



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
18 0299 03	3 1 - FATAL 2 - INJURY 3 - PDO	0 1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN <input type="checkbox"/> OH - 2 <input type="checkbox"/> OH - 1P <input type="checkbox"/> OH - 3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
			04900	Madison County Sheriff	2	1 98 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY * <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
Madison County	Canaan (Township of)		03/01/2018	07:30	THU

DEGREES/MINUTES/SECONDS	DECIMAL DEGREES
LATITUDE ::	LONGITUDE ::
	OR 40.067000 83.289883

ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL
		2	

LOCATION ROUTE NUMBER	LOC PREFIX	LOCATION ROAD NAME	LOCATION ROAD TYPE	ROUTE TYPES
US 42				IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE	REFERENCE ROUTE NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE
5.00 MILES FEET YARDS	W N,S,E,W				KILBURY HUBER	RD

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	3 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ ROUNDABOUT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

ROAD CONTOUR	ROAD CONDITIONS	WEATHER
1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	2 PRIMARY SECONDARY 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN	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 - OTHER/UNKNOWN

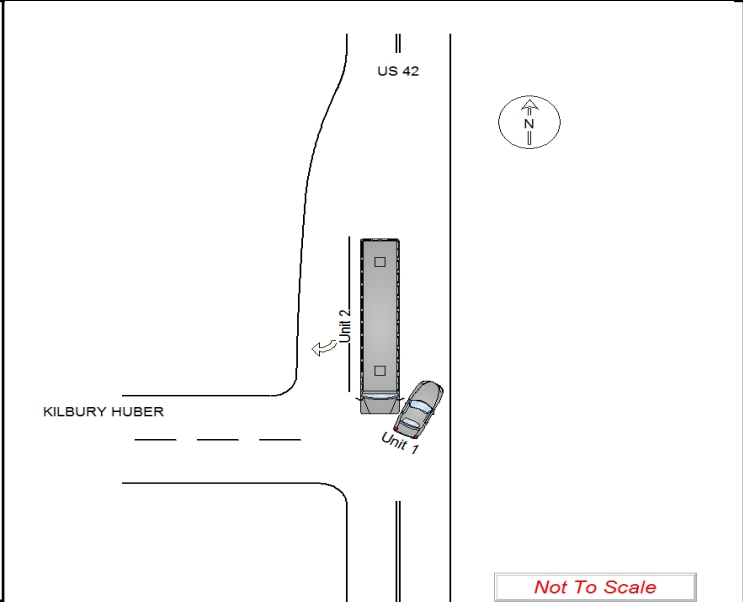
MANNER OF CRASH COLLISION/IMPACT	WEATHER
6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, -SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	1 PRIMARY SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	<input type="checkbox"/> SCHOOL ZONE RELATED <input checked="" type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED	WORKERS PRESENT	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/>	<input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	0 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	0 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE

UNIT 01 WAS STOPPED AT THE STOP SIGN EAST BOUND KILBURY HUBER AND US 42 WAITING TO TURN NORTH BOUND US 42. A BUS WAS IN THE TURN LANE SOUTH BOUND AND BLOCKED HIS VIEW OF UNIT 02 WHO WAS TRAVELING SOUTH BOUND US 42. UNIT 01 PULLED OUT IN FRONT OF UNIT 02 CAUSING UNIT 2 TO STRIKE HIM IN THE REAR DRIVERS SIDE. UNIT 02 IS BUS #7 OPERATING UNDER THE CAPACITY OF THE JONATHAN ALDER SCHOOL DISTRICT AND WAS LOADED. NO INJURIES WERE REPORTED AT THE TIME OF THE COLLISION.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
Police Agency Motorist		03/01/2018	3/1/2018 7:30:00	07:33 AM	07:48 AM	09:11 AM	0	98
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY						
Talbert, Michael	34	5						



UNIT

LOCAL REPORT NUMBER

18 0299 03

UNIT NUMBER 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) ERNST, MICHAEL, A	OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 614-800-0947	DAMAGE SCALE 3	DAMAGE AREA FRONT REAR
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1009 WEATHER VANE WA, Plain City, OH, 43064			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER BG11QY	VEHICLE IDENTIFICATION NUMBER JHMGE8H55BC024910	2 - MINOR	
VEHICLE YEAR 2011	VEHICLE MAKE HOND	VEHICLE MODEL FIT	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY CINCINNATI INS. CO	POLICY NUMBER A0302635668	4 - DISABLING	
TOWED BY SMITH'S			9 - UNKNOWN	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE - INCLUDE AREA CODE

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS 2 - 10,001 TO 26,000K LBS 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE 1	01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE /REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 1	1 - T WO-WAY, NOT DIVIDED 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO.	HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED					<input type="checkbox"/> HIT / SKIP UNIT
HM CLASS NUMBER						

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVE WAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 2 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK, 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	<input type="checkbox"/> HAS HM PLACARD
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SPECIAL FUNCTION 1 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 7 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER	99 - UNKNOWN	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 6 99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCE PRIMARY 2 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 20 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 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	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 - CULVART 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX	48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED 10	POSTED SPEED 20	TRAFFIC CONTROL 2 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE	07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 4 TO 5 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST	9 - UNKNOWN	
<input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED								



UNIT

LOCAL REPORT NUMBER

18 0299 03

UNIT NUMBER 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) ALDER, JONATHAN ALDER,	OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 614-873-4642	DAMAGE SCALE 2	DAMAGE AREA FRONT REAR
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 9200 US 42, Plain City, OH, 43064			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER 20460	VEHICLE IDENTIFICATION NUMBER 1T88N3C2671277449	2 - MINOR	
VEHICLE YEAR 2007	VEHICLE MAKE THMS	VEHICLE MODEL SCH	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY HYLANT ADMIN SERVICE	POLICY NUMBER 40000409PKGOHP0	4 - DISABLING	
TOWED BY			9 - UNKNOWN	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP
JONATHAN ALDER, 9200 US 42, Plain City, OH, 43064

CARRIER PHONE - INCLUDE AREA CODE
614-873-4642

US DOT 3	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS 2 - 10,001 TO 26,000K LBS 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE 3 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - T WO-WAY, NOT DIVIDED 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO.	HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE /REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/>	TYPE OF USE 2 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 22 99 - UNKNOWN OR HIT/SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK, 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
			<input type="checkbox"/> HAS HM PLACARD		

SPECIAL FUNCTION 4 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 9 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER	99 - UNKNOWN	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 1 99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCE PRIMARY 1 SECONDARY <input type="checkbox"/> 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/> 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 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	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, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED 20 <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED 20	TRAFFIC CONTROL 6 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE	07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST	9 - UNKNOWN
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MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
18 0299 03

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE ERNST, MICHAEL, A	DATE OF BIRTH 01/27/2001	AGE 17	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 1009 WEATHER VANE WA, Plain City, OH, 43064	CONTACT PHONE - INCLUDE AREA CODE 614-800-0947
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INJURIES <input checked="" type="checkbox"/> 1	INJURED TAKEN BY <input checked="" type="checkbox"/> 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 4	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	SEATING POSITION <input checked="" type="checkbox"/> 1	AIR BAG USAGE <input checked="" type="checkbox"/> 1	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1
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OL STATE OH	OPERATOR LICENSE NUMBER	OL CLASS <input checked="" type="checkbox"/> 4	No VALID DL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION <input checked="" type="checkbox"/> 1	ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/> 1	ALCOHOL TEST STATUS <input checked="" type="checkbox"/> 1	ALCOHOL TEST TYPE <input checked="" type="checkbox"/> 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.41	OFFENSE DESCRIPTION Right of way at inte	CITATION NUMBER 14926	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input checked="" type="checkbox"/> 1 <input type="checkbox"/>
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE BRAITHWAITE, CRYSTAL, L	DATE OF BIRTH 03/30/1979	AGE 38	GENDER <input type="checkbox"/> F F - FEMALE <input checked="" type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP 7702 LAFAYETTE PLAIN, Plain City, OH, 43064	CONTACT PHONE - INCLUDE AREA CODE 614-301-5717
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INJURIES <input checked="" type="checkbox"/> 1	INJURED TAKEN BY <input checked="" type="checkbox"/> 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 4	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	SEATING POSITION <input checked="" type="checkbox"/> 1	AIR BAG USAGE <input checked="" type="checkbox"/> 1	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1
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OL STATE OH	OPERATOR LICENSE NUMBER	OL CLASS <input checked="" type="checkbox"/> 2	No VALID DL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION <input checked="" type="checkbox"/> 1	ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/> 1	ALCOHOL TEST STATUS <input checked="" type="checkbox"/> 5	ALCOHOL TEST TYPE <input checked="" type="checkbox"/> 3	ALCOHOL TEST VALUE	DRUG TEST STATUS 5	DRUG TEST TYPE 3
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input checked="" type="checkbox"/> 1 <input type="checkbox"/>
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO'S "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBE) 4 - ILLNESS	ALCOHOL/DRUG SUSPECTED 5 - FELL ASLEEP, FAINTED, FATIGUE 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING / EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE FLEMING, CARLY, J	DATE OF BIRTH 12/08/2001	AGE 16	GENDER <input type="checkbox"/> F F - FEMALE <input checked="" type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP 295 MAPLE ST, Plain City, OH, 43064	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input checked="" type="checkbox"/> 1	INJURED TAKEN BY <input checked="" type="checkbox"/> 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 4	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	SEATING POSITION <input checked="" type="checkbox"/> 3	AIR BAG USAGE <input checked="" type="checkbox"/> 1	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE MCKAY, CAYDEN	DATE OF BIRTH 01/13/2005	AGE 13	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 3460 US 42, West Jefferson, OH, 43162	CONTACT PHONE - INCLUDE AREA CODE 614-562-1835
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INJURIES <input checked="" type="checkbox"/> 1	INJURED TAKEN BY <input checked="" type="checkbox"/> 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	SEATING POSITION <input checked="" type="checkbox"/> 11	AIR BAG USAGE <input checked="" type="checkbox"/> 1	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER 18 0299 03
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OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE BECKER, AIDAN,	DATE OF BIRTH 02/09/2007	AGE 11	GENDER M F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 2085 GREWELL RD, London, OH, 43140			CONTACT PHONE - INCLUDE AREA CODE 614-203-6815						
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE MARTIN, ASHTON,	DATE OF BIRTH 05/19/2006	AGE 11	GENDER M F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 4684 US 42, West Jefferson, OH, 43162			CONTACT PHONE - INCLUDE AREA CODE 614-879-8897						
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE FUNK, CLARA,	DATE OF BIRTH 03/28/2007	AGE 10	GENDER F F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 5555 TAYLOR BLAIR RD, London, OH, 43140			CONTACT PHONE - INCLUDE AREA CODE 614-292-5708						
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE DIETRICH, DELANA,	DATE OF BIRTH 11/19/2006	AGE 11	GENDER F F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 3978 LITTLE DARBY RD, London, OH, 43140			CONTACT PHONE - INCLUDE AREA CODE 614-562-1102						
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE PHILLIPS, BRAYDEN,	DATE OF BIRTH 02/10/2006	AGE 12	GENDER M F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 12820 TAYLOR RD, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 614-873-3466						
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE DIXON, CARMELA,	DATE OF BIRTH 08/15/2013	AGE 4	GENDER F F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 3690 US 42, West Jefferson, OH, 43162			CONTACT PHONE - INCLUDE AREA CODE 614-544-1047						
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT						
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USE	NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER				

SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
18 0299 03

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE SANGUINO, VICTORIA,	DATE OF BIRTH 09/21/2005	AGE 12	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 3220 US 42, London, OH, 43140			CONTACT PHONE - INCLUDE AREA CODE 614-440-0314	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1
DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET		SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1
TRAPPED 1				

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE HESS, NOAH,	DATE OF BIRTH 10/21/2006	AGE 11	GENDER M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 9680 WARD RD, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 614-774-3697	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1
DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET		SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1
TRAPPED 1				

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Barton, Tyler,	DATE OF BIRTH 06/18/2006	AGE 11	GENDER M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 9855 KETCH RD, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 614-504-6067	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1
DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET		SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1
TRAPPED 1				

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Murdock, Jaxsyn,	DATE OF BIRTH 03/29/2006	AGE 11	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 9029 Ketch Rd, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 614-733-0952	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1
DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET		SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1
TRAPPED 1				

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Sowers, Sarah,	DATE OF BIRTH 09/27/2005	AGE 12	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 9363 Ketch Rd, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 614-397-0566	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1
DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET		SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1
TRAPPED 1				

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Murdock, Avery,	DATE OF BIRTH 03/29/2006	AGE 11	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 9029 Ketch Rd, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 614-733-0952	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1
DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET		SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1
TRAPPED 1				

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - S SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - S SHOULDER AND LAP BELT ONLY USE	NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FAC 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)
12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER				

SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK)	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN			

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
18 0299 03

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE LANGE, ALLISON,	DATE OF BIRTH 05/24/2007	AGE 10	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 9620 WALKER RD, Plain City, OH, 43064	CONTACT PHONE - INCLUDE AREA CODE 937-361-9085
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE WALKER, SIERRA,	DATE OF BIRTH 05/24/2006	AGE 11	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 12179 TAYLOR RD, Plain City, OH, 43064	CONTACT PHONE - INCLUDE AREA CODE 614-314-6257
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE WALKER, LILLIAN,	DATE OF BIRTH 10/22/2005	AGE 12	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 12373 TAYLOR RD, Plain City, OH, 43064	CONTACT PHONE - INCLUDE AREA CODE 614-679-3402
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE CURTISS, REESE,	DATE OF BIRTH 10/30/2006	AGE 11	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2405 GREWELL, London, OH, 43140	CONTACT PHONE - INCLUDE AREA CODE 614-205-1465
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE HALL, CHARLIE,	DATE OF BIRTH 05/13/2006	AGE 11	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 3780 TAYLOR BLAIR RD, London, OH, 43140	CONTACT PHONE - INCLUDE AREA CODE 740-857-1506
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE HUNT, WYATT,	DATE OF BIRTH 10/06/2005	AGE 12	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 8460 LUCAS PIKE, Plain City, OH, 43064	CONTACT PHONE - INCLUDE AREA CODE 614-554-3657
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - S SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - S SHOULDER AND LAP BELT ONLY USE	99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FAC 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
18 0299 03

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE DIETRICH, DEDRA,	DATE OF BIRTH 11/19/2006	AGE 11	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 3976 LITTLE DARBY RD, London, OH, 43140			CONTACT PHONE - INCLUDE AREA CODE 614-921-7300	

OCCUPANT

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE SHELLEY, LOGAN,	DATE OF BIRTH 12/15/2005	AGE 12	GENDER M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 8611 LUCAS RD, PLAIN CITY, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 614-562-8714	

OCCUPANT

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE CAMERON, JACOB,	DATE OF BIRTH 06/10/2005	AGE 12	GENDER M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 9690 KETCH RD, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 614-998-9876	

OCCUPANT

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE CAMERON, ELLA,	DATE OF BIRTH 11/03/2006	AGE 11	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 9690 KETCH RD, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 857-998-9876	

OCCUPANT

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE MCCORD, QUINN,	DATE OF BIRTH 09/15/2006	AGE 11	GENDER M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 10165 CROTTINGER RD, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 937-578-4255	

OCCUPANT

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE HORNE, GRANT,	DATE OF BIRTH 05/15/2006	AGE 11	GENDER M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 9795 KETCH RD, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 614-507-8846	

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - S SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - S SHOULDER AND LAP BELT ONLY USE	99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FAC 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
18 0299 03

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE ANTHONY, MAKSIM,	DATE OF BIRTH 05/20/2007	AGE 10	GENDER M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 9549 KETCH RD, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 614-745-6237	

OCCUPANT

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE ENGLE, ANNA,	DATE OF BIRTH 10/30/2006	AGE 11	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 9590 WARD RD, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 614-477-8891	

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE NEELY, KYRA,	DATE OF BIRTH 08/22/2006	AGE 11	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 11107 CROTTLINGER RD, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 937-597-8054	

OCCUPANT

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE FARMWALD, ADDISON,	DATE OF BIRTH 12/13/2006	AGE 11	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 8253 M V HIGH RD, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 614-374-6130	

OCCUPANT

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE SALZER, NATALIE,	DATE OF BIRTH 04/13/2007	AGE 10	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 4380 PLAIN CITY GEOR, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 614-485-1188	

OCCUPANT

UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE DAVIE, JAYDEN,	DATE OF BIRTH 05/02/2006	AGE 11	GENDER M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 6515 LUCAS PIKE, Plain City, OH, 43064			CONTACT PHONE - INCLUDE AREA CODE 614-889-0097	

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - S SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - S SHOULDER AND LAP BELT ONLY USE	99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FAC 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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