

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*  
20MPD1339

|  |   |   |  |                        |                      |  |
|--|---|---|--|------------------------|----------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH -2            | <input checked="" type="checkbox"/> OH -3 | LOCAL INFORMATION                      | HIT/SKIP<br>1 - SOLVED | NUMBER OF UNITS<br>2 | UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P            | <input type="checkbox"/> OTHER            | REPORTING AGENCY NAME *<br>Millersburg | NCIC *<br>03801        |                      |  |
|  | <input type="checkbox"/> PRIVATE PROPERTY |   |  |                        |                      |  |

|                |  |  |   |   |
|----------------|--|--|---|---|
| COUNTY *<br>38 | LOCALITY *<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>2 | LOCATION: CITY, VILLAGE, TOWNSHIP *<br>Millersburg | CRASH DATE / TIME *<br>09/09/2020 17:56 | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5 |
|----------------|--|--|---|---|

|            |              |  |   |                 |   |  |
|------------|--------------|--|---|-----------------|---|--|
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>2 | LOCATION ROAD NAME<br>Washington                      | ROAD TYPE<br>ST | LATITUDE DECIMAL DEGREES<br>40.542656   | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST      | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Glen | ROAD TYPE<br>DR | LONGITUDE DECIMAL DEGREES<br>-81.916635 |  |

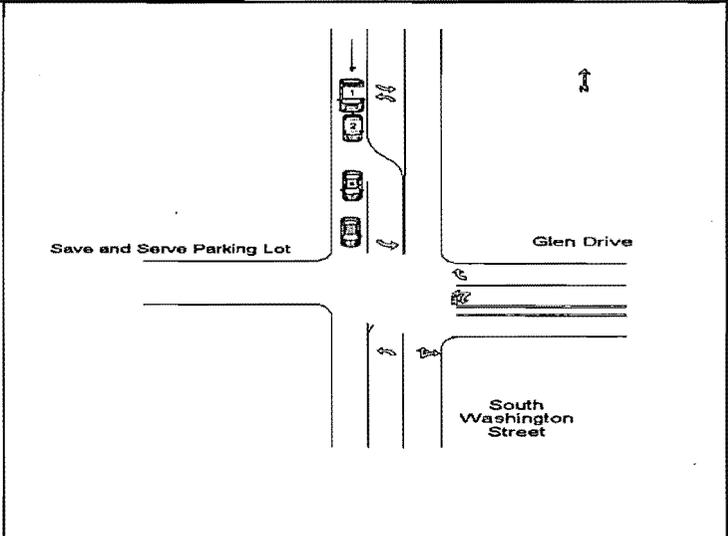
|  |   |   |  |   |
|--|---|---|--|---|
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1 | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>1 | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES |
| DISTANCE FROM REFERENCE<br>50.00   | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2             |   |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |

|  |  |   |  |
|--|--|---|--|
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>1 | MANNER OF CRASH COLLISION/IMPACT<br>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<br>2 | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<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 |
|--|--|---|--|

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <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>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN | CONDITIONS<br>1<br>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 | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |
|---|--|---|---|--|--|

|   |   |
|---|---|
| LIGHT CONDITION<br>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<br>1 | WEATHER<br>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>B - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN |
|---|---|

NARRATIVE  
Unit one was traveling southbound on South Washington Street trailing unit two. Unit two stopped behind traffic for the red light at Glen Drive and South Washington when Unit one failed to stop striking unit two in the rear bumper.



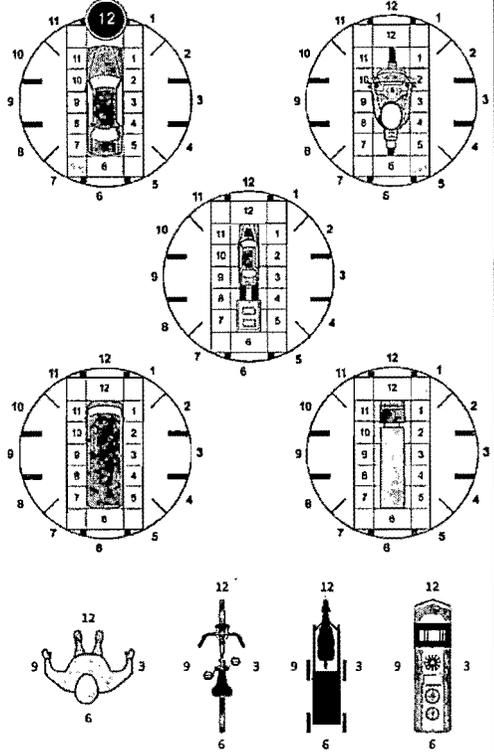
|  |  |   |   |   |
|--|--|---|---|---|
| CRASH REPORTED DATE / TIME<br>09/09/2020 17:56 | DISPATCH DATE / TIME<br>09/09/2020 17:57 | ARRIVAL DATE / TIME<br>09/09/2020 18:06 | SCENE CLEARED DATE / TIME<br>09/09/2020 19:17 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED<br>0                 | OTHER INVESTIGATION TIME<br>30           | TOTAL MINUTES<br>110                    | OFFICER'S NAME*<br>Bailey, Connor             | CHECKED BY OFFICER'S NAME*  |
|  |  |   | OFFICER'S BADGE NUMBER*<br>106                | CHECKED BY OFFICER'S BADGE NUMBER*  |
|  |  |   |   | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)                                 |

**D A M A G E**

**DAMAGE SCALE**

- 1 - NONE  
 2 - MINOR DAMAGE  
 3 - FUNCTIONAL 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  
 1-12 - REFER TO UNIT DIAGRAM  
 13 - TOP  
 14 - UNDERCARRIAGE  
 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN

**T R A F F I C**

- TRAFFICWAY FLOW**  
 1 - ONE-WAY  
 2 - TWO-WAY
- TRAFFIC CONTROL**  
 1 - ROUNDABOUT  
 2 - SIGNAL  
 3 - FLASHER  
 4 - STOP SIGN  
 5 - YIELD SIGN  
 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**

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

**UNIT SPEED**

2

**DETECTED SPEED**

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

**POSTED SPEED**

35

OWNER

**UNIT #** 1    **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
 MILLER, BRIANNA, M    **OWNER PHONE:** INCLUDE AREA CODE (  SAME AS DRIVER )  
 330-464-3689

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 4628 CR 52, BIG PRAIRIE, OH, 44611

**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP    **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

VEHICLE

**LP STATE** OH    **LICENSE PLATE #** HZE3995    **VEHICLE IDENTIFICATION #** 1GNEK13Z0J282659    **VEHICLE YEAR** 2002    **VEHICLE MAKE** CHEVROLET

**INSURANCE VERIFIED**    **INSURANCE COMPANY**    **INSURANCE POLICY #**    **COLOR** BLK    **VEHICLE MODEL** TAHOE

**COMMERCIAL**     **GOVERNMENT**     **IN EMERGENCY RESPONSE**    **US DOT #**    **TOWED BY:** COMPANY NAME

**INTERLOCK DEVICE EQUIPPED**     **HIT/SKIP UNIT**    **# OCCUPANTS** 2    **HAZARDOUS MATERIAL**  
 **MATERIAL RELEASED**    **CLASS #**    **PLACARD ID #**

**UNIT TYPE** 3  
 1 - PASSENGER CAR    6 - VAN (9-15 SEATS)    12 - GOLF CART    18 - LIMO (LIVERY VEHICLE)    23 - PEDESTRIAN/SKATER  
 2 - PASSENGER VAN (MINIVAN)    7 - MOTORCYCLE 2-WHEELED    13 - SNOWMOBILE    19 - BUS (16+ PASSENGERS)    24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE    8 - MOTORCYCLE 3-WHEELED    14 - SINGLE UNIT TRUCK    20 - OTHER VEHICLE    25 - OTHER NON-MOTORIST  
 4 - PICK UP    9 - AUTOCYCLE    15 - SEMI-TRACTOR    21 - HEAVY EQUIPMENT    26 - BICYCLE  
 5 - CARGO VAN    10 - MOPED OR MOTORIZED 8ICYCLE    16 - FARM EQUIPMENT    22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE    27 - TRAIN  
 11 - ALL TERRAIN VEHICLE (ATV/UTV)    17 - MOTORHOME    99 - UNKNOWN OR HIT/SKIP

**# OF TRAILING UNITS** 0

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 0  
 0 - NO AUTOMATION    3 - CONDITIONAL AUTOMATION    9 - UNKNOWN  
 1 - DRIVER ASSISTANCE    4 - HIGH AUTOMATION    5 - FULL AUTOMATION

**SPECIAL FUNCTION** 1  
 1 - NONE    6 - BUS - CHARTER/TOUR    11 - FIRE    16 - FARM    21 - MAIL CARRIER  
 2 - TAXI    7 - BUS - INTERCITY    12 - MILITARY    17 - MOWING    99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING    8 - BUS - SHUTTLE    13 - POLICE    18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT    9 - BUS - OTHER    14 - PUBLIC UTILITY    19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER    10 - AMBULANCE    15 - CONSTRUCTION EQUIP.    20 - SAFETY SERVICE PATROL

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

**VEHICLE DEFECTS**  
 1 - TURN SIGNALS    4 - BRAKES    7 - WORN OR SLICK TIRES    9 - MOTOR TROUBLE    99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS    5 - STEERING    8 - TRAILER EQUIPMENT DEFECTIVE    10 - DISABLED FROM PRIOR ACCIDENT

EVENTS (6)

**NON-MOTORIST LOCATION AT IMPACT** 3  
 1 - INTERSECTION - MARKED CROSSWALK  
 2 - INTERSECTION - UNMARKED CROSSWALK  
 3 - INTERSECTION - OTHER  
 4 - MIDBLOCK - MARKED CROSSWALK  
 5 - TRAVEL LANE - OTHER LOCATION  
 6 - BICYCLE LANE  
 7 - SHOULDER/ROADSIDE  
 8 - SIDEWALK  
 9 - MEDIAN/CROSSING ISLAND  
 10 - DRIVEWAY ACCESS  
 11 - SHARED USE PATHS OR TRAILS  
 12 - FIRST RESPONDER AT INCIDENT SCENE  
 99 - OTHER / UNKNOWN

**ACTION** 3    **PRE-CRASH ACTIONS** 1  
 1 - NON-CONTACT    1 - STRAIGHT AHEAD    9 - LEAVING TRAFFIC LANE    15 - WALKING, RUNNING, JOGGING, PLAYING    21 - STANDING OUTSIDE DISABLED VEHICLE  
 2 - NON-COLLISION    2 - BACKING    10 - PARKED    16 - WORKING    99 - OTHER / UNKNOWN  
 3 - STRIKING    3 - CHANGING LANES    11 - SLOWING OR STOPPED IN TRAFFIC    17 - PUSHING VEHICLE    18 - APPROACHING OR LEAVING VEHICLE  
 4 - STRUCK    4 - OVERTAKING/PASSING    12 - DRIVERLESS    19 - STANDING    20 - OTHER NON-MOTORIST  
 5 - BOTH STRIKING & STRUCK    5 - MAKING RIGHT TURN    13 - NEGOTIATING A CURVE    20 - OTHER NON-MOTORIST  
 6 - MAKING LEFT TURN    7 - MAKING U-TURN    14 - ENTERING OR CROSSING SPECIFIED LOCATION  
 8 - ENTERING TRAFFIC LANE    8 - ENTERING TRAFFIC LANE

**CONTRIBUTING CIRCUMSTANCES** 8  
 1 - NONE    8 - FOLLOWING TOO CLOSE    13 - IMPROPER START FROM A PARKED POSITION    18 - OPERATING DEFECTIVE EQUIPMENT    23 - OPENING DOOR INTO ROADWAY  
 2 - FAILURE TO YIELD    9 - IMPROPER LANE CHANGE    14 - STOPPED OR PARKED ILLEGALLY    19 - LOAD SHIFTING /FALLING/SPILLING    99 - OTHER IMPROPER ACTION  
 3 - RAN RED LIGHT    10 - IMPROPER PASSING    15 - SWERVING TO AVOID    20 - IMPROPER CROSSING  
 4 - RAN STOP SIGN    11 - DROVE OFF ROAD    16 - WRONG WAY    21 - LYING IN ROADWAY  
 5 - UNSAFE SPEED    12 - IMPROPER BACKING    17 - VISION OBSTRUCTION    22 - NOT DISCERNIBLE  
 6 - IMPROPER TURN    7 - LEFT OF CENTER

**SEQUENCE OF EVENTS**  
 1 20  
 1 - OVERTURN/ROLLOVER    7 - SEPARATION OF UNITS    12 - DOWNHILL RUNAWAY    19 - ANIMAL-OTHER    23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 2 - FIRE/EXPLOSION    8 - RAN OFF ROAD RIGHT    13 - OTHER NON-COLLISION    20 - MOTOR VEHICLE IN TRANSPORT    24 - OTHER MOVABLE OBJECT  
 3 - IMMERSION    9 - RAN OFF ROAD LEFT    14 - PEDESTRIAN    21 - PARKED MOTOR VEHICLE  
 4 - JACKKNIFE    10 - CROSS MEDIAN    15 - PEDALCYCLE    22 - WORK ZONE MAINTENANCE EQUIPMENT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT    11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL    16 - RAILWAY VEHICLE    43 - CURB  
 6 - EQUIPMENT FAILURE    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

**COLLISION WITH FIXED OBJECT - STRUCK**  
 25 - IMPACT ATTENUATOR / CRASH CUSHION    26 - BRIDGE OVERHEAD STRUCTURE    27 - BRIDGE PIER OR ABUTMENT    28 - BRIDGE PARAPET    29 - BRIDGE RAIL    30 - GUARDRAIL FACE  
 38 - OVERHEAD SIGN POST    39 - LIGHT / LUMINARIES SUPPORT    40 - UTILITY POLE    41 - OTHER POST, POLE OR SUPPORT    42 - CULVERT    43 - CURB    44 - DITCH    45 - EMBANKMENT    46 - FENCE    47 - MAILBOX    48 - TREE    49 - FIRE HYDRANT    50 - WORK ZONE MAINTENANCE EQUIPMENT    51 - WALL    52 - BUILDING    53 - TUNNEL    54 - OTHER FIXED OBJECT    99 - OTHER / UNKNOWN

**FIRST HARMFUL EVENT** 1    **MOST HARMFUL EVENT** 1

|  |  |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
|--|--|--|---|---|---------------------------------|--|---|---|---------------------------------------|----------------------------------|----------------------------------|--------------------------------------|----------------------------|--|-----------------------------|------------------------------------|--|-------------------------|----------------------|-------------------------------|----------------------------------|--------------------------------------|----------------------|-------------------------------------|--|--------------------------|--|------------|-----------------------|------------------------------------|--|--------------------------------------|--|--------------------|------------------------|--------------------|-----------|--|--|---------------------------|--|--|
| OWNER                                    | UNIT #   | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
|  | 2  | DALTON, KENNETH, L                                 | 304-812-8512  |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| VEHICLE                                  | OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)   |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
|  | 112 ENGLISH RD, POINT PLEASANT, WV, 25550  |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| EVENTS                                   | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
|  |  |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| SEQUENCE OF EVENTS                       | LP STATE   | LICENSE PLATE #                                    | VEHICLE IDENTIFICATION #  |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
|  | WV   | 32U931   | 1G1JCSB9D4248410  |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| SEQUENCE OF EVENTS                       | INSURANCE VERIFIED   | INSURANCE COMPANY                                  | INSURANCE POLICY #  |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
|  | <input checked="" type="checkbox"/>  | PROGRESSIVE  | 938156171   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| SEQUENCE OF EVENTS                       | TYPE OF USE  | US DOT #   | TOWED BY: COMPANY NAME  |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
|  | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE   |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| SEQUENCE OF EVENTS                       | INTERLOCK DEVICE EQUIPPED  | HIT/SKIP UNIT                                      | # OCCUPANTS   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
|  | <input type="checkbox"/>   | <input type="checkbox"/>                           |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| SEQUENCE OF EVENTS                       | VEHICLE WEIGHT GVWR/GCWR   |  | HAZARDOUS MATERIAL  |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
|  | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - > 26K LBS.   |  | <input type="checkbox"/> MATERIAL CLASS # PLACARD ID #<br><input type="checkbox"/> RELEASED<br><input type="checkbox"/> PLACARD |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| SEQUENCE OF EVENTS                       | UNIT TYPE  |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
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| 1 - PASSENGER CAR                        | 6 - VAN (9-15 SEATS)   | 12 - GOLF CART                                     | 18 - LIMO (LIVERY VEHICLE)  | 23 - PEDESTRIAN/SKATER  |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 2 - PASSENGER VAN (MINIVAN)              | 7 - MOTORCYCLE 2-WHEELED   | 13 - SNOWMOBILE                                    | 19 - BUS (16+ PASSENGERS)   | 24 - WHEELCHAIR (ANY TYPE)  |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 3 - SPORT UTILITY VEHICLE                | 8 - MOTORCYCLE 3-WHEELED   | 14 - SINGLE UNIT TRUCK                             | 20 - OTHER VEHICLE  | 25 - OTHER NON-MOTORIST   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 4 - PICK UP                              | 9 - AUTOCYCLE  | 15 - SEMI-TRACTOR                                  | 21 - HEAVY EQUIPMENT  | 26 - BICYCLE  |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 5 - CARGO VAN                            | 10 - MOPED OR MOTORIZED BICYCLE  | 16 - FARM EQUIPMENT                                | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE  | 27 - TRAIN  |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
|  | 11 - ALL TERRAIN VEHICLE (ATV/UTV)   | 17 - MOTORHOME                                     | 99 - UNKNOWN OR HIT/SKIP  |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| SEQUENCE OF EVENTS                       | # OF TRAILING UNITS  |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
|  |  |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| SEQUENCE OF EVENTS                       | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
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| 0 - NO AUTOMATION                        | 3 - CONDITIONAL AUTOMATION   | 9 - UNKNOWN  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 1 - DRIVER ASSISTANCE                    | 4 - HIGH AUTOMATION  |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| SEQUENCE OF EVENTS                       | SPECIAL FUNCTION   |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
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| 1 - NONE                                 | 6 - BUS - CHARTER/TOUR   | 11 - FIRE  | 16 - FARM   | 21 - MAIL CARRIER   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 2 - TAXI                                 | 7 - BUS - INTERCITY  | 12 - MILITARY                                      | 17 - MOWING   | 99 - OTHER / UNKNOWN  |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 3 - ELECTRONIC RIDE SHARING              | 8 - BUS - SHUTTLE  | 13 - POLICE  | 18 - SNOW REMOVAL   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 4 - SCHOOL TRANSPORT                     | 9 - BUS - OTHER  | 14 - PUBLIC UTILITY                                | 19 - TOWING   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 5 - BUS - TRANSIT/COMMUTER               | 10 - AMBULANCE   | 15 - CONSTRUCTION EQUIP.                           | 20 - SAFETY SERVICE PATROL  |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| SEQUENCE OF EVENTS                       | CARGO BODY TYPE  |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
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| 1 - NO CARGO BODY TYPE / NOT APPLICABLE  | 4 - LOGGING  | 7 - GRAIN/CHIPS/GRAVEL                             | 11 - DUMP   | 99 - OTHER / UNKNOWN  |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 2 - BUS                                  | 5 - INTERMODAL CONTAINER CHASSIS   | 8 - POLE   | 12 - CONCRETE MIXER   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 6 - CARGO VAN /ENCLOSED BOX  | 9 - CARGO TANK                                     | 13 - AUTO TRANSPORTER   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
|  |  | 10 - FLAT BED                                      | 14 - GARBAGE/REFUSE   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| SEQUENCE OF EVENTS                       | VEHICLE DEFECTS  |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
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| 1 - TURN SIGNALS                         | 4 - BRAKES   | 7 - WORN OR SLICK TIRES                            | 9 - MOTOR TROUBLE   | 99 - OTHER / UNKNOWN  |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 2 - HEAD LAMPS                           | 5 - STEERING   | 8 - TRAILER EQUIPMENT DEFECTIVE                    | 10 - DISABLED FROM PRIOR ACCIDENT   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 3 - TAIL LAMPS                           | 6 - TIRE BLOWOUT   |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| SEQUENCE OF EVENTS                       | NON-MOTORIST LOCATION AT IMPACT  |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
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| 1 - INTERSECTION - MARKED CROSSWALK      | 4 - MIDBLOCK - MARKED CROSSWALK  | 7 - SHOULDER/ROADSIDE                              | 10 - DRIVEWAY ACCESS  | 99 - OTHER / UNKNOWN  |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 2 - INTERSECTION - UNMARKED CROSSWALK    | 5 - TRAVEL LANE - OTHER LOCATION   | 8 - SIDEWALK                                       | 11 - SHARED USE PATHS OR TRAILS   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 3 - INTERSECTION - OTHER                 | 6 - BICYCLE LANE   | 9 - MEDIAN/CROSSING ISLAND                         | 12 - FIRST RESPONDER AT INCIDENT SCENE  |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| SEQUENCE OF EVENTS                       | ACTION   |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
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| 1 - NON-CONTACT                          | 1 - STRAIGHT AHEAD   | 9 - LEAVING TRAFFIC LANE                           | 15 - WALKING, RUNNING, JOGGING, PLAYING   | 21 - STANDING OUTSIDE DISABLED VEHICLE  |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 2 - NON-COLLISION                        | 2 - BACKING  | 10 - PARKED  | 16 - WORKING  | 99 - OTHER / UNKNOWN  |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 3 - STRIKING                             | 3 - CHANGING LANES   | 11 - SLOWING OR STOPPED IN TRAFFIC                 | 17 - PUSHING VEHICLE  |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 4 - STRUCK                               | 4 - OVERTAKING/PASSING   | 12 - DRIVERLESS                                    | 18 - APPROACHING OR LEAVING VEHICLE   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 5 - BOTH STRIKING & STRUCK               | 5 - MAKING RIGHT TURN  | 13 - NEGOTIATING A CURVE                           | 19 - STANDING   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 9 - OTHER / UNKNOWN                      | 6 - MAKING LEFT TURN   | 14 - ENTERING OR CROSSING SPECIFIED LOCATION       | 20 - OTHER NON-MOTORIST   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
|  | 7 - MAKING U-TURN  |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
|  | 8 - ENTERING TRAFFIC LANE  |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| SEQUENCE OF EVENTS                       | CONTRIBUTING CIRCUMSTANCES   |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
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| 1 - NONE                                 | 8 - FOLLOWING TOO CLOSE /ACDA  | 13 - IMPROPER START FROM A PARKED POSITION         | 18 - OPERATING DEFECTIVE EQUIPMENT  | 23 - OPENING DOOR INTO ROADWAY  |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 2 - FAILURE TO YIELD                     | 9 - IMPROPER LANE CHANGE   | 14 - STOPPED OR PARKED ILLEGALLY                   | 19 - LOAD SHIFTING /FALLING/SPILLING  | 99 - OTHER IMPROPER ACTION  |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 3 - RAN RED LIGHT                        | 10 - IMPROPER PASSING  | 15 - SWERVING TO AVOID                             | 20 - IMPROPER CROSSING  |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 4 - RAN STOP SIGN                        | 11 - DROVE OFF ROAD  | 16 - WRONG WAY                                     | 21 - LYING IN ROADWAY   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 5 - UNSAFE SPEED                         | 12 - IMPROPER BACKING  | 17 - VISION OBSTRUCTION                            | 22 - NOT DISCERNIBLE  |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 6 - IMPROPER TURN                        |  |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
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| SEQUENCE OF EVENTS                       | SEQUENCE OF EVENTS   |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
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| 1 - OVERTURN/ROLLOVER                    | 7 - SEPARATION OF UNITS  | 12 - DOWNHILL RUNAWAY                              | 19 - ANIMAL - OTHER   | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 2 - FIRE/EXPLOSION                       | 8 - RAN OFF ROAD RIGHT   | 13 - OTHER NON-COLLISION                           | 20 - MOTOR VEHICLE IN TRANSPORT   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 3 - IMMERSION                            | 9 - RAN OFF ROAD LEFT  | 14 - PEDESTRIAN                                    | 21 - PARKED MOTOR VEHICLE   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 4 - JACKKNIFE                            | 10 - CROSS MEDIAN  | 15 - PEDALCYCLE                                    | 22 - WORK ZONE MAINTENANCE EQUIPMENT  |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT      | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL   | 16 - RAILWAY VEHICLE                               |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 6 - EQUIPMENT FAILURE                    |  | 17 - ANIMAL - FARM                                 |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
|  |  | 18 - ANIMAL - DEER                                 |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| SEQUENCE OF EVENTS                       | COLLISION WITH FIXED OBJECT - STRUCK   |  |   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
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| 25 - IMPACT ATTENUATOR / CRASH CUSHION   | 31 - GUARDRAIL END   | 38 - OVERHEAD SIGN POST                            | 45 - EMBANKMENT   | 52 - BUILDING   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
| 26 - BRIDGE OVERHEAD STRUCTURE           | 32 - PORTABLE BARRIER  | 39 - LIGHT / LUMINARIES SUPPORT                    | 46 - FENCE  | 53 - TUNNEL   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
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| 29 - BRIDGE RAIL                         | 35 - MEDIAN CONCRETE BARRIER   | 42 - CULVERT                                       | 49 - FIRE HYDRANT   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |
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|  | 37 - TRAFFIC SIGN POST   | 44 - DITCH   | 51 - WALL   |   |                                 |  |   |   |                                       |                                  |                                  |                                      |                            |  |                             |                                    |  |                         |                      |                               |                                  |                                      |                      |                                     |  |                          |  |            |                       |                                    |  |                                      |  |                    |                        |                    |           |  |  |                           |  |  |

|  |   |
|--|---|
| LOCAL REPORT NUMBER  |   |
| 20MPD1339  |   |
| DAMAGE   |   |
| DAMAGE SCALE   |   |
| 2  | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN  |
| DAMAGED AREA(S)  |   |
| INDICATE ALL THAT APPLY  |   |
|  |   |
| <input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ]<br><input type="checkbox"/> UNIT NOT AT SCENE [ 16 ] |   |
| INITIAL POINT OF CONTACT   |   |
| 6  | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN              |
| TRAFFIC  |   |
| TRAFFICWAY FLOW  | TRAFFIC CONTROL   |
| 1  | 2   |
| # OF THROUGH LANES ON ROAD   | RAIL GRADE CROSSING   |
| 2  | 1   |
| UNIT / NON-MOTORIST DIRECTION  |   |
| FROM 1 TO 2  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN |
| UNIT SPEED   | DETECTED SPEED  |
| 0  | 1   |
| POSTED SPEED   |   |
| 35   | 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED  |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
20MPD1339

|             |  |                             |           |             |
|-------------|--|-----------------------------|-----------|-------------|
| UNIT #<br>1 | NAME: LAST, FIRST, MIDDLE<br>SPURLOCK, DONNIE, MICHAEL | DATE OF BIRTH<br>02/22/1994 | AGE<br>26 | GENDER<br>M |
|-------------|--|-----------------------------|-----------|-------------|

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|--|---|
| ADDRESS: STREET, CITY, STATE, ZIP<br>370 SOUTH WASHINGTON STREET, MILLERSBURG, OH, 44654 | CONTACT PHONE - INCLUDE AREA CODE<br>740-552-1215 |
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|               |                       |                   |   |                            |   |                       |                    |               |              |
|---------------|-----------------------|-------------------|---|----------------------------|---|-----------------------|--------------------|---------------|--------------|
| INJURIES<br>5 | INJURED TAKEN BY<br>1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>4 | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | SEATING POSITION<br>1 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
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|                |                                     |                             |  |   |                           |
|----------------|-------------------------------------|-----------------------------|--|---|---------------------------|
| OL STATE<br>OH | OPERATOR LICENSE NUMBER<br>TS211653 | OFFENSE CHARGED<br>4511.21A | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION<br>NO PERSON SHALL OPERATE A MOTO | CITATION NUMBER<br>DS9EAR |
|----------------|-------------------------------------|-----------------------------|--|---|---------------------------|

|               |             |                            |                           |  |                |  |  |  |   |  |  |
|---------------|-------------|----------------------------|---------------------------|--|----------------|--|--|--|---|--|--|
| OL CLASS<br>4 | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1 | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 . |  |  | DRUG TEST(S)<br>STATUS TYPE RESULTS SELECT UP TO 4<br>1 1 |  |  |
|---------------|-------------|----------------------------|---------------------------|--|----------------|--|--|--|---|--|--|

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| UNIT #<br>2 | NAME: LAST, FIRST, MIDDLE<br>DALTON, KENNETH, L | DATE OF BIRTH<br>08/29/1980 | AGE<br>40 | GENDER<br>M |
|-------------|---|-----------------------------|-----------|-------------|

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|--|---|
| ADDRESS: STREET, CITY, STATE, ZIP<br>112 ENGLISH RD, POINT PLEASANT, WV, 25550 | CONTACT PHONE - INCLUDE AREA CODE<br>304-812-8512 |
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|---------------|-----------------------|-------------------|---|----------------------------|---|-----------------------|--------------------|---------------|--------------|
| INJURIES<br>5 | INJURED TAKEN BY<br>1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>4 | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | SEATING POSITION<br>1 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
|---------------|-----------------------|-------------------|---|----------------------------|---|-----------------------|--------------------|---------------|--------------|

|                |                                    |                 |  |                     |                 |
|----------------|------------------------------------|-----------------|--|---------------------|-----------------|
| OL STATE<br>WV | OPERATOR LICENSE NUMBER<br>G022722 | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------------|------------------------------------|-----------------|--|---------------------|-----------------|

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|---------------|-------------|----------------------------|---------------------------|--|----------------|--|--|--|---|--|--|
| OL CLASS<br>4 | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1 | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 . |  |  | DRUG TEST(S)<br>STATUS TYPE RESULTS SELECT UP TO 4<br>1 1 |  |  |
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| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
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| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

|          |                         |                 |  |                     |                 |
|----------|-------------------------|-----------------|--|---------------------|-----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------|-------------------------|-----------------|--|---------------------|-----------------|

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|----------|-------------|----------------------------|----------------------|--|-----------|-----------------------------------|--|--|--|--|--|
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION | ALCOHOL TEST<br>STATUS TYPE VALUE |  |  | DRUG TEST(S)<br>STATUS TYPE RESULTS SELECT UP TO 4 |  |  |
|----------|-------------|----------------------------|----------------------|--|-----------|-----------------------------------|--|--|--|--|--|

| INJURIES  | SEATING POSITION  | AIR BAG   | OL CLASS   | OL RESTRICTION(S)   | DRIVER DISTRACTION  | TEST STATUS  |
|---|---|---|--|---|---|--|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY  | 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, 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 | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO =D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS & CLASS B BUS<br>6 - EXCEPT CLASS A<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, (HAI) INCI)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                   |
| <b>INJURIES TAKEN BY</b><br>1 - NOT TRANSPORTED /TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |   | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                    | <b>OL ENDORSEMENT</b><br>H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   |   | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |
| <b>SAFETY EQUIPMENT</b><br>1 - NONE USED<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 |   | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                |  |   | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN   | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |
|   |   |   | <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   |   | <b>DRUG TEST RESULT(S)</b><br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
20MPD1339

|             |   |                             |           |             |
|-------------|---|-----------------------------|-----------|-------------|
| UNIT #<br>1 | NAME: LAST, FIRST, MIDDLE<br>MILLER, BRIANNA, M | DATE OF BIRTH<br>10/21/1996 | AGE<br>23 | GENDER<br>F |
|-------------|---|-----------------------------|-----------|-------------|

|   |   |
|---|---|
| ADDRESS: STREET, CITY, STATE, ZIP<br>4628 CR 52, BIG PRAIRIE, OH, 44611 | CONTACT PHONE - INCLUDE AREA CODE<br>330-464-3689 |
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|               |                       |                   |   |                       |  |                       |                    |               |              |
|---------------|-----------------------|-------------------|---|-----------------------|--|-----------------------|--------------------|---------------|--------------|
| INJURIES<br>5 | INJURED TAKEN BY<br>1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT<br>4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>3 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
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| UNIT #<br>1 | NAME: LAST, FIRST, MIDDLE<br>MILLER, KINGSTON, M | DATE OF BIRTH<br>10/14/2018 | AGE<br>1 | GENDER<br>M |
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| ADDRESS: STREET, CITY, STATE, ZIP<br>4628 CR 52, BIG PRAIRIE, OH, 44611 | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES<br>5 | INJURED TAKEN BY<br>1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT<br>6 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>6 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
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| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
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| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|------------------|--|------------------|---------------|----------|---------|

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

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

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