

06/19/18
ms



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY | HIT/SKIP |
| 18 MPD 1050 | 2 - FATAL 2 - INJURY 3 - PDO | 1 - SOLVED 2 - UNSOLVED |

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|--|--|-------------------------|-------------------------|-------------------------------|---------------|---|
| LOCAL INFORMATION 18MPD1050 | | REPORTING AGENCY NCIC * | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN ERROR | |
| PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | PRIVATE PROPERTY | 03801 | Millersburg Police Department | 2 | 1 |

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|----------|---------------------------|--------------|---------------|-------------|
| COUNTY * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * | TIME OF CRASH | DAY OF WEEK |
| Holmes | Millersburg | 06/16/2018 | 1443 | Sat |

| | |
|-------------------------|------------------------|
| DEGREES/MINUTES/SECONDS | DECIMAL DEGREES |
| LATITUDE :: | LATITUDE 40.548894 |
| LONGITUDE :: | LONGITUDE 81.918021 |

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

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|-----------------------|------------|--------------------|--------------------|--|
| LOCATION ROUTE NUMBER | LOC PREFIX | LOCATION ROAD NAME | LOCATION ROAD TYPE | ROUTE TYPES |
| | S | Washington | ST | IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE CR - NUMBERED COUNTY ROUTE SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE |

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|---|--------------|-----------------|------------|--|---------------------|
| DISTANCE FROM REFERENCE | DIR FROM REF | REFERENCE ROUTE | REF PREFIX | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE |
| <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS | N, S, E, W | | N, S, E, W | 583 Washington | |

| | | |
|---|--|---|
| REFERENCE POINT USED | CRASH LOCATION | LOCATION OF FIRST HARMFUL EVENT |
| 3 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS | 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN |

| | | |
|---|-----------------|---|
| ROAD CONTOUR | ROAD CONDITIONS | WEATHER |
| 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN | 02 06 | 4 - RAIN 5 - SLEET, HAIL 6 - SNOW |

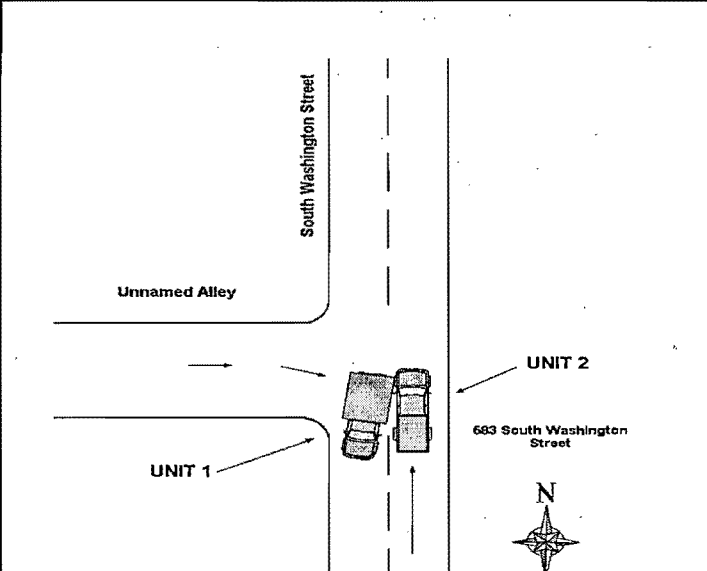
| | |
|--|---|
| MANNER OF CRASH COLLISION/IMPACT | WEATHER |
| 8 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, -SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN | 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7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

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| ROAD SURFACE | LIGHT CONDITIONS | SCHOOL BUS RELATED |
| 2 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER | 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY | 1 - YES, SCHOOL BUS DIRECTLY INVOLVED 2 - YES, SCHOOL BUS INDIRECTLY INVOLVED |

| | | |
|---|--|---|
| WORK ZONE RELATED | TYPE OF WORK ZONE | 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 4 - INTERMITTENT OR MOVING WORK 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 One pulled out of alley across from 583 South Washington street heading South when the back passenger tire of unit one hydro planed in the water from the rain causing the driver side rear of Unit One to side swipe the driver side of Unit Two who was Northbound on South Washington Street.



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| REPORT TAKEN BY | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | | | | | |
| <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | | | | | | |
| DATE CRASH REPORTED | TIME CRASH REPORTED | DISPATCH TIME | ARRIVAL TIME | TIME CLEARED | OTHER INVESTIGATION TIME | TOTAL MINUTES |
| 06/16/2018 | 1443 | 1443 | 1447 | 1524 | 0 | 41 |
| OFFICER'S NAME | OFFICER'S BADGE NUMBER | CHECKED BY | | | | |
| Whitman, Jason | 110 | | | | | |



UNIT

LOCAL REPORT NUMBER
18 MPD 1050

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|---|--|---|--------------------------|----------------------------------|
| UNIT NUMBER 1 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Byler, Nathan, L | OWNER PHONE NUMBER 330-231-0691 | DAMAGE SCALE 3 | DAMAGE AREA FRONT REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 4689 CR 22, Glenmont, OH, 44628 | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER PJR1329 | VEHICLE IDENTIFICATION NUMBER 3D73Y4CLXBG535439 | 2 - MINOR | |
| VEHICLE YEAR 2011 | VEHICLE MAKE Dodge | VEHICLE MODEL Ram Truck 3500 - Q35 | 3 - FUNCTIONAL | |
| INSURANCE COMPANY Wayne Mutal | POLICY NUMBER CAU0227569 | TOWED BY | 4 - DISABLING | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | 9 - UNKNOWN | |

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| US DOT | VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10k LBS <input type="checkbox"/> 2 - 10,001 TO 26,000k LBS <input type="checkbox"/> 3 - MORE THAN 26,000k LBS. | CARGO BODY TYPE 11 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 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS 2+ FT.) MEDIA 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL RELATED <input type="checkbox"/> | | | |
| HM CLASS NUMBER | | | | |

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|---|---|---|--|--|
| 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 - DRIVE WAY 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 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 07 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LMD (9 OR MORE INCLUDING DRIVER) 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 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/PEDESTAL CYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| <input type="checkbox"/> HAS HM PLACARD | | | | |

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| SPECIAL FUNCTION 01 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) | MDST DAMAGED AREA 07 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 | ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 05 99 - UNKNOWN | MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN | 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION | NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCE PRIMARY 17 99 - UNKNOWN | MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - 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 SICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS |
|---|--|---|---|---|

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|---|---|--|--|
| SEQUENCE OF EVENTS 1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT | 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT | 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT | | 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 10 <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED | POSTED SPEED 25 | TRAFFIC CONTROL 01 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 6 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
|---|---------------------------|---|--|---|---|---|



UNIT

LOCAL REPORT NUMBER

18 MPD 1050

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|--|--|---|---|--|--|
| UNIT NUMBER 2 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Miller, John, D | OWNER PHONE NUMBER 330-601-3354 | DAMAGE SCALE 4 | DAMAGE AREA FRONT REAR | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 173 E Clay Street, Fredericksburg, OH, 44627 | | | 1 - NONE | | |
| LP STATE OH | LICENSE PLATE NUMBER FYG8963 | VEHICLE IDENTIFICATION NUMBER 3C6UD5JL3CG221014 | 2 - MINOR | | |
| VEHICLE YEAR 2012 | VEHICLE MAKE Dodge | VEHICLE MODEL Ram Truck 2500 - Q25 | 3 - FUNCTIONAL | | |
| VEHICLE COLOR WHI | PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY Grange | 4 - DISABLING | | |
| POLICY NUMBER PA34243578 | TOWED BY Finneys | | 9 - UNKNOWN | | |
| 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 <input type="checkbox"/> 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION <input type="checkbox"/> 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED/PAINTED OR GRASS >4FT.; MEDIA 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT | | |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL RELATED <input type="checkbox"/> | 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE / REFUSE 99 - OTHER/UNKNOWN | | | |
| HM CLASS NUMBER | | 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE / REFUSE 99 - OTHER/UNKNOWN | | | |
| NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> | TYPE OF USE <input type="checkbox"/> 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE <input type="checkbox"/> 07 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK/TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE | 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST | |
| SPECIAL FUNCTION <input type="checkbox"/> 01 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 <input type="checkbox"/> 09 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR | ACTION <input type="checkbox"/> 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN | |
| PRE-CRASH ACTIONS <input type="checkbox"/> 01 99 - UNKNOWN | MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN | 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | NON-MOTORIST 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION 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 | |
| CONTRIBUTING CIRCUMSTANCE PRIMARY <input type="checkbox"/> 01 99 - UNKNOWN | MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - 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 | |
| SEQUENCE OF EVENTS 1 <input type="checkbox"/> 20 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <input type="checkbox"/> 1 MOST HARMFUL EVENT <input type="checkbox"/> 1 99 - UNKNOWN | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT | 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT | 10 - CROSS MEDIAN 11 - CROSS CENTER LINE 12 - OPPOSITE DIRECTION OF TRAVEL 13 - DOWNHILL RUNAWAY 14 - OTHER NON-COLLISION | | |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT | | COLLISION WITH FIXED OBJECT 21 - PARKEE MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - 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 | | | |
| UNIT SPEED 25 | POSTED SPEED 25 | TRAFFIC CONTROL <input type="checkbox"/> 01 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 <input type="checkbox"/> 2 TO <input type="checkbox"/> 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN | | |



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

18 MPD 1050

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| UNIT NUMBER 1 | NAME: LAST, FIRST, MIDDLE Byler, Nathan, L | DATE OF BIRTH 09/01/1981 | AGE 36 | GENDER M | F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP 4689 CR 22, Glenmont, OH, 44628 | | | | CONTACT PHONE - INCLUDE AREA CODE 330-231-0691 | |
| INJURIES 1 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> |
| SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | |
| OL STATE OH | OPERATOR LICENSE NUMBER RT052923 | 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 (LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 1 | |
| UNIT NUMBER 2 | NAME: LAST, FIRST, MIDDLE Miller, John, D | DATE OF BIRTH 07/14/1986 | AGE 31 | GENDER M | F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP 173 E Clay Street, Fredericksburg, OH, 44627 | | | | CONTACT PHONE - INCLUDE AREA CODE 330-601-3354 | |
| INJURIES 1 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> |
| SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | |
| OL STATE OH | OPERATOR LICENSE NUMBER SV368834 | 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 (LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 1 | |
| INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON INCAPACITATING 4 - INCAPACITATING 5 - FATAL | INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN | SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED | 99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER | | |
| SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE | | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, 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 | OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (CHICAGO) 5 - M/C/MOPED ONLY | CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS | | ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HAD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED |
| ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING / EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION | |
| UNIT NUMBER 2 | NAME: LAST, FIRST, MIDDLE Miller, Ada, Mae | DATE OF BIRTH 08/20/1982 | AGE 35 | GENDER F | F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP 173 E Clay Street, Fredericksburg, OH, 44627 | | | | CONTACT PHONE - INCLUDE AREA CODE 330-601-3354 | |
| INJURIES 2 | INJURED TAKEN BY 2 | EMS AGENCY District One | MEDICAL FACILITY INJURED TAKEN TO Joel Pomerene | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> |
| SEATING POSITION 03 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | |
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER | F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET |
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

18 MPD 1050

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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE MacDonald, Sheryl, L | | DATE OF BIRTH 04/30/1955 | AGE 63 | GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE | | | | |
| ADDRESS, CITY, STATE, ZIP 603 W Stevenson St, Gibsonburg, OH, 43431 | | | | CONTACT PHONE - INCLUDE AREA CODE 419-307-5660 | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

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

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

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| INJURIES | INJURED TAKEN BY | SAFETY EQUIPMENT USED | 99 - UNKNOWN SAFETY EQUIPMENT |
| 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL | 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN | MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USE | 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) |

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| SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| 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) | 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN | 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS |

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| 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 13 - TRAILING UNIT | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 15 - NON-MOTORIST | 16 - OTHER | 99 - UNKNOWN |
|--|---|--------------------|---|-------------------|------------|--------------|