



*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

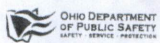
HSY7001 OH1 1/19 [760-0820]

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)				
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)							
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
VEHICLE	LP STATE OH	LICENSE PLATE # HKW3700	VEHICLE IDENTIFICATION # 2GNFLLEK4G6183632		VEHICLE YEAR 2016	VEHICLE MAKE Chevy		
	INSURANCE VERIFIED	INSURANCE COMPANY		INSURANCE POLICY #	COLOR Gray	VEHICLE MODEL Equinox		
	COMMERCIAL	TYPE OF USE GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME Fox			
	INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL CLASS # PLACARD ID #			
	UNIT TYPE 03	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		
	# OF TRAILING UNITS 0	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				
	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		9 - UNKNOWN					
	SPECIAL FUNCTION 01		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		21 - MAIL CARRIER 99 - OTHER / UNKNOWN			
EVENT(S)	CARGO BODY TYPE 01	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		
	VEHICLE DEFECTS 01	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		
	11 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN							
	NON-MOTORIST LOCATION AT IMPACT 01		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					
	ACTION 3		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					
	CONTRIBUTING CIRCUMSTANCES 08		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 99 - OTHER IMPROPER ACTION					
	SEQUENCE OF EVENTS							
NON-COLLISION								
1 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT								
2 2 0 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN								
3 2 0 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								
COLLISION WITH FIXED OBJECT - STRUCK								
4 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								
1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT								

LOCAL REPORT NUMBER <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> 22089152 </div>	
DAMAGE DAMAGE SCALE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NONE 2 - MINOR DAMAGE </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN </div> </div>	
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 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN </div> </div>	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> 2 </div>	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> 2 </div>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST </div> <div style="width: 45%;"> 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN </div> </div>	
UNIT SPEED <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> 15 </div>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> 25 </div>	

OWNER	UNIT # 02	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			
VEHICLE	LP STATE NH	LICENSE PLATE # 4071822	VEHICLE IDENTIFICATION # ZACCUJBAJB2HPE55394	VEHICLE YEAR 2017	VEHICLE MAKE Jeep
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Geico	INSURANCE POLICY # 6119595426	COLOR Red	VEHICLE MODEL Renegade
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 01	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #	
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		18-LIMO (LIVERY VEHICLE) 23-PEDESTRIAN / SKATER 19-BUS (16+ PASSENGERS) 24-WHEELCHAIR (ANY TYPE) 20-OTHER VEHICLE 25-OTHER NON-MOTORIST 21-HEAVY EQUIPMENT 26-BICYCLE 22-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27-TRAIN 99-UNKNOWN OR HIT/SKIP		
	UNIT TYPE 03		1-PASSENGER CAR 7-MOTORCYCLE 2-WHEELED 12-GOLF CART 2-PASSENGER VAN (MINIVAN) 8-MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 3-SPORT UTILITY VEHICLE 9-AUTOCYCLE 14-SINGLE UNIT TRUCK 4-PICK UP 10-MOPED OR MOTORIZED BICYCLE 15-SEMI-TRACTOR 5-CARGO VAN 11-ALL TERRAIN VEHICLE (ATV / UTV) 16-FARM EQUIPMENT 6-VAN (9-15 SEATS) 17-MOTORHOME		
	# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2-YES 1-NO 2-NO 9-OTHER/UNKNOWN AUTONOMOUS MODE LEVEL 0		
	SPECIAL FUNCTION 01		1-NONE 6-BUS-CHARTER/TOUR 11-FIRE 16-FARM 21-MAIL CARRIER 2-TAXI 7-BUS-INTERCITY 12-MILITARY 17-MOWING 99-OTHER/UNKNOWN 3-ELECTRONIC RIDE SHARING 8-BUS-SHUTTLE 13-POLICE 18-SNOW REMOVAL 4-SCHOOL TRANSPORT 9-BUS-OTHER 14-PUBLIC UTILITY 19-TOWING 5-BUS-TRANSIT/COMMUTER 10-AMBULANCE 15-CONSTRUCTION EQUIPMENT 20-SAFETY SERVICE PATROL		
	CARGO BODY TYPE 01		1-NO CARGO BODY TYPE / NOT APPLICABLE 3-VEHICLE TOWING ANOTHER MOTOR VEHICLE 5-INTERMODAL CONTAINER CHASSIS 8-POLE 12-CONCRETE MIXER 2-BUS 4-LOGGING 6-CARGO VAN/ENCLOSED BOX 10-FLAT BED 13-AUTO TRANSPORTER 99-OTHER / UNKNOWN		
	VEHICLE DEFECTS		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		
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT		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 CROSSWALK 8-SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS 13-AUTO TRANSPORTER 5-TRAVEL LANE - OTHER LOCATION 11-SIDEWALK 12-SHARED USE PATHS OR TRAILS 99-OTHER / UNKNOWN		
	ACTION 4		1-NON-CONTACT 1-STRAIGHT AHEAD 7-MAKING U-TURN 13-NEGOTIATING A CURVE 18-APPROACHING OR LEAVING VEHICLE 2-NON-COLLISION 2-BACKING 8-ENTERING TRAFFIC LANE 14-ENTERING OR CROSSING SPECIFIED LOCATION 19-STANDING 3-STRIKING 3-CHANGING LANES 9-LEAVING TRAFFIC LANE 15-WALKING, RUNNING, JOGGING, PLAYING 20-OTHER NON-MOTORIST 4-STRUCK PRE-CRASH ACTIONS 10-PARKED 11-SLOWING OR STOPPED IN TRAFFIC 16-WORKING 21-STANDING OUTSIDE DISABLED VEHICLE 5-BOTH STRIKING & STRUCK 5-MAKING RIGHT TURN 12-DRIVERLESS 17-PUSHING VEHICLE 99-OTHER / UNKNOWN 9-OTHER / UNKNOWN 6-MAKING LEFT TURN		
	CONTRIBUTING CIRCUMSTANCES 01		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 3-RAN RED LIGHT 9-IMPROPER LANE CHANGE 15-SWERVING TO AVOID 19-LOAD SHIFTING/FALLING/SPILLING 23-OPENING DOOR INTO ROADWAY 4-RAN STOP SIGN 10-IMPROPER PASSING 16-WRONG WAY 20-IMPROPER CROSSING 99-OTHER IMPROPER ACTION 5-UNSAFE SPEED 11-DROVE OFF ROAD 6-IMPROPER TURN 12-IMPROPER BACKING		
	SEQUENCE OF EVENTS		NON-COLLISION 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 12-DOWNHILL RUNAWAY 17-ANIMAL - FARM 23-STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3-IMMERSION 8-RAN OFF ROAD RIGHT 13-OTHER NON-COLLISION 18-ANIMAL - DEER 24-OTHER MOVABLE OBJECT 4-JACKKNIFE 9-RAN OFF ROAD LEFT 14-PEDESTRIAN 19-ANIMAL - OTHER 20-MOTOR VEHICLE IN TRANSPORT 5-CARGO / EQUIPMENT LOSS OR SHIFT 10-CROSS MEDIAN 15-PEDALCYCLE 21-PARKED MOTOR VEHICLE		
	COLLISION WITH FIXED OBJECT - STRUCK		25-IMPACT ATTENUATOR / CRASH CUSHION 31-GUARDRAIL END 37-TRAFFIC SIGN POST 43-CURB 50-WORK ZONE MAINTENANCE EQUIPMENT 26-BRIDGE OVERHEAD STRUCTURE 32-PORTABLE BARRIER 38-OVERHEAD SIGN POST 44-DITCH 51-WALL 27-BRIDGE PIER OR ABUTMENT 33-MEDIAN CABLE BARRIER 39-LIGHT / LUMINARIES SUPPORT 45-EMBANKMENT 52-BUILDING 28-BRIDGE PARAPET 34-MEDIAN GUARDRAIL BARRIER 40-UTILITY POLE 46-FENCE 53-TUNNEL 29-BRIDGE RAIL 35-MEDIAN CONCRETE BARRIER 41-OTHER POST, POLE OR SUPPORT 47-MAILBOX 54-OTHER FIXED OBJECT 30-GUARDRAIL FACE 36-MEDIAN OTHER BARRIER 42-CULVERT 48-TREE 99-OTHER / UNKNOWN 49-FIRE HYDRANT		
	FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER 22089152	
DAMAGE DAMAGE SCALE 2 1-NONE 3-FUNCTIONAL DAMAGE 2-MINOR DAMAGE 4-DISABLING DAMAGE 9-UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0-NO DAMAGE 14-UNDERCARRIAGE 1-12-REFER TO UNIT DIAGRAM 15-VEHICLE NOT AT SCENE 13-TOP 99-UNKNOWN	
TRAFFICWAY FLOW 2 1-ONE-WAY 2-TWO-WAY	TRAFFIC CONTROL 2 1-ROUNDABOUT 4-STOP SIGN 2-SIGNAL 5-YIELD SIGN 3-FLASHER 6-NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 1-NOT INVOLVED 2-INVOLVED-ACTIVE CROSSING 3-INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1-NORTH 5-NORTHEAST 2-SOUTH 6-NORTHWEST 3-EAST 7-SOUTHEAST 4-WEST 8-SOUTHWEST 9-OTHER / UNKNOWN	
UNIT SPEED 0	DETECTED SPEED 1 1-STATED / ESTIMATED SPEED 2-CALCULATED / EDR 3-UNDETERMINED
POSTED SPEED 25	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 8 9 1 5 2

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Stivers, John	DATE OF BIRTH 0 7 0 9 1 9 6 5		AGE 5 7	GENDER M																																																																																																																																																																																										
	ADDRESS: STREET, CITY, STATE, ZIP 6001 Flaig Dr. Fairfield, Oh 45014					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																										
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																																																																																																																						
	OL STATE O H	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 333.03a	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA	CITATION NUMBER 252677																																																																																																																																																																																										
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 6	ALCOHOL TEST STATUS TYPE VALUE 2 4 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																																																																								
MOTORIST / NON-MOTORIST	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Authier, Nicolas	DATE OF BIRTH 1 1 0 3 1 9 7 8		AGE 4 4	GENDER M																																																																																																																																																																																										
	ADDRESS: STREET, CITY, STATE, ZIP 3494 Danbury Rd. Fairfield, Oh 45014					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																										
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																																																																																																																																																																						
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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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	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																																																																																																																																																																																						
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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																																																																																																																																																																																								
<table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1 - FATAL</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1 - NOT DEPLOYED</td><td>1 - CLASS A</td><td>1 - ALCOHOL INTERLOCK DEVICE</td><td>1 - NOT DISTRACTED</td><td>1 - NONE GIVEN</td></tr><tr><td>2 - SUSPECTED SERIOUS INJURY</td><td>2 - FRONT - MIDDLE</td><td>2 - DEPLOYED FRONT</td><td>2 - CLASS B</td><td>2 - CDL INTRASTATE ONLY</td><td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2 - TEST REFUSED</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td><td>3 - CLASS C</td><td>3 - CORRECTIVE LENSES</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - DEPLOYED BOTH FRONT / SIDE</td><td>4 - REGULAR CLASS (OHIO = D)</td><td>4 - FARM WAIVER</td><td>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4 - TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td><td>5 - M/C MOPED ONLY</td><td>5 - EXCEPT CLASS A BUS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td>INJURED TAKEN BY</td><td>6 - SECOND - RIGHT SIDE</td><td>9 - DEPLOYMENT UNKNOWN</td><td>6 - NO VALID OL</td><td>6 - EXCEPT CLASS A & CLASS B BUS</td><td>6 - PASSENGER</td><td>ALCOHOL TEST TYPE</td></tr><tr><td>1 - NOT TRANSPORTED / TREATED AT SCENE</td><td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td>EJECTION</td><td>OL ENDORSEMENT</td><td>7 - EXCEPT TRACTOR-TRAILER</td><td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td><td>1 - NONE</td></tr><tr><td>2 - EMS</td><td>8 - THIRD - MIDDLE</td><td>1 - NOT EJECTED</td><td>H - HAZMAT</td><td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td><td>8 - 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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	ALCOHOL TEST TYPE	1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE	2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD	3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE	9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	CONDITION	4 - BREATH	SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	5 - 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