



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER*	CRASH SEVERITY	HIT/SKIP
16 MPD 1338	3 1. FATAL 2. INJURY 3. PDO	<input type="checkbox"/> 1. SOLVED <input type="checkbox"/> 2. UNSOLVED

LOCAL INFORMATION 16MPD1338		REPORTING AGENCY NCIC*	REPORTING AGENCY NAME*	NUMBER OF UNITS	UNIT IN ERROR
<input 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	03801	Millersburg Police Department	2	1 98 - ANIMAL 99 - UNKNOWN

COUNTY*	CITY*	CITY, VILLAGE, TOWNSHIP*	CRASH DATE*	TIME OF CRASH	DAY OF WEEK
Holmes	<input type="checkbox"/> CITY* <input type="checkbox"/> VILLAGE* <input type="checkbox"/> TOWNSHIP*	Millersburg	08/08/2016	1518	Mon

DEGREES/MINUTES/SECONDS	DECIMAL DEGREES
LATITUDE 40:33:32.04	LONGITUDE 81:55:05.04

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> W - WESTBOUND	2	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 - LAÑE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE TYPE	LOC PREFIX	LOCATION ROAD NAME	LOCATION ROUTE TYPE	ROUTE TYPES
<input type="checkbox"/> LOCATION ROUTE TYPE	<input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	Wooster Rd.	RD	IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE CR - NUMBERED COUNTY ROUTE SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE TYPE	REFERENCE ROUTE NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE
<input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	<input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	<input type="checkbox"/>		<input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	Washington St.	ST

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

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

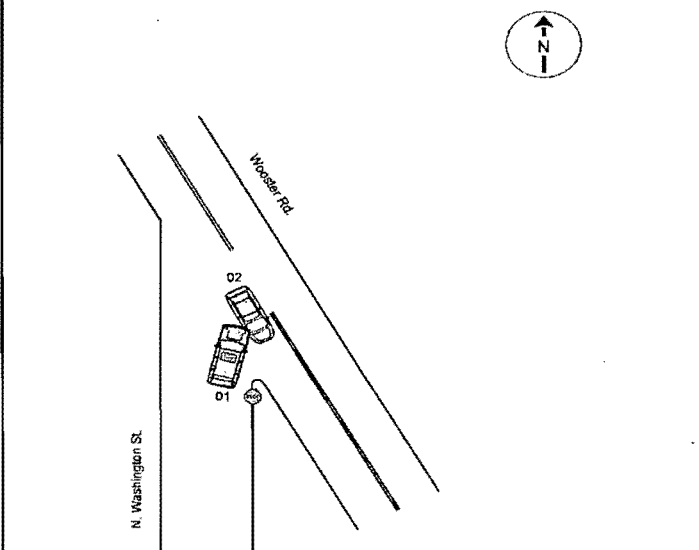
MANNER OF CRASH COLLISION/IMPACT	WEATHER
6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-TO-REAR 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 -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

ROAD SURFACE	LIGHT CONDITIONS	1 - DAYLIGHT	5 - DARK - ROADWAY NOT LIGHTED	9 - UNKNOWN	<input type="checkbox"/> SCHOOL ZONE RELATED	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP BITUMINOUS ASPHALT 3 - BRICK/BLOCK 4 - SLAG GRAVEL, STONE 5 - DIRT 6 - OTHER	1 PRIMARY SECONDARY	2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY	6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE 8 - OTHER		<input type="checkbox"/>	<input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

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

NARRATIVE

Unit 01 was attempting to make a left turn from N. Washington St. onto Wooster Rd. and failed to yield from the stop sign to Unit 02, who was traveling southbound on Wooster Rd. As a result Unit 01 struck Unit 02 on the right side of the vehicle.



REPORT TAKEN BY	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
08/08/2016	1519	1519	1522	1608	10	59
OFFICER'S NAME*	OFFICER'S BADGE NUMBER	CHECKED BY				
Brown, Kevin	108					



# UNIT

LOCAL REPORT NUMBER  
**16 MPD 1338**

UNIT NUMBER <b>1</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>Smetzer, Rex, A.</b>	OWNER PHONE NUMBER	DAMAGE SCALE <b>2</b>	DAMAGE AREA <b>FRONT</b>	
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>2316 Cleveland Rd., Wooster, OH, 44691</b>				1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>GUE4452</b>	VEHICLE IDENTIFICATION NUMBER <b>JN8AS5MV1CW398018</b>		# OCCUPANTS <b>2</b>	2 - MINOR
VEHICLE YEAR <b>2012</b>	VEHICLE MAKE <b>Nissan</b>	VEHICLE MODEL <b>Rogue</b>		VEHICLE COLOR <b>WHI</b>	3 - FUNCTIONAL
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>Grange</b>	POLICY NUMBER <b>PA31883612</b>		TOWED BY	4 - DISABLING
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE	

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 <b>01</b> 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 CHASSIS 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 <b>1</b> 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 4 FT. MEDIA 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO.	HAZARDOUS MATERIAL RELATED <input type="checkbox"/>			<input type="checkbox"/> HIT / SKIP UNIT
HM CLASS NUMBER				

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/>	TYPE OF USE <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>06</b> PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 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	13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK / 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<input type="checkbox"/> HAS HM PLACARD				

SPECIAL FUNCTION <b>01</b> 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 EQP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA <b>02</b> 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 <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CHAS ACTIONS <b>01</b>	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 <b>02</b> 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE/PASSING/OFF ROAD	MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERING 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 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <b>1</b> MISC HARMFUL EVENT <b>1</b> 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 FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED <b>10</b>	POSTED SPEED <b>35</b>	TRAFFIC CONTROL <b>02</b> 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 <b>2</b> TO <b>1</b> 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

16 MPD 1338

UNIT NUMBER <b>2</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) Miller, Merle, N.	OWNER PHONE NUMBER	DAMAGE SCALE <b>2</b>	DAMAGE AREA FRONT  REAR
OWNER ADDRESS CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 431 Elm St., Millersburg, OH, 44654			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER GDH1385	VEHICLE IDENTIFICATION NUMBER 1D4GP24R65B255894	2 - MINOR	
VEHICLE YEAR 2005	VEHICLE MAKE Dodge	VEHICLE MODEL Grand Caravan	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Progressive	POLICY NUMBER 905037406	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	
			CARRIER PHONE	

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 <b>01</b> 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 CHASSIS 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 <b>1</b> 1 - T WO-WAY, NOT DIVIDED 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS 4FT.) MEDIA 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO.	HAZARDOUS MATERIAL RELATED <input type="checkbox"/>			<input type="checkbox"/> HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK <input type="checkbox"/> 03 - INTERSECTION - OTHER <input type="checkbox"/> 04 - MIDBLOCK - MARKED CROSSWALK <input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 06 - BICYCLE LANE <input type="checkbox"/> 07 - SHOULDER/ROADSIDE <input type="checkbox"/> 08 - SIDEWALK <input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL <input type="checkbox"/> 12 - NON-TRAFFICWAY AREA <input type="checkbox"/> 99 - OTHER/UNKNOWN	TYPE OF USE <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>05</b> PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 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	<input type="checkbox"/> HAS HM PLACARD
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SPECIAL FUNCTION <b>01</b> 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 <b>04</b> 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 <b>4</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>01</b>	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 <b>01</b> 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE/PASSING/OFF ROAD	MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERING 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 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 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 FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED <b>35</b>	POSTED SPEED <b>35</b>	TRAFFIC CONTROL <b>12</b> 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 FRM <b>1</b> TO <b>2</b> 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

16 MPD 1338

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Smetzer, Alba, Alicia	DATE OF BIRTH 04/09/1970	AGE 46	GENDER F - FEMALE M - MALE
ADDRESS: CITY, STATE, ZIP 2316 Cleveland Rd., Wooster, OH, 44691			CONTACT PHONE - INCLUDE AREA CODE 330-201-2143	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER TF098602	OL CLASS 4	No VALID DL <input type="checkbox"/>	M/C END <input type="checkbox"/>
CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE
DRUG TEST STATUS 1	DRUG TEST TYPE 1	OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE ) 331.19	OFFENSE DESCRIPTION Stop Sign Violations	CITATION NUMBER 12397
HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1	UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Miller, Luella, A.	DATE OF BIRTH 02/23/1987
AGE 29	GENDER F - FEMALE M - MALE	ADDRESS: CITY, STATE, ZIP 431 Elm St., Millersburg, OH, 44654		
			CONTACT PHONE - INCLUDE AREA CODE 330-473-2774	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER SZ925322	OL CLASS 4	No VALID DL <input type="checkbox"/>	M/C END <input type="checkbox"/>
CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 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 1	INJURIES		
INJURED TAKEN BY		SAFETY EQUIPMENT USED		
1 - NOT TRANSPORTED / TREATED AT SCENE		99 - UNKNOWN SAFETY EQUIPMENT		
2 - EMS		MOTORIST		
3 - POLICE		01 - NONE USED - VEHICLE OCCUPANT		
4 - OTHER		02 - SHOULDER BELT ONLY USED		
9 - UNKNOWN		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)		07 - THIRD - LEFT SIDE (Motorcycle Side Cap)		12 - PASSENGER IN UNENCLOSED CARGO AREA
02 - FRONT - MIDDLE		08 - THIRD - MIDDLE		13 - TRAILING UNIT
03 - FRONT - RIGHT SIDE		09 - THIRD - RIGHT SIDE		14 - RIDING ON VEHICLE EXTERIOR (Non-Trailing Unit)
04 - SECOND - LEFT SIDE (Motorcycle Passenger)		10 - SLEEPER SECTION OF CAB (TRUCK)		15 - NON-MOTORIST
05 - SECOND - MIDDLE		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (Non-Trailing Unit Such As A Bus, Pick-up with Cap)		16 - OTHER
06 - SECOND - RIGHT SIDE				17 - OTHER
				18 - OTHER
				19 - 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		TRAPPED		OPERATOR LICENSE CLASS
1 - NOT EJECTED		1 - NOT TRAPPED		1 - CLASS A
2 - TOTALLY EJECTED		2 - EXTRICATED BY MECHANICAL MEANS		2 - CLASS B
3 - PARTIALLY EJECTED		3 - EXTRICATED BY NON-MECHANICAL MEANS		3 - CLASS C
4 - NOT APPLICABLE				4 - REGULAR CLASS (OH 012 '07)
				5 - MC/MOPED ONLY
				CONDITION
				1 - APPARENTLY NORMAL
				2 - PHYSICAL IMPAIRMENT
				3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBE)
				4 - ILLNESS
				5 - FELL ASLEEP, FAINTED, FATIGUE
				6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL
				7 - OTHER
				ALCOHOL/DRUG SUSPECTED
				1 - NONE
				2 - YES - ALCOHOL SUSPECTED
				3 - YES - HBD NOT IMPAIRED
				4 - YES - DRUGS SUSPECTED
				5 - YES - ALCOHOL AND DRUGS SUSPECTED
				6 - OTHER INSIDE THE VEHICLE
				7 - EXTERNAL DISTRACTION
ALCOHOL TEST STATUS				
1 - NONE GIVEN				
2 - TEST REFUSED				
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABL				
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/UNUSABL				
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)				
5 - OTHER ELECTRONIC DEVICE				
6 - OTHER INSIDE THE VEHICLE				
7 - EXTERNAL DISTRACTION				
UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Urconis, Natasha, R.	DATE OF BIRTH 02/02/1990	AGE 26	GENDER F - FEMALE M - MALE
ADDRESS: CITY, STATE, ZIP 101 E. Main St., Holmesville, OH, 44633			CONTACT PHONE - INCLUDE AREA CODE 330-275-6041	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Kelley, Mitzi, L.	DATE OF BIRTH 08/03/1966	AGE 50	GENDER F - FEMALE M - MALE
ADDRESS: CITY, STATE, ZIP 975 Forlow St., Millersburg, OH, 44654			CONTACT PHONE - INCLUDE AREA CODE 330-231-9467	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
16 MPD 1338

UNIT NUMBER 2	NAME LAST, FIRST, MIDDLE Miller, Meranda, M.	DATE OF BIRTH 05/15/2008	AGE 8	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 431 Elm St., Millersburg, OH, 44654			CONTACT PHONE - INCLUDE AREA CODE 330-473-2774	

INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 07	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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UNIT NUMBER 2	NAME LAST, FIRST, MIDDLE Miller, Makaya, M.	DATE OF BIRTH 03/23/2012	AGE 4	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 431 Elm St., Millersburg, OH, 44654			CONTACT PHONE - INCLUDE AREA CODE 330-473-2774	

INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED 05	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 06	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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UNIT NUMBER 2	NAME LAST, FIRST, MIDDLE Miller, McKenna, M.	DATE OF BIRTH 05/02/2013	AGE 3	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 431 Elm St., Millersburg, OH, 44654			CONTACT PHONE - INCLUDE AREA CODE 330-473-2774	

INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED 05	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 04	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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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 <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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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 <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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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 <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED 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 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 (ELBOW, KNEE, ETC.) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (Motorcycle Driver) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (Motorcycle Passenger) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (Motorcycle Side Car) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (Truck)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (Non-Trailing Unit Such as a Bus, Pick-up with Cap) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (Non-Trailing Unit) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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