

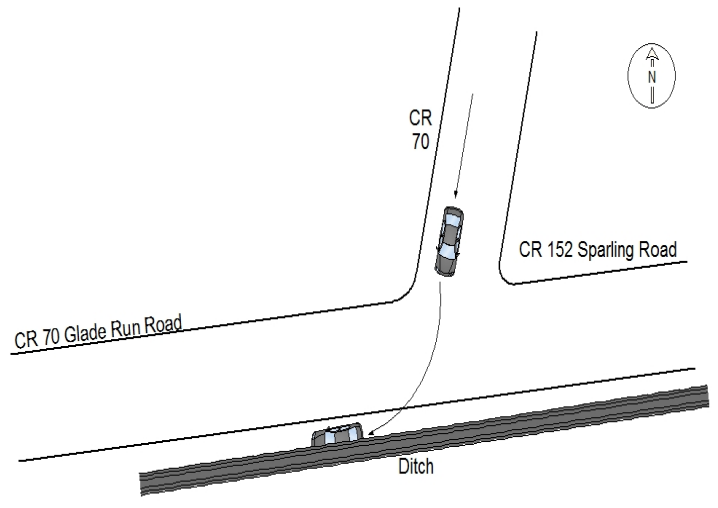
# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

49-0560-49

|   |  |   |  |   |  |  |  |   |  |   |  |   |  |
|---|--|---|--|---|--|--|--|---|--|---|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |  | <input checked="" type="checkbox"/> OH -2 <input checked="" type="checkbox"/> OH -3<br><input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY |  | LOCAL INFORMATION P18110300000993<br>REPORTING AGENCY NAME *<br>Ohio State Highway Patrol   |  | NCIC *<br>OHP49  |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED  |  | NUMBER OF UNITS<br>1  |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN  |  |
|   |  | COUNTY* 49    LOCALITY* 3<br><small>1 - CITY<br/>2 - VILLAGE<br/>3 - TOWNSHIP</small>   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Deer Creek (Township of)  |  | CRASH DATE / TIME*<br>11/03/2018 06:42   |  | CRASH SEVERITY<br>4<br><small>1 - FATAL<br/>2 - SERIOUS INJURY SUSPECTED<br/>3 - MINOR INJURY SUSPECTED<br/>4 - INJURY POSSIBLE<br/>5 - PROPERTY DAMAGE ONLY</small>                      |  |   |  |   |  |
| ROUTE TYPE CR    ROUTE NUMBER 70    PREFIX 1 - NORTH<br><small>2 - SOUTH<br/>3 - EAST<br/>4 - WEST</small>  |  | LOCATION ROAD NAME  |  | ROAD TYPE   |  | LATITUDE DECIMAL DEGREES<br>39.905250  |  | LONGITUDE DECIMAL DEGREES<br>-83.354475   |  | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES  |  |   |  |
| ROUTE TYPE CR    ROUTE NUMBER 152    PREFIX 1 - NORTH<br><small>2 - SOUTH<br/>3 - EAST<br/>4 - WEST</small>   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)   |  | ROAD TYPE   |  |  |  |   |  |   |  |   |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #   |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   |  | ROAD TYPE<br>AL - ALLEY    HW - HIGHWAY    RD - ROAD<br>AV - AVENUE    LA - LANE    SO - SQUARE<br>BL - BOULEVARD    MP - MILEPOST    ST - STREET<br>CR - CIRCLE    OV - OVAL    TE - TERRACE<br>CT - COURT    PK - PARKWAY    TL - TRAIL<br>DR - DRIVE    PI - PIKE    WA - WAY<br>HE - HEIGHTS    PL - PLACE |  | DISTANCE FROM REFERENCE<br>50.00  |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS  |  |   |  |
| LOCATION OF FIRST HARMFUL EVENT<br>2<br><small>1 - ON ROADWAY    9 - CROSSOVER<br/>2 - ON SHOULDER    10 - DRIVEWAY/ALLEY ACCESS<br/>3 - IN MEDIAN    11 - RAILWAY GRADE CROSSING<br/>4 - ON ROADSIDE    12 - SHARED USE PATHS OR TRAILS<br/>5 - ON GORE    13 - BIKE LANE<br/>6 - OUTSIDE TRAFFIC WAY    14 - TOLL BOOTH<br/>7 - ON RAMP    15 - OFF RAMP<br/>8 - OFF RAMP    99 - OTHER / UNKNOWN</small> |  |   |  | MANNER OF CRASH COLLISION/IMPACT<br>1<br><small>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br/>2 - REAR-END<br/>3 - HEAD-ON<br/>4 - REAR-TO-REAR<br/>5 - BACKING<br/>6 - ANGLE<br/>7 - SIDESWIPE, SAME DIRECTION<br/>8 - SIDESWIPE, OPPOSITE DIRECTION<br/>9 - OTHER / UNKNOWN</small> |  |  |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | MEDIAN TYPE<br>2<br><small>1 - DIVIDED FLUSH MEDIAN (&lt; 4 FEET)<br/>2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br/>3 - DIVIDED, DEPRESSED MEDIAN<br/>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br/>9 - OTHER / UNKNOWN</small> |  |   |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER   |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA   |  | CONTOUR<br>3<br><small>1 - STRAIGHT LEVEL<br/>2 - STRAIGHT GRADE<br/>3 - CURVE LEVEL<br/>4 - CURVE GRADE<br/>9 - OTHER /UNKNOWN</small>  |  | CONDITIONS<br>2<br><small>1 - DRY<br/>2 - WET<br/>3 - SNOW<br/>4 - ICE<br/>5 - SAND, MUD, DIRT, OIL GRAVEL<br/>6 - WATER (STANDING, MOVING)<br/>7 - SLUSH<br/>9 - OTHER / UNKNOWN</small> |  | SURFACE<br>2<br><small>1 - CONCRETE<br/>2 - BLACKTOP, BITUMINOUS, ASPHALT<br/>3 - BRICK/BLOCK<br/>4 - SLAG, GRAVEL, STONE<br/>5 - DIRT<br/>9 - OTHER / UNKNOWN</small>  |  |   |  |
| LIGHT CONDITION<br>4<br><small>1 - DAYLIGHT<br/>2 - DAWN/DUSK<br/>3 - DARK - LIGHTED ROADWAY<br/>4 - DARK - ROADWAY NOT LIGHTED<br/>5 - DARK - UNKNOWN ROADWAY LIGHTING<br/>9 - OTHER / UNKNOWN</small>   |  |   |  | WEATHER<br>4<br><small>1 - CLEAR<br/>2 - CLOUDY<br/>3 - FOG, SMOG, SMOKE<br/>4 - RAIN<br/>5 - SLEET, HAIL<br/>6 - SNOW<br/>7 - SEVERE CROSSWINDS<br/>8 - BLOWING SAND, SOIL, DIRT, SNOW<br/>9 - FREEZING RAIN OR FREEZING DRIZZLE<br/>99 - OTHER / UNKNOWN</small>                                    |  |  |  | NARRATIVE<br>Unit 1 was southwest bound on CR 70 (Glade Run Road) and went off the left side of the roadway striking a ditch.   |  |   |  |   |  |
| CRASH REPORTED DATE / TIME<br>11/03/2018 06:42  |  |   |  | DISPATCH DATE / TIME<br>11/03/2018 06:42  |  | ARRIVAL DATE / TIME<br>11/03/2018 06:42  |  | SCENE CLEARED DATE / TIME<br>11/03/2018 07:50   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST   |  |   |  |
| TOTAL TIME ROADWAY CLOSED<br>45   |  | OTHER INVESTIGATION TIME<br>113   |  | OFFICER'S NAME*<br>Scales, Todd   |  | CHECKED BY OFFICER'S NAME*<br>1666   |  | OFFICER'S BADGE NUMBER*<br>1676   |  | CHECKED BY OFFICER'S BADGE NUMBER*  |  | <input type="checkbox"/> SUPPLEMENT<br><small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</small> |  |



|   |   |   |
|---|---|---|
| <b>UNIT #</b><br>1  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>NOON, AMANDA, M | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br>740-869-4533 |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>13364 COOK YANKEETOWN ROAD, MOUNT STERLING, OH, 43143 |   |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP  |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE<br>740-869-4533                                |

|   |   |  |  |   |   |
|---|---|--|--|---|---|
| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b><br>HDS1618   | <b>VEHICLE IDENTIFICATION #</b><br>JM1BJ225010440859   | <b>VEHICLE YEAR</b><br>2001  | <b>VEHICLE MAKE</b><br>MAZDA  |   |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b>  | <b>INSURANCE POLICY #</b>  | <b>COLOR</b><br>SIL  | <b>VEHICLE MODEL</b><br>OTHER/UNKNOWN   |   |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b> |   | <b>US DOT #</b>  | <b>TOWED BY:</b> COMPANY NAME<br>FLYNN'S TOWING  |   |   |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>   | <input checked="" type="checkbox"/> <b>HIT/SKIP UNIT</b>  | <b># OCCUPANTS</b><br>1  | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> <b>MATERIAL CLASS #</b> <input type="checkbox"/> <b>PLACARD ID #</b> |   |   |
| <b>UNIT TYPE</b><br>1   | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN | 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME  | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| <b># OF TRAILING UNITS</b>  |   |  |  |   |   |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>  |   |  |  |   |   |
| 1 - YES 2 - NO 9 - OTHER / UNKNOWN  |   |  |  |   |   |
| <b>AUTONOMOUS MODE LEVEL</b>  |   |  |  |   |   |
| 1 - NONE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN                        |   |  |  |   |   |
| <b>SPECIAL FUNCTION</b><br>1  | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER     | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE  | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP.                               | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL  | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN   |
| <b>CARGO BODY TYPE</b><br>99  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE                | 4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN /ENCLOSED BOX  | 7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED  | 11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE  | 99 - OTHER / UNKNOWN  |
| <b>VEHICLE DEFECTS</b>  | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT   | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE   | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT  | 99 - OTHER / UNKNOWN  |

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

|                           |    |  |  |   |  |
|---------------------------|----|--|--|---|--|
| <b>SEQUENCE OF EVENTS</b> |    |  |  |   |  |
| 1                         | 11 | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE                              | 7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL  | <b>NON-COLLISION</b><br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER | 19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT          |
| 2                         | 9  | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST | 38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH                      | 45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL |
| 3                         | 44 | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST | 38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH                      | 45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL |
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| 7                         | 1  | <b>FIRST HARMFUL EVENT</b>   |  | 3   | <b>MOST HARMFUL EVENT</b>  |

LOCAL REPORT NUMBER

49-0560-49

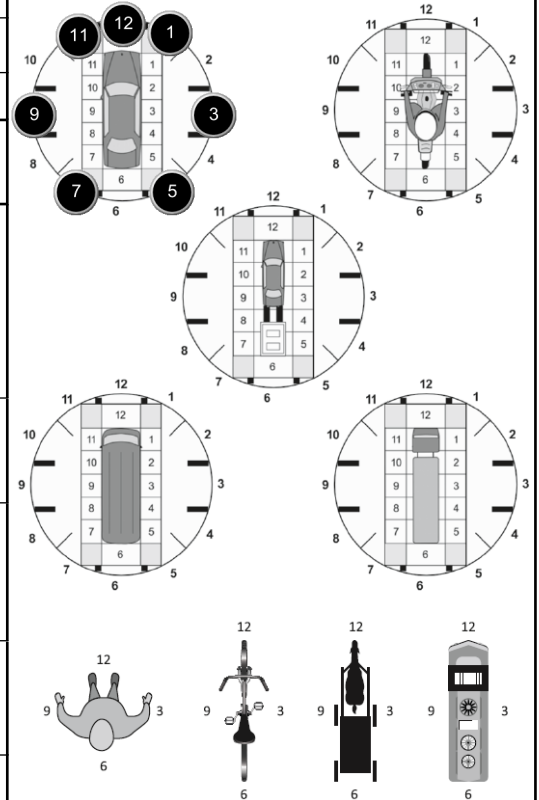
**DAMAGE**

**DAMAGE SCALE**

1 - NONE 3 - FUNCTIONAL DAMAGE  
4 - 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**

|  |   |
|--|---|
| <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br>2 - TWO-WAY | <b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
|--|---|

**# OF THROUGH LANES ON ROAD**  
2

**RAIL GRADE CROSSING**  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM 5 TO 8

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

**UNIT SPEED**

45

**DETECTED SPEED**

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

**POSTED SPEED**

55

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
49-0560-49

|   |   |                                   |                                    |  |   |  |   |                              |  |                      |                     |                  |                               |
|---|---|-----------------------------------|------------------------------------|--|---|--|---|------------------------------|--|----------------------|---------------------|------------------|-------------------------------|
| <b>UNIT #</b><br>1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>NOON, AMANDA, M |                                   |                                    |  | <b>DATE OF BIRTH</b><br>10/11/1991  |  | <b>AGE</b><br>27  | <b>GENDER</b><br>F           |  |                      |                     |                  |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>13364 COOK YANKEETOWN ROAD, MOUNT STERLING, OH, 43143 |   |                                   |                                    |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>740-869-4533  |  |   |                              |  |                      |                     |                  |                               |
| <b>INJURIES</b><br>4  | <b>INJURED TAKEN BY</b><br>9                        | <b>EMS AGENCY (NAME)</b>          |                                    | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>1                            | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1                      | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |                  |                               |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b>                      |                                   | <b>OFFENSE CHARGED</b><br>4511.202 |  | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b><br>OPERATING VEHICLE WITHOUT REAS |   |                              | <b>CITATION NUMBER</b><br>OHP49167611032018133 |                      |                     |                  |                               |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b>                                  | <b>RESTRICTION SELECT UP TO 3</b> |                                    | <b>DRIVER DISTRACTED BY</b><br>8                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1   | <b>ALCOHOL TEST</b>          |  |                      | <b>DRUG TEST(S)</b> |                  |                               |
|   |   |                                   |                                    |  |   |  |   | <b>STATUS</b><br>1           | <b>TYPE</b><br>1                               | <b>VALUE</b><br>.    | <b>STATUS</b><br>1  | <b>TYPE</b><br>1 | <b>RESULTS SELECT UP TO 4</b> |

|  |                                  |                                   |                        |  |   |                              |  |                         |                        |                 |                     |             |                               |
|--|----------------------------------|-----------------------------------|------------------------|--|---|------------------------------|--|-------------------------|------------------------|-----------------|---------------------|-------------|-------------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                                   |                        |  | <b>DATE OF BIRTH</b>  |                              | <b>AGE</b>   | <b>GENDER</b>           |                        |                 |                     |             |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                                   |                        |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |                              |  |                         |                        |                 |                     |             |                               |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>          |                        | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b> | <b>TRAPPED</b>      |             |                               |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>   |                                   | <b>OFFENSE CHARGED</b> |  | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>   |  |                         | <b>CITATION NUMBER</b> |                 |                     |             |                               |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION SELECT UP TO 3</b> |                        | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              | <b>CONDITION</b>   | <b>ALCOHOL TEST</b>     |                        |                 | <b>DRUG TEST(S)</b> |             |                               |
|  |                                  |                                   |                        |  |   |                              |  | <b>STATUS</b>           | <b>TYPE</b>            | <b>VALUE</b>    | <b>STATUS</b>       | <b>TYPE</b> | <b>RESULTS SELECT UP TO 4</b> |

|  |                                  |                                   |                        |  |   |                              |  |                         |                        |                 |                     |             |                               |
|--|----------------------------------|-----------------------------------|------------------------|--|---|------------------------------|--|-------------------------|------------------------|-----------------|---------------------|-------------|-------------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                                   |                        |  | <b>DATE OF BIRTH</b>  |                              | <b>AGE</b>   | <b>GENDER</b>           |                        |                 |                     |             |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                                   |                        |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |                              |  |                         |                        |                 |                     |             |                               |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>          |                        | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b> | <b>TRAPPED</b>      |             |                               |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>   |                                   | <b>OFFENSE CHARGED</b> |  | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>   |  |                         | <b>CITATION NUMBER</b> |                 |                     |             |                               |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION SELECT UP TO 3</b> |                        | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              | <b>CONDITION</b>   | <b>ALCOHOL TEST</b>     |                        |                 | <b>DRUG TEST(S)</b> |             |                               |
|  |                                  |                                   |                        |  |   |                              |  | <b>STATUS</b>           | <b>TYPE</b>            | <b>VALUE</b>    | <b>STATUS</b>       | <b>TYPE</b> | <b>RESULTS SELECT UP TO 4</b> |

| 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, EMAILING) | 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   | 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 CLASS A & CLASS B BUS   | 6 - PASSENGER   |  |
|  | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                    |                              | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE  |  |
|  | 8 - THIRD - MIDDLE   |                                    |                              | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE   |  |
| <b>INJURIES TAKEN BY</b>               | 9 - THIRD - RIGHT SIDE   | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN   | <b>ALCOHOL TEST TYPE</b>                       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 10 - SLEEPER SECTION OF TRUCK CAB  | 1 - NOT EJECTED                    | H - HAZMAT                   | 10 - LIMITED TO DAYLIGHT ONLY  |   | 1 - NONE                                       |
| 2 - EMS                                | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 11 - LIMITED TO EMPLOYMENT   |   | 2 - BLOOD                                      |
| 3 - POLICE                             | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 3 - TOTALLY EJECTED                | P - PASSENGER                | 12 - LIMITED - OTHER   |   | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                    | 13 - TRAILING UNIT   | 4 - NOT APPLICABLE                 | N - TANKER                   | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | <b>CONDITION</b>  | 4 - BREATH                                     |
|  | 14 - RIDING ON VEHICLE EXTERIOR  | <b>TRAPPED</b>                     | Q - MOTOR SCOOTER            | 14 - MILITARY VEHICLES ONLY  | 1 - APPARENTLY NORMAL   | 5 - OTHER                                      |
|  | 15 - NON-MOTORIST  | 1 - NOT TRAPPED                    | R - THREE-WHEEL MOTORCYCLE   | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 2 - PHYSICAL IMPAIRMENT   |  |
|  | 99 - OTHER / UNKNOWN   | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 16 - OUTSIDE MIRROR  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                     | <b>DRUG TEST TYPE</b>                          |
|  |  | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 17 - PROSTHETIC AID  | 4 - ILLNESS   | 1 - NONE                                       |
|  |  |                                    | X - TANKER / HAZMAT          | 18 - OTHER   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.  | 2 - BLOOD                                      |
|  |  |                                    |                              |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                              | 3 - URINE                                      |
|  |  |                                    |                              |  | 9 - OTHER / UNKNOWN   | 4 - OTHER                                      |
|  |  |                                    |                              |  |   | <b>DRUG TEST RESULT(S)</b>                     |
|  |  |                                    |                              |  |   | 1 - AMPHETAMINES                               |
|  |  |                                    |                              |  |   | 2 - BARBITURATES                               |
|  |  |                                    |                              |  |   | 3 - BENZODIAZEPINES                            |
|  |  |                                    |                              |  |   | 4 - CANNABINOIDS                               |
|  |  |                                    |                              |  |   | 5 - COCAINE                                    |
|  |  |                                    |                              |  |   | 6 - OPIATES / OPIOIDS                          |
|  |  |                                    |                              |  |   | 7 - OTHER                                      |
|  |  |                                    |                              |  |   | 8 - NEGATIVE RESULTS                           |

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
49-0560-49

|                 |  |                                  |  |                         |  |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|-------------------------|--|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |  |                         | <b>DATE OF BIRTH</b>                             | <b>AGE</b>              | <b>GENDER</b>        |                 |                |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |  |                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE         |                         |                      |                 |                |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

|                 |  |                                  |  |                         |  |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|-------------------------|--|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |  |                         | <b>DATE OF BIRTH</b>                             | <b>AGE</b>              | <b>GENDER</b>        |                 |                |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |  |                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE         |                         |                      |                 |                |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

|                 |  |                                  |  |                         |  |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|-------------------------|--|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |  |                         | <b>DATE OF BIRTH</b>                             | <b>AGE</b>              | <b>GENDER</b>        |                 |                |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |  |                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE         |                         |                      |                 |                |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

|                 |  |                                  |  |                         |  |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|-------------------------|--|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |  |                         | <b>DATE OF BIRTH</b>                             | <b>AGE</b>              | <b>GENDER</b>        |                 |                |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |  |                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE         |                         |                      |                 |                |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

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

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

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

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