



## 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"/> OH-1P <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		LOCAL REPORT NUMBER*		
		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP	NUMBER OF UNITS
				0 0 9 0 1	1 - SOLVED 2 - UNSOLVED	0 2
UNIT IN ERROR	0 1	98 - ANIMAL				
CRASH SEVERITY	99 - UNKNOWN					
COUNTY* 0 9 LOCALITY* 1 - CITY 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 0 8 0 4 2 0 2 2 2 2 5 2		5
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Pleasant	ROAD TYPE A V	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Happy Valley	ROAD TYPE D R	LONGITUDE DECIMAL DEGREES - 8 4 . 5 6 1 7 4 8
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED		
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	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	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	1 - MILES 2 - FEET 3 - YARDS	NUMBER OF APPROACHES 4			
LOCATION OF FIRST HARMFUL EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL	MEDIAN TYPE	
0 1	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	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	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (> 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/ UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE		CONTOUR	CONDITIONS	SURFACE
		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	2	1
LIGHT CONDITION		WEATHER		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/ UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN
3	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 2	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		
NARRATIVE						
<p>On 8/4/22 around 10:52 p.m. Unit 1 failed to yield to the right away of traffic at the intersection of Pleasant Ave. and Happy Valley Dr. Unit 1 was traveling west on Happy Valley Dr. and struck Unit 2 who was traveling south on Pleasant Ave.</p> <div style="display: flex; align-items: center;"> <div style="flex: 1; border: 1px solid black; padding: 10px; margin-right: 20px;"> <p>Not TO Side</p> <p>Pleasant Ave</p> <p>2</p> <p>Gelhot Dr.</p> </div> <div style="flex: 1; position: relative; height: 200px;"> <p>Indicate the north direction with an "N" on the compass diagram.</p> </div> </div>						
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		REPORT TAKEN BY
0 8 0 4 2 0 2 2 2 2 5 2		0 8 0 4 2 0 2 2 2 2 5 5		0 8 0 4 2 0 2 2 2 2 5 9		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)
				OFFICER'S NAME* Schwartz		checked by OFFICER'S NAME*
				OFFICER'S BADGE NUMBER* 1 5 6		checked by OFFICER'S BADGE NUMBER*

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)
0 1		

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
0 H	HIP3285	4T1BF1FK8HU679800	2017	Toyota
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Grange	4599706	Gray	Camry
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	Marcell's	
<input type="checkbox"/> INTERLOCK EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #
VEHICLE WEIGHT GVWR/GCWR				
1 - ≤10K LBS.				
2 - 10,001 - 26K LBS.				
3 - >26K LBS.				

1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
0 2	1 - YES 2 - NO 9 - OTHER/ UNKNOWN	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION

1 - NONE	6 - BUS - CHARTERTOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
0 1	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	99 - OTHER/ UNKNOWN
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	
	5 - BUS - TRANSIT/ COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL

1 - NO CARGO BODY TYPE /NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
0 1	2 - BUS	4 - LOGGING	9 - CARGO TANK	13 - AUTO TRANSPORTER
			10 - FLAT BED	14 - GARBAGE/ REFUSE
			11 - DUMP	99 - OTHER/ UNKNOWN

1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER/ UNKNOWN
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
3 - TAIL LAMPS	6 - TIRE BLOWOUT			

1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/ CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED	7 - SHOULDER/ ROADSIDE	10 - DRIVEWAY ACCESS	10 - DRIVEWAY ACCESS
NON-MOTORIST LOCATION AT IMPACT	CROSSWALK	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER/ UNKNOWN
	5 - TRAVEL LANE - OTHER LOCATION			

1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
0 3	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
	3 - STRIKING 0 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
	4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
	5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER/ UNKNOWN
	6 - MAKING LEFT TURN	12 - DRIVERLESS		
	9 - OTHER/ UNKNOWN			

1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE /ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
0 2	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	19 - SWERVING TO AVOID	23 - OPENING DOOR INTO ROADWAY
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	99 - OTHER IMPROPER ACTION
CONTRIBUTING CIRCUMSTANCES	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	16 - WRONG WAY	20 - IMPROPER CROSSING
	6 - IMPROPER TURN	12 - IMPROPER BACKING		

SEQUENCE OF EVENTS

1 2 0	1 - OVERTURN/ ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
	2 - FIRE/ EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	24 - OTHER MOVABLE OBJECT
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	
			15 - PEDESTRIAN		
			16 - PEDESTRIAN		
			17 - PEDESTRIAN		
			18 - PEDESTRIAN		
			19 - PEDESTRIAN		
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			47 - PEDESTRIAN		
			48 - PEDESTRIAN		
			49 - PEDESTRIAN		

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
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LOCAL REPORT NUMBER	
2 2 0 5 5 9 3 1	
DAMAGE	
DAMAGE SCALE	
4	1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
1 2	0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP
TRAFFIC	
TRAFFIC WAY FLOW	1 - ONE WAY 2 - TWO WAY
2	4
# OF THROUGH LANES ON ROAD	2
RAIL GRADE CROSSING	
1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
3	4 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHEAST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/ UNKNOWN
FROM 3 TO 4	
UNIT SPEED	
5	1 - STATED/ ESTIMATED SPEED 2 - CALCULATED/ EDR 3 - UNDETERMINED
DETECTED SPEED	
1	
POSTED SPEED	
2	5

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)
012	Eiseneker, Catherine	
OWNER	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
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LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
01H	HPS1453	1G1N1E1512J2Y615105216	2000	Chevy
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	Progressive	942644384	Silver	Malibu
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			Wayne's	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS	HAZARDOUS MATERIAL	
		0 4	<input type="checkbox"/> MATERIAL RELEASED	CLASS # PLACARD ID #
			<input type="checkbox"/> PLACARD	
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 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 (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
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# OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
02	1 - YES 2 - NO 9 - OTHER/UNKNOWN	AUTONOMOUS MODE LEVEL		

1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTERTOUR 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	21 - MAIL CARRIER 99 - OTHER/UNKNOWN
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01 CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN
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	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	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN
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04 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	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN
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01 CONTRIBUTING CIRCUMSTANCES	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 / ACD A 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 99 - OTHER IMPROPER ACTION
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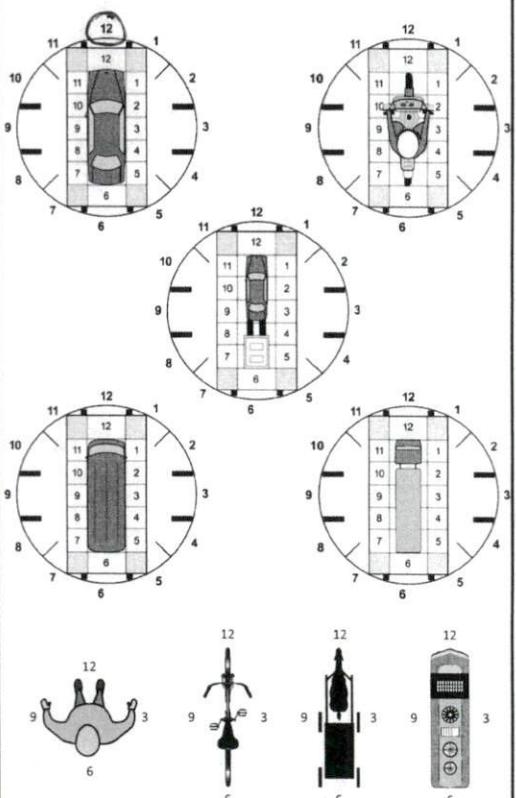
SEQUENCE OF EVENTS	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDESTRIAN CYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION 24 - OTHER MOBILE OBJECT
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01 FIRST HARMFUL EVENT	1 - 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 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 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
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LOCAL REPORT NUMBER	2 2 0 5 5 9 3 1
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DAMAGE	DAMAGE SCALE
4	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT	
1 - NO DAMAGE 2 - 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER/UNKNOWN

UNIT SPEED	DETECTED SPEED
4 0	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
POSTED SPEED	
4 0	



# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST										LOCAL REPORT NUMBER					
										2 2 0 5 5 9 3 1			DATE OF BIRTH		
UNIT #	NAME: LAST, FIRST, MIDDLE									0 4 0 1 1 9 7 8	4 4	M			
0 1	Wilson, Timothy									CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STREET, CITY, STATE, ZIP															
131 Elk Ct. Fairfield OH 45014															
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 331.16a			LOCAL CODE <input checked="" type="checkbox"/>		OFFENSE DESCRIPTION Right of Way Intersect.			CITATION NUMBER 251522			
OL CLASS 04	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 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4				
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE									1 0 1 9 2 0 0 1	2 0	M			
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE					
3215 Struble Rd. Cincinnati OH 45251															
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE 0 4	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION			CITATION NUMBER			
OL CLASS 04	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 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4				
UNIT #	NAME: LAST, FIRST, MIDDLE									1 0 1 9 2 0 0 1	2 0	M			
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		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 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4				
INJURIES	SEATING POSITION			AIR BAG		OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION		TEST STATUS					
1-FATAL	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)			1-NOT DEPLOYED		1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1- NOT DISTRACTED		1- NONE GIVEN					
2-SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE			2-DEPLOYED FRONT		2-CLASS B	2-COL INTRASTATE ONLY	2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2- TEST REFUSED					
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE			3-DEPLOYED SIDE		3-CLASS C	3-CORRECTIVE LENSES	3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3- TEST GIVEN					
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE			4-DEPLOYED BOTH FRONT / SIDE		4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4- TEST GIVEN, RESULTS KNOWN		4- TEST GIVEN, RESULTS UNKNOWN					
5-NO APPARENT INJURY	5-SECOND - MIDDLE			5-NOT APPLICABLE		5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5- TEST GIVEN, RESULTS UNKNOWN					
INJURED TAKEN BY	6-SECOND - RIGHT SIDE			9-DEPLOYMENT UNKNOWN		6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6- PASSENGER		6- BLOOD					
1- NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			1-NOT EJECTED		H - HAZMAT	7-EXCEPT TRACTOR-TRAILER	7- OTHER DISTRACTION INSIDE THE VEHICLE		7- URINE					
2-EMS	8-THIRD - MIDDLE			2-PARTIALLY EJECTED		M - MOTORCYCLE	8-INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER DISTRACTION OUTSIDE THE VEHICLE		8- BREATH					
3-POLICE	9-THIRD - RIGHT SIDE			3-TOTALLY EJECTED		P - PASSENGER	9-LEARNER'S PERMIT RESTRICTIONS	9- OTHER / UNKNOWN		5- OTHER					
9- OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB			4-NOT APPLICABLE		N - TANKER	10-LIMITED TO DAYLIGHT ONLY	10- APPARENTLY NORMAL		1- NONE					
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			1-NOT TRAPPED		Q - MOTOR SCOOTER	11-LIMITED TO EMPLOYMENT	11- PHYSICAL IMPAIRMENT		2- BLOOD					
1- NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA			2-EXTRICATED BY MECHANICAL MEANS		R - THREE-WHEEL MOTORCYCLE	12-LIMITED - OTHER	12- EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		3- URINE					
2- SHOULDER BELT ONLY USED	13-TRAILING UNIT			3-FREED BY NON-MECHANICAL MEANS		S - SCHOOL BUS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13- ILLNESS		4- OTHER					
3- LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			F - FEMALE		T - DOUBLE & TRIPLE TRAILERS	14-MILITARY VEHICLES ONLY	14- FELL ASLEEP, FAINTED, FATIGUED, ETC.		1- AMPHETAMINES					
4- SHOULDER & LAP BELT USED	15-NON-MOTORIST			M - MALE		X - TANKER / HAZMAT	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		2- BARBITURATES					
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	99- OTHER / UNKNOWN			U - OTHER / UNKNOWN		16- OUTSIDE MIRROR	16- PROSTHETIC AID	16- BENZODIAZEPINES		3- BENZODIAZEPINES					
6- CHILD RESTRAINT SYSTEM - REAR FACING						17- OTHER	17- OTHER	17- CANNABINOID		4- COCAINE					
7- BOOSTER SEAT								18- OTHER		5- OPIATES / OPIOIDS					
8- HELMET USED										6- OTHER					
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										7- NEGATIVE RESULTS					
10- REFLECTIVE CLOTHING															
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY															
99- OTHER / UNKNOWN															



# OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER															
	UNIT #		NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER							
	2		Zapf, Kenyon			0 8 2 6 2 0 0 3		1 8	M							
	ADDRESS: STREET, CITY, STATE, ZIP 3215 Struble Rd. Cincinnati OH 45251															
	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 3	AIR BAG USAGE 0 2	EJECTION 1	TRAPPED 1
	UNIT # 2		NAME: LAST, FIRST, MIDDLE Butts, Dannelle			DATE OF BIRTH 0 6 0 1 2 0 0 9		AGE 1 3	GENDER F							
	ADDRESS: STREET, CITY, STATE, ZIP 3215 Struble Rd. Cincinnati OH 45251															
	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 4	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
	UNIT # 2		NAME: LAST, FIRST, MIDDLE Butts, Hunter			DATE OF BIRTH 0 2 1 8 2 0 1 1		AGE 1 1	GENDER M							
	ADDRESS: STREET, CITY, STATE, ZIP 3215 Struble Rd. Cincinnati OH 45251															
	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 6	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
	UNIT #		NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE 0	GENDER							
	ADDRESS: STREET, CITY, STATE, ZIP															
	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		EJECTION		TRAPPED					
	1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - NOT EJECTED		1 - NOT TRAPPED					
	2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - PARTIALLY EJECTED		2 - EXTRICATED BY MECHANICAL MEANS					
	3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - TOTALLY EJECTED		3 - FREED BY NON-MECHANICAL MEANS					
	4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE		4 - NOT APPLICABLE		4 - NOT TRAPPED					
	5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - DEPLOYMENT UNKNOWN		5 - EXTRICATED BY MECHANICAL MEANS					
	INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NOT APPLICABLE		6 - FREED BY NON-MECHANICAL MEANS					
	1 - NOT TRANSPORTED /TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - NOT APPLICABLE		7 - DEPLOYMENT UNKNOWN		7 - EXTRICATED BY MECHANICAL MEANS					
	2 - EMS		8 - HELMET USED		8 - THIRD - RIGHT SIDE		8 - NOT APPLICABLE		8 - DEPLOYMENT UNKNOWN		8 - FREED BY NON-MECHANICAL MEANS					
	3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - SLEEPER SECTION OF TRUCK CAB		9 - NOT APPLICABLE		9 - DEPLOYMENT UNKNOWN		9 - EXTRICATED BY MECHANICAL MEANS					
	9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		10 - NOT APPLICABLE		10 - DEPLOYMENT UNKNOWN		10 - EXTRICATED BY MECHANICAL MEANS					
	GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN UNENCLOSED CARGO AREA		11 - NOT APPLICABLE		11 - DEPLOYMENT UNKNOWN		11 - EXTRICATED BY MECHANICAL MEANS					
	F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN TRAILING UNIT		12 - NOT APPLICABLE		12 - DEPLOYMENT UNKNOWN		12 - EXTRICATED BY MECHANICAL MEANS					
	M - MALE				13 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		13 - NOT APPLICABLE		13 - DEPLOYMENT UNKNOWN		13 - EXTRICATED BY MECHANICAL MEANS					
	U - OTHER / UNKNOWN				14 - NON-MOTORIST		14 - NOT APPLICABLE		14 - DEPLOYMENT UNKNOWN		14 - EXTRICATED BY MECHANICAL MEANS					
	NAME: LAST, FIRST, MIDDLE				99 - OTHER / UNKNOWN		99 - NOT APPLICABLE		99 - DEPLOYMENT UNKNOWN		99 - EXTRICATED BY MECHANICAL MEANS					
WITNESS	DATE OF BIRTH 0										AGE	GENDER				
	CONTACT PHONE - INCLUDE AREA CODE															
	ADDRESS: STREET, CITY, STATE, ZIP															
	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE					
	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE					