



TRAFFIC CRASH REPORT

LOCAL INFORMATION
P17090900003683

LOCAL REPORT NUMBER *
49-0346-49

CRASH SEVERITY
2 1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP
0 1 - SOLVED
2 - UNSOLVED

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| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | <input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | <input type="checkbox"/> PRIVATE PROPERTY | REPORTING AGENCY NCIC * OHP49 | REPORTING AGENCY NAME * Ohio State Highway Patrol | NUMBER OF UNITS 2 | UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN |
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| COUNTY * Madison County | <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP * Deer Creek (Township of) | CRASH DATE * 09/09/2017 | TIME OF CRASH 21:38 | DAY OF WEEK SAT |
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| DEGREES/MINUTES/SECONDS LATITUDE :: | LONGITUDE :: | DECIMAL DEGREES LATITUDE 39.999883 | LONGITUDE 83.423250 |
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| ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> S - SOUTHBOUND | E - EASTBOUND W - WESTBOUND | NUMBER OF THRU LANES 2 | 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 |
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| LOCATION ROUTE NUMBER SR 29 | LOC PREFIX N,S,E,W | LOCATION ROAD NAME | LOCATION ROAD TYPE | ROUTE TYPES IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE | CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE |
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| DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS 0.00 | DIR FROM REF <input type="checkbox"/> N,S <input type="checkbox"/> E,W | REFERENCE ROUTE NUMBER SR 38 | REF PREFIX N,S,E,W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE |
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| REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER 1 | CRASH LOCATION 2 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUT 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 | <input checked="" type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN |
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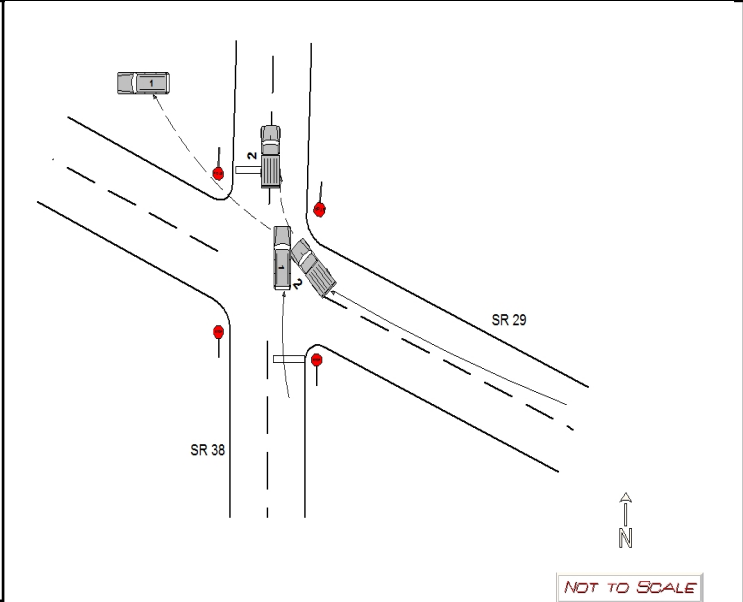
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| ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN | ROAD CONDITIONS 1 PRIMARY 2 SECONDARY 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* | 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN |
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| MANNER OF CRASH COLLISION/IMPACT 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 | WEATHER 1 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 |
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| ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER | LIGHT CONDITIONS 5 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 | 9 - UNKNOWN | <input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
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| <input type="checkbox"/> WORK ZONE RELATED | <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | TYPE OF WORK ZONE 0 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | LOCATION OF CRASH IN WORK ZONE 0 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA |
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NARRATIVE
Unit #1 was northbound on SR 38 stopped at the stop sign at the intersection of SR 29 and SR 38. Unit #2 was westbound on SR 29. Unit #1 failed to yield for Unit #2. Unit #2 struck unit #1. Unit #1 traveled off the left side of the road striking a ditch.



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| REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | DATE CRASH REPORTED 09/09/2017 | TIME CRASH REPORTED 9/9/2017 9:38:00 | DISPATCH TIME 09:38 PM | ARRIVAL TIME 09:48 PM | TIME CLEARED 11:58 AM | OTHER INVESTIGATION TIME 60 | TOTAL MINUTES 920 |
| OFFICER'S NAME * Newman, Joshua | OFFICER'S BADGE NUMBER 1948 | CHECKED BY 1676 | | | | | | |



UNIT

LOCAL REPORT NUMBER

49-0346-49

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| UNIT NUMBER 1 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Leib, Shanna, | OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 937-707-2775 | DAMAGE SCALE 3 | DAMAGE AREA FRONT REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 8767 Larue Decliff Rd, La Rue, OH, 43332 | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER FPV8420 | VEHICLE IDENTIFICATION NUMBER 1J4HR58295C591909 | 2 - MINOR | |
| VEHICLE YEAR 2005 | VEHICLE MAKE JEEP | VEHICLE MODEL /SP | 3 - FUNCTIONAL | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY Safe Auto | POLICY NUMBER OH01431111A-2 | 4 - DISABLING | 9 - UNKNOWN |
| TOWED BY Smith's | | | | |

CARRIER NAME, ADDRESS, CITY, STATE, ZIP _____ CARRIER PHONE - INCLUDE AREA CODE _____

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| US DOT | VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 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 <input type="checkbox"/> HIT / SKIP UNIT |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED | | | |
| HM CLASS NUMBER | | | | |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 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 6 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/LMO (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) 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 4 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 8 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 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 9 3 44 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 |
| 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 <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED | POSTED SPEED 55 | 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 | UNIT DIRECTION FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
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UNIT

LOCAL REPORT NUMBER

49-0346-49

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| UNIT NUMBER 2 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Kitmiller, Priscilla, L | OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 937-652-3691 | DAMAGE SCALE 4 | DAMAGE AREA FRONT REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 5161 Flatfoot Rd, Cable, OH, 43009 | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER AVN7923 | VEHICLE IDENTIFICATION NUMBER 1FTRX17W13NB75383 | 2 - MINOR | |
| VEHICLE YEAR 2003 | VEHICLE MAKE FORD | VEHICLE MODEL F15 | 3 - FUNCTIONAL | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY Central | POLICY NUMBER 5215299 | 4 - DISABLING | |
| TOWED BY | | | 9 - UNKNOWN | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | CARRIER PHONE - INCLUDE AREA CODE | |

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| US DOT | VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 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 |
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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 - 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 53 <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | POSTED SPEED 55 | TRAFFIC CONTROL 12 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 3 TO 4 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

49-0346-49

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|---|---|--|---|---|
| UNIT NUMBER 1 | NAME: LAST, FIRST, MIDDLE Sarver, Dustin, Tyler | DATE OF BIRTH 01/17/1992 | AGE 25 | GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP 8767 Larue Decliff Rd, La Rue, OH, 43332 | | | CONTACT PHONE - INCLUDE AREA CODE 937-707-2775 | |
| 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 |
| OL STATE OH | OPERATOR LICENSE NUMBER | OL CLASS <input checked="" type="checkbox"/> 4 | No <input type="checkbox"/> VALID DL | M/C <input type="checkbox"/> END |
| 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 | OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.43 | OFFENSE DESCRIPTION Right-of-way at through highways; stop s | CITATION NUMBER OHP491948090920172233 |
| HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY <input checked="" type="checkbox"/> 1 | | | |
| UNIT NUMBER 2 | NAME: LAST, FIRST, MIDDLE Kitsmiller, Stanley, L | DATE OF BIRTH 07/11/1950 | AGE 67 | GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP 5161 Flatfoot Rd, Cable, OH, 43009 | | | CONTACT PHONE - INCLUDE AREA CODE 937-652-3691 | |
| INJURIES <input checked="" type="checkbox"/> 2 | INJURED TAKEN BY <input checked="" type="checkbox"/> 4 | 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"/> 2 | EJECTION <input checked="" type="checkbox"/> 1 | TRAPPED <input checked="" type="checkbox"/> 1 |
| OL STATE OH | OPERATOR LICENSE NUMBER | OL CLASS <input checked="" type="checkbox"/> 4 | No <input type="checkbox"/> VALID DL | M/C <input type="checkbox"/> END |
| 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 | 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 | | | |
| 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 99 - UNKNOWN SAFETY EQUIPMENT | | |
| 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 |
| 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 | 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, DISTURBED) 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 | | |
| 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 (NAVIGATION DEVICE, RADIO, DVD) |
| 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION | | | | |
| UNIT NUMBER 1 | NAME: LAST, FIRST, MIDDLE Leib, Jayden | DATE OF BIRTH 08/18/2009 | AGE 8 | GENDER <input type="checkbox"/> F F - FEMALE <input checked="" type="checkbox"/> M - MALE |
| ADDRESS, CITY, STATE, ZIP 8767 Larue Decliff Rd, La Rue, OH, 43332 | | | CONTACT PHONE - INCLUDE AREA CODE 937-707-2775 | |
| INJURIES <input checked="" type="checkbox"/> 1 | INJURED TAKEN BY <input checked="" type="checkbox"/> 2 | EMS AGENCY Madison Count | MEDICAL FACILITY INJURED TAKEN TO Madison Health | SAFETY EQUIPMENT USED 4 |
| DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET | SEATING POSITION <input checked="" type="checkbox"/> 6 | AIR BAG USAGE <input checked="" type="checkbox"/> 1 | EJECTION <input checked="" type="checkbox"/> 1 | TRAPPED <input checked="" type="checkbox"/> 1 |
| UNIT NUMBER 1 | NAME: LAST, FIRST, MIDDLE Leib, Shanna, Leib | DATE OF BIRTH 09/22/1988 | AGE 28 | GENDER <input type="checkbox"/> F F - FEMALE <input checked="" type="checkbox"/> M - MALE |
| ADDRESS, CITY, STATE, ZIP 8767 Larue Decliff Rd, La Rue, OH, 43332 | | | CONTACT PHONE - INCLUDE AREA CODE 937-707-2775 | |
| INJURIES <input checked="" type="checkbox"/> 4 | INJURED TAKEN BY <input checked="" type="checkbox"/> 2 | EMS AGENCY Madison County | MEDICAL FACILITY INJURED TAKEN TO Madison Health | 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 |

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
49-0346-49

OCCUPANT

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| UNIT NUMBER 2 | NAME: LAST, FIRST, MIDDLE Kitsmiller, Priscilla, L | DATE OF BIRTH 03/20/1948 | AGE 69 | GENDER F F - FEMALE M - MALE | | | | | |
| ADDRESS, CITY, STATE, ZIP 5161 Flatfoot Rd, Cable, OH, 43009 | | | CONTACT PHONE - INCLUDE AREA CODE 937-652-3691 | | | | | | |
| INJURIES 2 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 4 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 3 | AIR BAG USAGE 2 | EJECTION 1 | TRAPPED 1 |

OCCUPANT

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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

OCCUPANT

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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

OCCUPANT

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|---------------------------|---------------------------|---------------|-----------------------------------|----------------------------------|---|------------------|---------------|----------|---------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

OCCUPANT

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|---------------------------|---------------------------|---------------|-----------------------------------|----------------------------------|---|------------------|---------------|----------|---------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

OCCUPANT

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|---------------------------|---------------------------|---------------|-----------------------------------|----------------------------------|---|------------------|---------------|----------|---------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

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|--|---|---|--|--|--|
| INJURIES | INJURED TAKEN BY | SAFETY EQUIPMENT USED | 99 - UNKNOWN SAFETY EQUIPMENT | NON-MOTORIST | NON-MOTORIST |
| 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 | 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) | PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) 11 - PASSENGER IN UNENCLOSED CARGO AREA 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 | |