742 | | SCENE CLEARED DATE / TIME 05012022 1819 | |
| TOTAL TIME ROADWAY CLOSED 0 | | OTHER INVESTIGATION TIME 30 | | TOTAL MINUTES 138 | | OFFICER'S NAME* A. ROUSH | |
| OFFICER'S BADGE NUMBER* 170 | | CHECKED BY OFFICER'S NAME* [Signature] | | CHECKED BY OFFICER'S BADGE NUMBER* 87 | | 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 ODPS) | |

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|---|---|
| LOCAL REPORT NUMBER | |
| 2 2 0 3 0 8 0 7 | |
| DAMAGE | |
| DAMAGE SCALE | |
| 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN | 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE |
| 4 | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
| | |

| | |
|--|---|
| LOCAL REPORT NUMBER | |
| 2 2 0 3 0 8 0 7 | |
| DAMAGE | |
| DAMAGE SCALE | |
| 1 - NONE <input type="checkbox"/> 2 - MINOR DAMAGE 9 - UNKNOWN | 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE |
| 4 | |
| 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 13 - TOP 99 - UNKNOWN | |
| 0 6 | |
| TRAFFIC | |
| TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY <input type="checkbox"/> 2 | TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL <input type="checkbox"/> 2 |
| # OF THROUGH LANES ON ROAD <input type="checkbox"/> 2 | RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <input type="checkbox"/> 1 |
| UNIT / NON-MOTORIST DIRECTION | |
| FROM <input type="checkbox"/> 1 TO <input type="checkbox"/> 2 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED <input type="checkbox"/> 0 | DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED <input type="checkbox"/> 1 |
| POSTED SPEED <input type="checkbox"/> 3 <input type="checkbox"/> 5 | |



MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER | | | | | | | | | |
|---------------------|---|---|---|---|---|---|---|--|--|
| 2 | 2 | 0 | 3 | 0 | 8 | 0 | 7 | | |

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|-------------------------|--|---|----------------------------|---|--|--|--|--|---------------------------|--|--------------|
| MOTORIST / NON-MOTORIST | UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE CHARLES, LASHAYE ALICE | | | | DATE OF BIRTH 0 7 1 7 2 0 0 5 | | | | AGE 1 6 | GENDER F |
| | ADDRESS: STREET, CITY, STATE, ZIP 394 CREEKSIDE DR APT 304, 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 2 | EJECTION 1 | TRAPPED 1 |
| | OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED 4511.21A | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION ACDA | | CITATION NUMBER 251256 | | |
| | OL CLASS 4 | 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 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 . | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 | |

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|-------------------------|---|--|-----------------------------------|---|--|--|--|--|--------------------|--|--------------|
| MOTORIST / NON-MOTORIST | UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE KALOUS, CHARLES DUANE | | | | DATE OF BIRTH 0 3 0 7 1 9 4 9 | | | | AGE 7 3 | GENDER M |
| | ADDRESS: STREET, CITY, STATE, ZIP 12130 REGENCY RUN CT APT 1, CINCINNATI, OH 45240 | | | | | 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 O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | |
| | OL CLASS 1 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 0 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 . | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 | |

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|-------------------------|-----------------------------------|----------------------------|----------------------------|---|--|--|--|-----------------------------------|-----------------|---|---------|
| MOTORIST / NON-MOTORIST | 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 <input type="checkbox"/> | 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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY | 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 | 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL | 1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER | 1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN | 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN |
| INJURED TAKEN BY | EJECTION | OL ENDORSEMENT | TRAPPED | CONDITION | DRUG TEST TYPE | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN | 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE | H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 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 | 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | |
| SAFETY EQUIPMENT | TRAPPED | GENDER | DRUG TEST TYPE | | | |
| 1 - NONE USED 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 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | F - FEMALE M - MALE U - OTHER / UNKNOWN | 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | | | |
| | | | DRUG TEST RESULT(S) | | | |
| | | | 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS | | | |



OCCUPANT / WITNESS ADDENDUM

| LOCAL REPORT NUMBER | | | | | | | | | | | |
|--|--|--|-------------------|---|------------------------------|--|-------------------------|--|---------------|------------------------------------|--|
| 2 2 0 3 0 8 0 7 | | | | | | | | | | | |
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE LOVEBERRY, TERRON NASIR | | | | DATE OF BIRTH 1 1 1 2 2 0 0 3 | | AGE 1 8 | GENDER M | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 394 CREEKSIDE DR APT 304, 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 1 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 3 | AIR BAG USAGE 0 2 | EJECTION 1 | TRAPPED 1 | |
| | | | | | | | | | | | |
| OCCUPANT | 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 | |
| | | | | | | | | | | | |
| OCCUPANT | 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 | |
| | | | | | | | | | | | |
| OCCUPANT | 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 | |
| | | | | | | | | | | | |
| 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 0 | GENDER | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| | | | | | | | | | | | |
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| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE 0 | GENDER | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
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| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE 0 | GENDER | | |
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