CHOO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER *							
PHOTOS TAKEN OH -2 OH -3 LOCAL INFORMATION									T .	23MPD1830					
SECONDARY C	RASH	OH-1P	ОТН	-"	RTING AGENCY	NAME *			NCIC *	HIT/SKIP 1 - SOLVED	UNIT IN ERROR 98 - ANIMAL				
COUNTY* LOCAL		PRIVATE			ersburg			03801	2 - UNSOLVED			99 - UNKNOWN			
1 - CITY										CRASH DATE / TIME* CRASH SEVERITY					
	3 - TOW	NSHIP	Millersb							11/15/2023 04:36 5 2 - SERIOL					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 4 3 - EAST 3 - EAST 4 - WEST 4 Jackson									ROAD TYPE		ECIMAL DEGREES	3 -	SUSPECTED - MINOR INJURY		
									ST	40.554			SUSPECTED - INJURY POSSIBLE		
ROUTE TYPE ROU	UTE NUMB	ER PREFI	2 - SOU	JTH	RENCE ROAD NA	ME (ROAD.	MILEPOST, HO	USE #)	ROAD TYPE	LONGITUDE D			PROPERTY DAMAGE		
									ST	-81.921	-81.921809 ONLY				
REFERENCE POINT DIRECTION ROUTE TYPE 1 - INTERSECTION ROUTE TYPE 1 - INT								ROAD TYPE			INTERSECTION RELATED				
1 2 - MILE POST 4 2 - SOUTH AV - AVENUE								LA - LANE	SQ - SQUARE	WITHIN INTE	RSECTION OR C	TION OR ON APPROACH			
3 - HOUSE #	4 - WEST								TE - TERRACE	WITHIN INTE	RCHANGE AREA	NUM	IBER OF APPROACHES		
DISTANCE FROM REFERENCE	DISTANCE DISTANCE								Y TL - TRAIL	ROADWAY					
254.00	11.	2 2-	MILES FEET	200000000000000000000000000000000000000	BERED TOWNSHI		- DRIVE - HEIGHTS	PI - PIKE PL - PLACE	WA - WAY	ROADWAY	DIVIDED				
	CATION OF	3 -	YARDS	ROU	JTE					DIRECTION OF TRA	,,,T				
1 - ON RC	DADWAY	9	- CROSSO	OVER		1 - NO	T COLLISION 4			1 - NORTH		MEDIAI	N TYPE USH MEDIAN		
1 2 - ON SI 3 - IN ME				WAY/ALLEY AY GRADE	CROSSING		MOTOR	- BACKING - ANGLE		2 - SOUTH		(<4 FEET)	0000000 000000000000000000000000000000		
4 - ON RC 5 - ON GC		1.	2 - SHARE TRAILS	D USE PAT	'HS OR		IICLES IN	- SIDESWIPE, S	AME DIRECTION	4 - WEST	2-	- DIVIDED FLUSH MEDIAN (≥4 FEET)			
	DE TRAFFIC	C WAY 1	3 - BIKE LA			2 - REA	0	- SIDESWIPE, o	PPOSITE DIRECTION				DIVIDED, DEPRESSED MEDIAN DIVIDED, RAISED MEDIAN		
7 - ON RA 8 - OFF RA			4 - TOLL B	SOOTH	WN	3 - HEA	AD-ON 9	- OTHER / UNK	NOWN			(ANY TYPE) 9 - OTHER / UNKNOWN			
			T				T			CONTOUR	CONDIT		SURFACE		
WORK ZONE RE			1		ORK ZONE TYPE E CLOSURE				HIN WORK ZONE CONTOUR CONDITIONS SURF						
WORKERS PRES				2 - LAN	E SHIFT/ CROSSO	VER		WARNING SIG	VARNING SIGN ADVANCE WARNING AREA 1 - STRAIGHT 1 - DRY 1 - CONCRETE						
LAW ENFORCEM	MENT PRES	SENT			RK ON SHOULDER MEDIAN	la .	110	TRANSITION		LEVEL	2 - WET		2 - BLACKTOP,		
ACTIVE SCHOO	I ZONE		7		ERMITTENT OR MO	OVING WORK		ACTIVITY AREA		2 - STRAIGHT GRADE	3 - SNOW 4 - ICE		BITUMINOUS, ASPHALT		
ACTIVE SCHOO	L ZONE			5 - OTH	IER		5-	TERMINATION	I AREA	3 - CURVE LEVEL	5 - SAND, MU		3 - BRICK/BLOCK 4 - SLAG , GRAVEL,		
LI 1 - DAYLK	IGHT CON	DITION					WEATHER		9 - OTHER 6 - WATER (STANDING, STONE						
4 2 - DAWN					1 - CLEAR 1 , 2 - CLOUE		6 - SNOW 7 - SEVERE CI	ROSSWINDS		/UNKNOWN	MOVING)		5 - DIRT 9 - OTHER		
3 - DARK	- LIGHTED					MOG, SMOK	E 8 - BLOWING	SAND, SOIL, D	IRT, SNOW		7 - SLUSH 9 - OTHER / L	NKNOWN	/ UNKNOWN		
	 ROADWA UNKNOW 			HTING	4 - RAIN 5 - SLEET,	HAIL	9 - FREEZING 99 - OTHER /	RAIN OR FREE	ZING DRIZZLE						
9 - OTHER	R / UNKNO	NWO													
NARRATIVE		22020		20 00	N.W. 22 229 10 10	VIII.				-			•		
Unit #1 was trav center line and	veling we	est boun	d on W	Jackson	St. when Unit #	#1 crossed	over the						Street		
back into the w	est boun	nd lane a	nd comi	ing to a s	stop.	iway belon	e travelling					Not To S	Scale E		
													8		
										West Jackson Stree	t		North		
									OI OI						
98										TOTAL .					
								¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬							
									aliroa						
									South Grant Street						
									South Grant Street Railroad Street						
													#		
										1 1 1					
CRASH REPOR	TED DATE	/ TIME		DISP	ATCH DATE / TIN	ΛE	ARF	RIVAL DATE / 1	TIME	SCENE CLEARED	DATE / TIME		REPORT TAKEN BY		
11/15/2	2023 04:	36		11,	/15/2023 04:3	6	11,	/15/2023 04	1:36	11/15/202	3 05:45		POLICE AGENCY		
TOTAL TIME		THER		TOTAL	OFFICER'S NAM	ME*	L	T	CHECKED BY OFFICE	R'S NAME*	manyanyinya, wasani		MOTORIST		
ROADWAY CLOSED	INVESTIG	ATION TI	ME M	IINUTES	Jones, Kristo				Chief 2	unch			UPPLEMENT PRRECTION OR ADDITION		
0		0		69	0		DGE NUMBER*			Y OFFICER'S BADGE	NUMBER*		AN EXISTING REPORT SENT TO		
110 /00										Oursj					

or Pul	BLIC SAFETY UNIT		LOCAL REPORT NUMBER									
UNIT#	DWNER NAME: LAST, FIRST, N	MIDDLE (Deade of the	,	PHONE	AREA CODE (SAME AS DRIVER)	23MPD1830						
	TULL, KAREN, M	AIDOLE (EL SAME AS DRIVER	,	OWNER	PHONE:INCLUDE	AREA CODE (L) SAME AS DRIVER)	DAMAGE DAMAGE SCALE					
_	DRESS: STREET, CITY, STATE, ZI			1 - NONE 3 - FUNCTIONAL DAMAGE 4 2 - MINOR DAMAGE 4 - DISABLING DAMAGE								
0	LLERSBURG STREET, I AL CARRIER: NAME, ADDRESS		44661	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN					
		3, 411, 31414, 211		CON	MMERCIAL CARRIER PI	HONE. INCLUDE AREA CODE	DAMAGED AREA(S)					
LP STATE	LICENSE PLATE #	VEHIC	CLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE	INDICATE ALL THAT APPLY					
OH	HPM8321 NCE INSURANCE COMPAN	1N6	ED26Y0YC436308		2000	11 12						
VERIFIED		"	INSURANCE POLICY #		COLOR SIL	FRONTIER	11 2	2	10 12			
TYPE OF USE US DOT #				2.00	ED BY: COMPANY	NAME	10 2	7	10.300.2			
COMMER		RESPONSE	HICLE WEIGHT GVWR/GCWR			US MATERIAL	9 9 3	3	, ,			
DEVICE	HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS. 2 - 10.001 - 26K LBS.	⊢RE	ELEASED	ASS # PLACARD ID #	8 7 5	/4	8 7 5 4			
EQUIPPE			3 - > 26K LBS.		ACARD		7 6 5	11 -	12 7 6 5			
. 4	2 - PASSENGER VAN 7 - MC	N (9-15 SEATS) DTORCYCLE 2-WHEELED	13 - SNOWMOBILE 19 - BU			- PEDESTRIAN/SKATER - WHEELCHAIR (ANY TYPE)	10 /		12			
UNIT TYPE	3 - SPORT UTILITY 9 - AU	TOCYCLE 3-WHEELED	TRUCK	THER VEH		- OTHER NON-MOTORIST	1	-				
	10 - M	OPED OR MOTORIZED CYCLE	16 - EARLA FOURDARENT 22 - AF		TH RIDER OR 27	- BICYCLE - TRAIN	9	_	1 1 1			
w . O		LL TERRAIN VEHICLE	17 - MOTORHOME	NIMAL-DR	AWN VEHICLE 99	- UNKNOWN OR HIT/SKIP	8	V	5 /4			
	# OF TRAILING UNITS	····					11 12 1	7	5 12			
	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED		0 - NO AUTOMATION 3 -	CONDITIO	ONAL AUTOMATION	9 - UNKNOWN	19 12	2	10 12			
. 2 .	1-YES 2-NO 9-OTHER/U	0			TOMATION		10 1 2	7	10 11 1			
		MODE LEV		PULL AUT	OMATION		9 9 3	3	9 9 3			
1	1 - NONE 2 - TAXI	6 - BUS - CHARTER/TO 7 - BUS - INTERCITY	OUR 11 - FIRE 12 - MILITARY	16 - FA	RM OWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	7 5	74	8 7 5 74			
SPECIAL	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SN	IOW REMOVAL		7 5		7 6 5			
FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER 10 - AMBULANCE	14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP.	19 - TO 20 - SA	FETY SERVICE		6		6			
	5 - BUS - TRANSIT/COMMUTER PATROL 12 12 12											
	1 - NO CARGO BODY TYPE / NOT APPLICABLE	4 - LOGGING 5 - INTERMODAL	7 - GRAIN/CHIPS/GRAVEL 8 - POLE	11 - DU	JMP ONCRETE MIXER	99 - OTHER / UNKNOWN	12 9 8	7				
CARGO	2 - BUS 3 - VEHICLE TOWING	6 - CARGOVAN	9 - CARGO TANK	13 - AU	JTO TRANSPORTER		9 6 3	9	© 3 9 1 3 9 2 3			
TYPE	ANOTHER MOTOR VEHICLE	/ENCLOSED BOX	10 - FLAT BED	14 - GA	ARBAGE/REFUSE		0	-	Θ			
6	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT		TOR TROUBLE SABLED FROM PRIO	99 - OTHER / UNKNOWN	6	i				
VEHICLE DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE		CIDENT							
	1 - INTERSECTION -	4 - MIDBLOCK -	7 - SHOULDER/ROADSIDE	10 - DR	RIVEWAY ACCESS	99 - OTHER / UNKNOWN	☐- NO DAMA	GE [0]			
NON-	MARKED CROSSWALK 2 - INTERSECTION -	MARKED CROSSWA 5 - TRAVEL LANE -	8 - SIDEWALK	11 - SH	ARED USE PATHS		☐- TOP [13]		ALL AREAS [15]			
MOTORIST LOCATION	UNMARKED CROSSWALK 3 - INTERSECTION - OTHER	OTHER LOCATION 6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIR	RST RESPONDER INCIDENT SCENE			- UNI	T NOT AT SCENE [16]			
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC	15 - W	ALKING, RUNNING,	21 - STANDING OUTSIDE	INITI	IAL PO	NNT of CONTACT			
. 3	2 - NON-COLLISION	2 - BACKING 3 - CHANGING LANES	LANE 10 - PARKED		GGING, PLAYING ORKING	DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 - NO DA	MAGE	14 - UNDERCARRIAGE			
		4 - OVERTAKING/PASSI 5 - MAKING RIGHT TUR	N IN TRAFFIC		PROACHING OR			ER TO	UNIT 15 - VEHICLE NOT AT SCENE			
	5 - BOTH STRIKING	6 - MAKING LEFT TURN7 - MAKING U-TURN	12 - DRIVERLESS 13 - NEGOTIATING A CURVE		AVING VEHICLE ANDING		13 - TOP		99 - UNKNOWN			
	& STRUCK 9 - OTHER / UNKNOWN	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION		HER NON-MOTORI	ST		т.	RAFFIC			
	1 - NONE	8 - FOLLOWING TOO CI	LOSE 13 - IMPROPER START FROM		ERATING DEFECTIVE		TRAFFICWAY FLOW	1	TRAFFIC CONTROL			
	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	9 - IMPROPER LANE	A PARKED POSITION 14 - STOPPED OR PARKED	19 - LOA	JIPMENT AD SHIFTING	ROADWAY 99 - OTHER IMPROPER	1 - ONE-WAY 2 - TWO-WAY		1 - ROUNDABOUT 4 - STOP SIGN			
99	4 - RAN STOP SIGN 5 - UNSAFE SPEED	CHANGE 10 - IMPROPER PASSING	G 15 - SWERVING TO AVOID		LLING/SPILLING PROPER CROSSING	ACTION	2 - 1WO-WAY	6	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
CIRCUMSTANCE	G 6 - IMPROPER TURN ES 7 - LEFT OF CENTER	11 - DROVE OFF ROAD 12 - IMPROPER BACKIN	16 - WRONG WAY IG 17 - VISION OBSTRUCTION	21 - LYII	NG IN ROADWAY T DISCERNIBLE		# of THROUGH LANES		RAIL GRADE CROSSING			
SEQUENCE							ON ROAD		1 - NOT INVLOVED			
2			EVENTS				2	1	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
1 11	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNIT 8 - RAN OFF ROAD RIGH	T 13 - OTHER NON-COLLISION	20 - MC	IMAL -OTHER OTOR VEHICLE IN	23 - STRUCK BY FALLING, SHIFTING CARGO OR	I I I I I I I I I I I I I I I I I I I	1011	MOTORIST DIRECTION			
31	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	21 - PAF	ANSPORT RKED MOTOR	ANYTHING SET IN MOTION BY A MOTOR	UNIT / N	ION-N	1 - NORTH 5 - NORTHEAST			
-	5 - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CROSS CENTERLINE OPPOSITE DIRECTION		22 - WO	HICLE ORK ZONE	VEHICLE 24 - OTHER MOVABLE OBJECT	===		2 - SOUTH 6 - NORTHWEST			
3	6 - EQUIPMENT FAILURE	OF TRAVEL	18 - ANIMAL - DEER	MA	INTENANCE JIPMENT	OUZET	_{FROM} 3 то	4	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST			
a 1 1	25 - IMPACT ATTENUATOR	COLL 31 - GUARDRAIL END	ISION WITH FIXED OBJECT - S 38 - OVERHEAD SIGN POST		BANKMENT	52 - BUILDING			9 - OTHER / UNKNOWN			
4	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BAR	39 - LIGHT / LUMINARIES	46 - FEN 47 - MA	ACE.	53 - TUNNEL 54 - OTHER FIXED	UNIT SPEED		DETECTED SPEED			
5	STRUCTURE 27 - BRIDGE PIER OR	34 - MEDIAN GUARDRAII BARRIER		48 - TRE		OBJECT 99 - OTHER / UNKNOWN	25		1 - STATED / ESTIMATED SPEED			
		35 - MEDIAN CONCRETE BARRIER		50 - WO MA	ORK ZONE INTENANCE				_			
6	29 - BRIDGE RAIL	36 - MEDIAN OTHER BAR 37 - TRAFFIC SIGN POST			JIPMENT		POSTED SPEED		2 2 - CALCULATED / EDR			
1	FIRST HARMFUL EVENT	•	OST HARMFUL EVENT	***			25		3 - UNDETERMINED			

MOTORIST / NON-MOTORIST										LOCAL REPORT NUMBER								
	UNIT #										-	23MPD1830 DATE OF BIRTH AGE GENDE						
ı	1	MCCUNE, BLAKE, A													29	M		
IST	ADDRESS:	: STREET, CITY, STATE, ZIP									CONT	CONTACT PHONE - INCLUDE AREA CODE						
OTOR	213 E M	ILLERSBURG ST, NASHVILLE, OH, 44661										330-600-7343						
N-M		INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPME USED								SAFETY EQUIPMEN		T-Compli	SEATING ANT POSITION	AIR BA	AG USAGE	EJECTION	TRAPPED	
N/	5	ву 1	L					1	Шмс	HELME	DATE OF BIRTH 11/20/1993 PHONE - INCLUDE AREA CODE 7343 PHONE - INCLUDE AREA CODE CITATI CITATI			1	1			
ORIS				NSE NUMBER	SE CHARG	GED	LOCAL	OFFENSE DESC	RIPTION		DATE OF BIRTH 11/20/1993 HONE - INCLUDE AREA COD 7343 PLANT SEATING POSITION 1 CITA		ATION NUMBER					
MOT	OH	TP87951	F	4510														
ı	OL CLASS	ENDORSEMENT RESTRICTION SELECT UP TO 3			D	RIVER ISTRACTED		HOL / DRUG SUSP DHOL MARI	UUANA	CONDITION	STATUS	TYPE			TYPE	RESULTS	SELECT UP TO 4	
5	6				В	Y 1	ОТН	ER DRUG		5	1	1		1	1			
ı	UNIT #	NAME: LA	ST, FI	RST, MIDDLE									DATE OF BIRTH			AGE	GENDER	
ŀ	ADDRESS.	STREET, CITY	/ CTA	TE 710														
MOTORIST / NON-MOTORIST	ADDRESS.	JIKEET, CITT	, 314	ITE, ZIP							CONT	ACT PHO	DNE - INCLUDE /	AREA CODE				
OW-	INJURIES	INJURED	EMS	AGENCY (NAME)		INJURED	TAKEN TO:	MEDICAL FACILITY (NAM	E, CITY)	SAFETY EQUIPMEN	T					IR BAG USAGE EJECTION TRAPPED		
NON		TAKEN BY								USED		HELME						
RIST	OL STATE	OPERATOR	LICE	NSE NUMBER		OFFEN	SE CHARG	GED	LOCAL	OFFENSE DESC	RIPTION			CITA	CITATION NUMBER			
OTO																		
٤	OL CLASS	ENDORSEM	ENT	RESTRICTION SELECT UP TO 3	_	RIVER	_	HOL / DRUG SUSF	JUANA	CONDITION	A	ALCOHOL TEST STATUS TYPE VALUE S				HEST(
ı					В			ER DRUG	ZONIN		SIAIUS	ITTPE	VALUE .	SIAIUS	TYPE	KESULIS	SELECT UP TO 4	
	UNIT #	NAME: LAS	ST, FI	RST, MIDDLE							1		DATE OF BIRTH	-		AGE	GENDER	
L																		
RIST	ADDRESS:	STREET, CITY	, STA	TE, ZIP			3200				CONT	ACT PHO	ONE - INCLUDE A	AREA CODE				
MOTO	INJURIES	INJURED	EMS	AGENCY (NAME)		INJURED	TAKEN TO:	MEDICAL FACILITY (NAMI	E CITY)	SAFETY FOLLIDMEN	AFETY EQUIPMENT SEATING AIR BAG USAGE EJECTION TRAPP							
NON	TAKEN BY						TAREN TO.	MEDICAL PACIETY (NAME	USED						IG USAGE	EJECTION	TRAPPED	
OTORIST / NON-MOTORIST	OL STATE	OPERATOR	LICE	NSE NUMBER	-	OFFEN	OFFENSE CHARGED LOCAL OFFENSE DESCRI			RIPTION					CITATION NUMBER			
OTOR																		
2	OL CLASS	ENDORSEM	ENT	RESTRICTION SELECT UP TO 3				OHOL / DRUG SUSPECTED OHOL MARIJUANA		CONDITION						TEST(
ı					В			ER DRUG	JUANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4	
	INJU	JRIES		SEATING POSITION		AIR BA	G	OL CLA	ss	OL RESTRIC	TION(S) DR	IVER DISTRA	CTION	ī	ST STA	TUS	
3973	FATAL SUSPECTED	SERIOUS.		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		DEPLOYED LOYED FRON	т	1 - CLASS A		1 - ALCOHOL INTE	RLOCK	OCK 1 - NOT DISTRACTED 1 - NONE GIVEN						
1	NJURY SUSPECTED			2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	4 - DEPI	LOYED SIDE		2 - CLASS B 3 - CLASS C DEVICE 2 - CDL INTRAST 3 - CORRECTIVE				EL	ECTRONIC		3 - TEST GIVEN,			
1	NJURY POSSIBLE IN			4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	NT/SIDE APPLICABLE	SIDE 4 - FARM WAIVER PPLICABLE 4 - REGULAR CLASS 5 - EXCEPT CLASS A					BUS DIALING				/ UNUSABLE 4 - TEST GIVEN,			
200	NO APPAREN		(5 - SECOND - MIDDLE 5 - SECOND - RIGHT SIDE	9 - DEPI	LOYMENT UN	IKNOWN	(OHIO = D) _ 5 - M/C MOPED	ONLY	6 - EXCEPT CLASS & CLASS B BUS		3 - TALKING ON HANDS-FREE RESULT COMMUNICATION DEVICE 5 - TEST G					/N	
I	7 - THIRD - LEFT SIDE INJURIES TAKEN BY (MOTORCYCLE SIDE CAR)				1 - NOT	EJECTIO EJECTED	N	6 - NO VALID OI		7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE COMMUNICATION DEVICE RES						LTS UNKN		
150 X	NOT TRAN		9	- THIRD - RIGHT SIDE	2 - PAR	TIALLY EJECTE	OL ENDORSEMENT 9 - LEARNER'S PERM					EL	ECTRONIC DEVICE		1 - NON	E	ST TYPE	
2 -	EMS	AT SCEINE		10 - SLEEPER SECTION 3 - TOTAL OF TRUCK CAB 4 - NOT A 11 - PASSENGER IN			10 100750 70 00					IN	ISIDE THE VEHICLE	- S.N.	2 - BLOC	E		
	POLICE OTHER / UI	NKNOWN		OTHER ENCLOSED CARGO				P - PASSENGER		11 - LIMITED TO EMPLOYN 12 - LIMITED - OTHER 13 - MECHANICAL DEVICE		OUTSIDE THE VEHICLE			4 - BREATH 5 - OTHER			
		QUIPMEN	T I	BUS, PICK-UP WITH CAP) 12 - PASSENGER IN	MEC	RICATED BY HANICAL ME	ANS	N - TANKER Q - MOTOR SCO	OTER	(SPECIAL BRAN CONTROLS, O	ES, HAND	3.0			DRU 1 - NON	JG TEST	TYPE	
1-	NONE USED			UNENCLOSED CARGO AREA 3 - TRAILING UNIT		D BY I-MECHANIC	AL MEANS	R - THREE-WHEE		ADAPTIVE DEV	ICLES ONLY	2 - PI	HYSICAL IMPAIRM		2 - BLOC 3 - URIN			
1	SHOULDER E JSED LAP BELT ON			4 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				S - SCHOOL BUS		15 - MOTOR VEHIC WITHOUT AIR	BRAKES	3 - EMOTIONAL (E.G., KES DEPRESSED, ANGRY,			4 - OTHE		ESULT(S)	
4 - 5	SHOULDER &			5 - NON-MOTORIST 9 - OTHER / UNKNOWN				T - DOUBLE & TE TRAILERS		16 - OUTSIDE MIRI 17 - PROSTHETIC A 18 - OTHER		4 - IL	LNESS		1 - AMPH	HETAMINE		
5 - (PAINT SYSTEM						X - TANKER / HA	ZMAT			FATIGUED, ETC.			3 - BENZ	ODIAZEPIN		
6 - 0	REAR FACIN	RAINT SYSTEM	1					GEND	NDER			MEDICATIONS / DRUGS			1 0 11 11 10 11 10 10 10			
8 - 1	BOOSTER SE HELMET USE	D						F - FEMALE M - MALE						1	7 - OTHE			
	(ELBOWS, KI							U - OTHER / UNI	KNOWN									
	REFLECTIVE LIGHTING - / BICYCLE O	PEDESTRIAN																
99 -	OTHER / UN			A DESERVE S														

OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER 23MPD1830						
UNIT #		AST, FIRST, MIDDLE					Di	DATE OF BIRTH AGE GENDE						
ADDRESS	: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	IE - INCLUDE AR	EA CODE					
	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTIO	N TRAPPED			
UNIT #	NAME: LA	AST, FIRST, MIDDLE					DA	DATE OF BIRTH						
ADDRESS	: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	1 5000000000000000000000000000000000000	EMS AGENCY (NAME)	-	INJURED TAKEN TO: MEDICAL FACILITY ((NAME, CITY)	SAFETY EQUIPMENT		SEATING	E EJECTIO	N TRAPPED				
	TAKEN BY	J	-				MC HELMET	POSITION						
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DATE OF BIRTH AGE GENDE							
ADDRESS	: STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AR	EA CODE		I			
	INJURIES INJURED EMS AGENCY (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT DOT- MC H				SEATING POSITION	AIR BAG USAG	EJECTION	N TRAPPED			
UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	ATE OF BIRTH		AGE	GENDER			
ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (I	NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	N TRAPPED			
	IN.	JURIES	SAFET	Y EQUIPMENT USED		SEATING POS	2 1 2 2		AIR BAG L	SAGE				
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN			2 - SHOULI 3 - LAP BEL 4 - SHOULI 5 - CHILD F FORWA 6 - CHILD F REAR F, 7 - BOOSTE 8 - HELMET 9 - PROTEC (ELBOW 10 - REFLEC 11 - LIGHTI / BICYC	ER SEAT	2 - FRON 3 - FRON 4 - SECO (MOT 5 - SECO 7 - THIRI (MOT 8 - THIRI 10 - SLEE 11 - PAS: CAR: SUC 12 - PAS: CAR: 13 - TRA! 14 - RIDI (NON 15 - NON	TORCYCLE DRIVINT - MIDDLE IT - RIGHT SIDE IND - LEFT SIDE ORCYCLE PASSE IND - MIDDLE IND - RIGHT SIDE ORCYCLE ORCYCLE	NGER) E CAR) F TRUCK CAB ER ENCLOSED RAILING UNIT P WITH CAP) NCLOSED EXTERIOR	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN AR) EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED AILING UNIT WITH CAP) NCLOSED 1 - NOT TRAPPED 1 - NOT TRAPPED						
10	ST, FIRST, MI	DOLE					DA	TE OF BIRTH		AGE	GENDER			
ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE					
ESS	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER					
ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE					
SS	ST, FIRST, MI	DDLE					DA	TE OF BIRTH		AGE	GENDER			
ADDRESS:	STREET, CIT	y, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	A CODE					