

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

49-0536-49

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH -2 <input checked="" type="checkbox"/> OH -3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION P19092800003589 REPORTING AGENCY NAME * Ohio State Highway Patrol		NCIC * OHP49		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 1	
COUNTY* 49 LOCALITY* 3 <small>1 - CITY 2 - VILLAGE 3 - TOWNSHIP</small>		LOCATION: CITY, VILLAGE, TOWNSHIP* Canaan (Township of)		CRASH DATE / TIME* 09/28/2019 22:17		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5							
ROUTE TYPE US ROUTE NUMBER 42 PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME 23		ROAD TYPE MP		LATITUDE DECIMAL DEGREES 40.077208		LONGITUDE DECIMAL DEGREES -83.286689					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 2		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		RD - ROAD SO - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 2	
DISTANCE FROM REFERENCE 0.10		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN 1		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 6		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 4		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 2		NARRATIVE Unit#2 was traveling northbound on US42. Unit#1 failed to yield while exiting a private drive and struck Unit#2.									
CRASH REPORTED DATE / TIME 09/28/2019 22:17		DISPATCH DATE / TIME 09/28/2019 22:17		ARRIVAL DATE / TIME 09/28/2019 22:35		SCENE CLEARED DATE / TIME 09/28/2019 23:20		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 10		TOTAL MINUTES 73		OFFICER'S NAME* Mueller, Brandon		CHECKED BY OFFICER'S NAME* Scales, Todd					
		OFFICER'S BADGE NUMBER* 1178		CHECKED BY OFFICER'S BADGE NUMBER* 1676		<input type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</small>							

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) KING, NANNETTE	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 614-441-5097
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 545 CARRIAGE DRIVE, PLAIN CITY, OH, 43064		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # HKX3065	VEHICLE IDENTIFICATION # JN8AZ18W89W150316	VEHICLE YEAR 2009	VEHICLE MAKE NISSAN
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ALL STATE	INSURANCE POLICY # 980343019	COLOR BRO	VEHICLE MODEL MURANO
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME NOT TOWED	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 4	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
TYPE OF USE		VEHICLE WEIGHT GVWR/GCWR	CLASS # PLACARD ID #	
<input type="checkbox"/> PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER <input type="checkbox"/> PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) <input type="checkbox"/> SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST <input type="checkbox"/> PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE <input type="checkbox"/> CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN <input type="checkbox"/> ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP		# of TRAILING UNITS		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
<input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO <input type="checkbox"/> 9 - OTHER / UNKNOWN <input type="checkbox"/> 0 - NO AUTOMATION <input type="checkbox"/> 3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 9 - OTHER/UNKNOWN <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 2 - PARTIAL AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION				
SPECIAL FUNCTION				
<input type="checkbox"/> 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER <input type="checkbox"/> 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN <input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL <input type="checkbox"/> 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING <input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIP. 20 - SAFETY SERVICE PATROL				
CARGO BODY TYPE				
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN <input type="checkbox"/> 2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER <input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN /ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE				
VEHICLE DEFECTS				
<input type="checkbox"/> 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN <input type="checkbox"/> 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/> 3 - TAIL LAMPS 6 - TIRE BLOWOUT				

NON-MOTORIST LOCATION	<input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK	<input type="checkbox"/> 4 - MIDBLOCK - MARKED CROSSWALK	<input type="checkbox"/> 7 - SHOULDER/ROADSIDE	<input type="checkbox"/> 10 - DRIVEWAY ACCESS	<input type="checkbox"/> 99 - OTHER / UNKNOWN
ACTION	<input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK	<input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION	<input type="checkbox"/> 8 - SIDEWALK	<input type="checkbox"/> 11 - SHARED USE PATHS OR TRAILS	<input type="checkbox"/> 12 - FIRST RESPONDER AT INCIDENT SCENE
PRE-CRASH ACTIONS	<input type="checkbox"/> 3 - INTERSECTION - OTHER	<input type="checkbox"/> 6 - BICYCLE LANE	<input type="checkbox"/> 9 - LEAVING TRAFFIC LANE	<input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING	<input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE
CONTRIBUTING CIRCUMSTANCES	<input type="checkbox"/> 1 - NON-CONTACT	<input type="checkbox"/> 1 - STRAIGHT AHEAD	<input type="checkbox"/> 10 - PARKED	<input type="checkbox"/> 16 - WORKING	<input type="checkbox"/> 99 - OTHER / UNKNOWN
SEQUENCE OF EVENTS	<input type="checkbox"/> 2 - NON-COLLISION	<input type="checkbox"/> 2 - BACKING	<input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC	<input type="checkbox"/> 17 - PUSHING VEHICLE	
	<input type="checkbox"/> 3 - STRIKING	<input type="checkbox"/> 3 - CHANGING LANES	<input type="checkbox"/> 12 - DRIVERLESS	<input type="checkbox"/> 18 - APPROACHING OR LEAVING VEHICLE	
	<input type="checkbox"/> 4 - STRUCK	<input type="checkbox"/> 4 - OVERTAKING/PASSING	<input type="checkbox"/> 13 - NEGOTIATING A CURVE	<input type="checkbox"/> 19 - STANDING	
	<input type="checkbox"/> 5 - BOTH STRIKING & STRUCK	<input type="checkbox"/> 5 - MAKING RIGHT TURN	<input type="checkbox"/> 14 - ENTERING OR CROSSING SPECIFIED LOCATION	<input type="checkbox"/> 20 - OTHER NON-MOTORIST	
	<input type="checkbox"/> 8 & STRUCK	<input type="checkbox"/> 7 - MAKING U-TURN			
	<input type="checkbox"/> 9 - OTHER / UNKNOWN	<input type="checkbox"/> 8 - ENTERING TRAFFIC LANE			
	<input type="checkbox"/> 1 - NONE	<input type="checkbox"/> 8 - FOLLOWING TOO CLOSE /ACDA	<input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION	<input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT	<input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY
	<input type="checkbox"/> 2 - FAILURE TO YIELD	<input type="checkbox"/> 9 - IMPROPER LANE CHANGE	<input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY	<input type="checkbox"/> 19 - LOAD SHIFTING /FALLING/SPILLING	<input type="checkbox"/> 99 - OTHER IMPROPER ACTION
	<input type="checkbox"/> 3 - RAN RED LIGHT	<input type="checkbox"/> 10 - IMPROPER PASSING	<input type="checkbox"/> 15 - SWERVING TO AVOID	<input type="checkbox"/> 20 - IMPROPER CROSSING	
	<input type="checkbox"/> 4 - RAN STOP SIGN	<input type="checkbox"/> 11 - DROVE OFF ROAD	<input type="checkbox"/> 16 - WRONG WAY	<input type="checkbox"/> 21 - LYING IN ROADWAY	
	<input type="checkbox"/> 5 - UNSAFE SPEED	<input type="checkbox"/> 12 - IMPROPER BACKING	<input type="checkbox"/> 17 - VISION OBSTRUCTION	<input type="checkbox"/> 22 - NOT DISCERNIBLE	
	<input type="checkbox"/> 6 - IMPROPER TURN				
	<input type="checkbox"/> 7 - LEFT OF CENTER				

EVENTS (6)	EVENTS	EVENTS	EVENTS	EVENTS	EVENTS
<input type="checkbox"/> 1	<input type="checkbox"/> 20 - OVERTURN/ROLLOVER	<input type="checkbox"/> 7 - SEPARATION OF UNITS	<input type="checkbox"/> 12 - DOWNHILL RUNAWAY	<input type="checkbox"/> 19 - ANIMAL - OTHER	<input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
<input type="checkbox"/> 2	<input type="checkbox"/> 1 - FIRE/EXPLOSION	<input type="checkbox"/> 8 - RAN OFF ROAD RIGHT	<input type="checkbox"/> 13 - OTHER NON-COLLISION	<input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/> 24 - OTHER MOVABLE OBJECT
<input type="checkbox"/> 3	<input type="checkbox"/> 3 - IMMERSION	<input type="checkbox"/> 9 - RAN OFF ROAD LEFT	<input type="checkbox"/> 14 - PEDESTRIAN	<input type="checkbox"/> 21 - PARKED MOTOR VEHICLE	
<input type="checkbox"/> 4	<input type="checkbox"/> 4 - JACKKNIFE	<input type="checkbox"/> 10 - CROSS MEDIAN	<input type="checkbox"/> 15 - PEDALCYCLE	<input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT	
<input type="checkbox"/> 5	<input type="checkbox"/> 5 - CARGO / EQUIPMENT LOSS OR SHIFT	<input type="checkbox"/> 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	<input type="checkbox"/> 16 - RAILWAY VEHICLE	<input type="checkbox"/> 45 - EMBANKMENT	<input type="checkbox"/> 52 - BUILDING
<input type="checkbox"/> 6	<input type="checkbox"/> 6 - EQUIPMENT FAILURE		<input type="checkbox"/> 17 - ANIMAL - FARM	<input type="checkbox"/> 46 - FENCE	<input type="checkbox"/> 53 - TUNNEL
			<input type="checkbox"/> 18 - ANIMAL - DEER	<input type="checkbox"/> 47 - MAILBOX	<input type="checkbox"/> 54 - OTHER FIXED OBJECT
				<input type="checkbox"/> 48 - TREE	<input type="checkbox"/> 99 - OTHER / UNKNOWN
				<input type="checkbox"/> 49 - FIRE HYDRANT	
				<input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT	
				<input type="checkbox"/> 51 - WALL	
<input type="checkbox"/> 1	FIRST HARMFUL EVENT	<input type="checkbox"/> 1	MOST HARMFUL EVENT		

LOCAL REPORT NUMBER 49-0536-49	
DAMAGE	
DAMAGE SCALE	
<input type="checkbox"/> 1 - NONE	<input type="checkbox"/> 3 - FUNCTIONAL DAMAGE
<input type="checkbox"/> 2 - MINOR DAMAGE	<input type="checkbox"/> 4 - DISABLING DAMAGE
<input type="checkbox"/> 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	
<input type="checkbox"/> 0 - NO DAMAGE <input type="checkbox"/> 14 - UNDERCARRIAGE <input type="checkbox"/> 1-12 - REFER TO UNIT DIAGRAM <input type="checkbox"/> 15 - VEHICLE NOT AT SCENE <input type="checkbox"/> 13 - TOP <input type="checkbox"/> 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
<input type="checkbox"/> 1 - ONE-WAY	<input type="checkbox"/> 1 - ROUNDABOUT
<input type="checkbox"/> 2 - TWO-WAY	<input type="checkbox"/> 4 - STOP SIGN
	<input type="checkbox"/> 2 - SIGNAL
	<input type="checkbox"/> 5 - YIELD SIGN
	<input type="checkbox"/> 3 - FLASHER
	<input type="checkbox"/> 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<input type="checkbox"/> 2	<input type="checkbox"/> 1 - NOT INVOLVED
	<input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING
	<input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <input type="checkbox"/> 4 TO <input type="checkbox"/> 1 <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 5 - NORTHEAST <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 6 - NORTHWEST <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 7 - SOUTHEAST <input type="checkbox"/> 4 - WEST <input type="checkbox"/> 8 - SOUTHWEST <input type="checkbox"/> 9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
<input type="checkbox"/> 10	<input type="checkbox"/> 1 - STATED / ESTIMATED SPEED
POSTED SPEED	<input type="checkbox"/> 2 - CALCULATED / EDR
<input type="checkbox"/> 55	<input type="checkbox"/> 3 - UNDETERMINED

OWNER	UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) GINGERICH HARDWOOD FLOORS,	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) 614-361-4401
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 10375 LAFAYETTE PLAIN CITY ROAD, PLAIN CITY, OH, 43064		
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # GOR8545	VEHICLE IDENTIFICATION # 1GCCKSE37AZ213946	VEHICLE YEAR 2010	VEHICLE MAKE CHEVROLET
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY GINGERICH HARDWOOD FLOOR	INSURANCE POLICY # PACKLA 3471560888	COLOR BLK	VEHICLE MODEL SILVERADO
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME NOT TOWED	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 2	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
TYPE OF USE		VEHICLE WEIGHT GVWR/GCWR		
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.		
UNIT TYPE 4		1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER 2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP		
# OF TRAILING UNITS		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		
2		0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION		

SPECIAL FUNCTION 1	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 EQUIP. 20 - SAFETY SERVICE PATROL
CARGO BODY TYPE 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN
	2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN /ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
	10 - FLAT BED 14 - GARBAGE/REFUSE
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

NON-MOTORIST LOCATION	1 - INTERSECTION - MARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN
	2 - INTERSECTION - UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS
	3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
ACTION 4	1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE
	2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN
	3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE
	4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 19 - STANDING
	5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 20 - OTHER NON-MOTORIST
	9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE
CONTRIBUTING CIRCUMSTANCES 1	1 - NONE 8 - FOLLOWING TOO CLOSE /ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY
	2 - FAILURE TO YIELD 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING /FALLING/SPILLING 99 - OTHER IMPROPER ACTION
	3 - RAN RED LIGHT 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY
	4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 22 - NOT DISCERNIBLE
	5 - UNSAFE SPEED 12 - IMPROPER BACKING
	6 - IMPROPER TURN 7 - LEFT OF CENTER

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

COLLISION WITH FIXED OBJECT - STRUCK	
25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER
29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER
30 - GUARDRAIL FACE	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
FIRST HARMFUL EVENT 1	MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER

49-0536-49

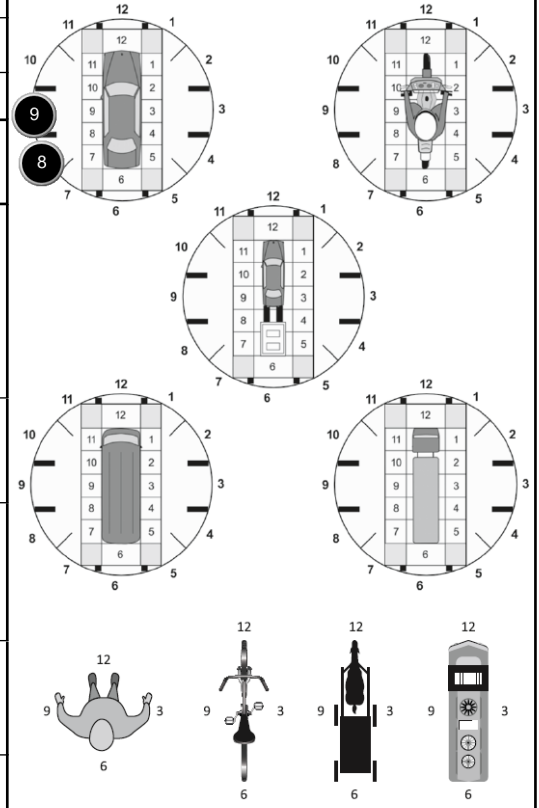
DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE
 9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



NO DAMAGE [0] **UNDERCARRIAGE** [14]
 TOP [13] **ALL AREAS** [15]
 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
 99 - UNKNOWN
 13 - TOP

TRAFFIC

TRAFFICWAY FLOW 2	1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
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# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

1 - NORTH 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

UNIT SPEED

55

POSTED SPEED

55

DETECTED SPEED

1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
49-0536-49

UNIT # 1	NAME: LAST, FIRST, MIDDLE KING, ZACHARY, STEPHEN				DATE OF BIRTH 03/19/2002		AGE 17	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 545 CARRIAGE DRIVE, PLAIN CITY, OH, 43064					CONTACT PHONE - INCLUDE AREA CODE 614-441-5019						
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.44		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION RIGHT OF WAY ON PUBLIC HIGHWAY			CITATION NUMBER OHP49117809282019231		
OL CLASS 4	ENDORSEMENT	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		DRUG TEST(S)		
						STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULTS SELECT UP TO 4

UNIT # 2	NAME: LAST, FIRST, MIDDLE GINGERICH, ERIC, DAVID				DATE OF BIRTH 11/18/1978		AGE 40	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 10375 LAFAYETTE PLAIN CITY ROAD, PLAIN CITY, OH, 43064					CONTACT PHONE - INCLUDE AREA CODE 614-361-4401						
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT	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		DRUG TEST(S)		
						STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULTS SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMENT	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		DRUG TEST(S)		
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT TRACTOR-TRAILER	6 - PASSENGER	ALCOHOL TEST TYPE
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
	8 - THIRD - MIDDLE	EJECTION		8 - LIMITED TO DAYLIGHT ONLY	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	OL ENDORSEMENT	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	H - HAZMAT	10 - LIMITED TO EMPLOYMENT ONLY		4 - BREATH
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	M - MOTORCYCLE	11 - LIMITED TO OTHER DEVICES		5 - OTHER
	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	P - PASSENGER	12 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	CONDITION	DRUG TEST TYPE
	13 - TRAILING UNIT		N - TANKER	13 - MILITARY VEHICLES ONLY	1 - APPARENTLY NORMAL	1 - NONE
	14 - RIDING ON VEHICLE EXTERIOR	TRAPPED	Q - MOTOR SCOOTER	14 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - PHYSICAL IMPAIRMENT	2 - BLOOD
	15 - NON-MOTORIST	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	15 - OUTSIDE MIRROR	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE
	99 - OTHER / UNKNOWN	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	16 - PROSTHETIC AID	4 - ILLNESS	4 - OTHER
		3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	17 - OTHER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	DRUG TEST RESULT(S)
			X - TANKER / HAZMAT		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	1 - AMPHETAMINES
					9 - OTHER / UNKNOWN	2 - BARBITURATES
			GENDER			3 - BENZODIAZEPINES
			F - FEMALE			4 - CANNABINOIDS
			M - MALE			5 - COCAINE
			U - OTHER / UNKNOWN			6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
49-0536-49

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE BRUNO, LUCIANO, C				DATE OF BIRTH 08/22/2001		AGE 18	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 4074 PLUMWOOD COURT, PLAIN CITY, OH, 43064					CONTACT PHONE - INCLUDE AREA CODE 614-981-2089				
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE JONES, ABIGAIL, A				DATE OF BIRTH 12/07/2001		AGE 17	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 9652 MOJAVE CIRCLE, PLAIN CITY, OH, 43064					CONTACT PHONE - INCLUDE AREA CODE 614-955-8194				
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 6	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE BISSELL, SKYE, L				DATE OF BIRTH 01/06/2002		AGE 17	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 8620 PLAIN CITY GEORGESVILLE ROAD, PLAIN CITY, OH, 43064					CONTACT PHONE - INCLUDE AREA CODE 614-512-2226				
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 4	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE GINGERICH, BENJAMIN, M				DATE OF BIRTH 10/22/2016		AGE 2	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 10375 LAFAYETTE PLAIN CITY ROAD, PLAIN CITY, OH, 43064					CONTACT PHONE - INCLUDE AREA CODE 614-361-4401				
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT 5	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 5	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY			EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE
GENDER			TRAPPED
F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			

WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			

WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			