OFFICE CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT LOCAL REPORT NUMBER *												
PHOTOS TAKEN	OH -2	OH -3 LOCA	LINFORMATION 23MPD0	121		23MPD0121						
SECONDARY C	OH-1P	OTHER REPO	RTING AGENCY NAME *		NCIC *	HIT/SKIP 1 - SOLVED .	NUMBER OF UNIT					
1	PRIVATE PRO	PERTY Mille	rsburg	L	03801	2 - UNSOLVED	1	98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCAL	ITY* LOC	ATION: CITY. VILL	AGE. TOWNSHIP*			CRASH DATE	CRASH SEVERITY					
[ 38   2		lersburg				01/22/2023 12:13 1 - FATAL 2 - SERIOUS INJUR						
ROUTE TYPE ROI	TE NUMBER PREFIX 1		ATION ROAD NAME	-	ROAD TYPE	LATITUDE DE	CIMAL DEGREES	SUSPECTED				
ROUTE TYPE ROU		- SOUTH	onroe		ST	40.5466	3 - MINOR INJURY					
	4	- WEST				SUSPECTED  LONGITUDE DECIMAL DEGREES  4 - INJURY POS						
ROUTE TYPE ROU	2	- SOUTH	RENCE ROAD NAME (ROAD, N	MILEPOST, HOUSE #)	ROAD TYPE		l l	5 - PROPERTY DAMAGE				
REFE		- EAST 69	B S Monroe St			-81.916	-81.916130 ONLY					
REFERENCE POIN	I FROM REFERENC	ÇE	ROUTE TYPE	ROAD TY		INTERSECTION RELATED						
1 - INTERSECT	I I-NO		an na neocreting	ALLEY HW - HIGH - AVENUE LA - LANE	WAY RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH						
3 - HOUSE #	3 - EAS 4 - WES	T US - FEDI	PALLIS POLITE	BOULEVARD MP - MILEP		WITHIN INTERCHANGE AREA NUMBER OF APPROACHES						
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASU	SR - SIAI	**** CT	- CIRCLE OV - OVAL - COURT PK - PARKY	TE - TERRACE /AY TL - TRAIL		POADW					
FROM REFERENCE	1 - MII	LES CINTER		ROADWAY								
L			BERED TOWNSHIP TE	- HEIGHTS PL - PLACE		ROADWAY	PIVIDED					
	ATION OF FIRST HARM	AFUL EVENT	MAN	NER OF CRASH COLLISION	N/IMPACT	DIRECTION OF TRAV	/EL	MEDIAN TYPE				
1 - ON RO		ROSSOVER DRIVEWAY/ALLEY		COLLISION 4 - REAR-TO-F	REAR	1 - NORTH		DIVIDED FLUSH MEDIAN				
3 - IN ME		RAILWAY GRADE	CROSSING TWO	MOTOR 6 - ANGLE		2 - SOUTH		( <4 FEET )  2 - DIVIDED FLUSH MEDIAN				
4 - ON RO 5 - ON GO		SHARED USE PAT FRAILS	113 OK	CLES IN	, SAME DIRECTION	4 - WEST	(≥4	(≥4 FEET)				
	DE TRAFFIC WAY 13 - I		2 - REAR	9 CIDECIAIDE	, OPPOSITE DIRECTION		1	IDED, DEPRESSED MEDIAN IDED, RAISED MEDIAN				
7 - ON RA 8 - OFF RA		TOLL BOOTH	3 - HEAD	O-ON 9 - OTHER / U	NKNOWN		(AN	Y TYPE)				
8-OFF R		OTHER / UNKNO	WIN	<del>,</del>		ļ <u> </u>	,	IER / UNKNOWN				
WORK ZONE RE	LATED		ORK ZONE TYPE	LOCATION OF CRAS		CONTOUR	CONDITION					
WORKERS PRES	ENT		E CLOSURE E SHIFT/ CROSSOVER	1 - BEFORE TH	E 1ST WORK ZONE SIGN	4	[3]	[2]				
LAW ENFORCEM	MENT PRESENT		RK ON SHOULDER	1	VARNING AREA	1 - STRAIGHT LEVEL	1 - DRY 2 - WET	1 - CONCRETE 12 - BLACKTOP,				
			MEDIAN	3 - TRANSITIOI 4 - ACTIVITY A		2 - STRAIGHT	3 - SNOW	BITUMINOUS,				
ACTIVE SCHOO	LZONE	5 - OTH	RMITTENT OR MOVING WORK	5 - TERMINATI	ON AREA	GRADE 3 - CURVE LEVEL	4 - ICE 5 - SAND, MUD, D	ASPHALT 3 - BRICK/BLOCK				
<del></del>	GHT CONDITION			WEATHER		4 - CURVE GRADE	OIL, GRAVEL	VEL 4 - SLAG , GRAVEL,				
1 - DAYLIC			1 - CLEAR	6 - SNOW		9 - OTHER	6 - WATER (STANI MOVING)	DING, STONE 5 - DIRT				
1 2-DAWN	/Dusk · Lighted Roadway		6 2 - CLOUDY	7 - SEVERE CROSSWINDS		VUNKNOWN	7 - SLUSH	9 - OTHER				
1	ROADWAY NOT LIGHT	TED	3 - FOG, SMOG, SMOKE 4 - RAIN	8 - BLOWING SAND, SOIL 9 - FREEZING RAIN OR FR			9 - OTHER / UNK	IOMN \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
1	UNKNOWN ROADWA	y lighting	5 - SLEET, HAIL	99 - OTHER / UNKNOWN								
	/ UNKNOWN											
NARRATIVE	4hhad a C 3.4	Ct       t   Or					•					
			l was attempting to negot roadway from the rapid s		1	1		1				
	e coming to a rest.		rounting from the tupic o		2	;		φ <b>Δ</b>				
1					10	6	96 S Monroe St	Monroe (↑ N )				
					Kenton Alley	; <b> </b>		စို့   <u>၂</u>				
					*			*				
					J	(						
								$\int_{I}$				
]					SM	onroe St	11.31/1	XV /2				
						U/S						
	٠					7/1/8	TANKS!	TEAM OF				
						7,17	7.7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (					
						TAMAN MA		ddd				
							TO MAN					
	<u> </u>											
CRASH REPOR	TED DATE / TIME	DISP	ATCH DATE / TIME	ARRIVAL DATE	/ TIME	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY				
01/22/2	023 12:15	01,	/22/2023 12:17	01/22/2023	12:21	01/22/202	3 13:26	POLICE AGENCY				
TOTAL TIME	OTHER	TOTAL	OFFICER'S NAME*		CHECKED BY OFFICE	R'S NAME*		- MOTORIST				
KOADWAY CLOSED	INVESTIGATION TIME	MINUTES	Genet, Stephanie					SUPPLEMENT				
25	30	99	OFFICER'S BAD		CHECKED E	Y OFFICER'S BADGE	NUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO				
		L. "	10	7	<u> </u>	ODPS)						



OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER)

AVIS BUDGET CAR RENTAL LLC, OWNER ADDRESS: STREET, CITY, STATE, ZIP ( | SAME AS DRIVE 8600 HANGAR BLVD, ORLANDO, FL, 32799

FIRST HARMFUL EVENT

2

| MOST HARMFUL EVENT

UNIT#

## LOCAL REPORT NUMBER

	23	3MPD0121
VER)		DAMAGE
	1 - NONE	AMAGE SCALE  3 - FUNCTIONAL DAMAGE
	4 2 - MINOR DAM	
DΕ	9	- UNKNOWN
		MAGED AREA(S)
(E	INDICA	ATE ALL THAT APPLY
EL	10 12 1	10 12 1 10 11 12 2 10 10 12 2 10 10 12 2
D#	B 7 6 5 4	8 7 5 5 4
PE) ST	9	11 1 1 2 1 1 0 1 2 1 1 1 1 1 1 1 1 1 1 1
	12 7	5 12
NWC	11 12 1 2 2 3 3 3 4 7 7 8 5 5	9 10 11 12 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3
OWN	2 12 3 9 6	12 12 12 12 12 12 12 13 9 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16
	_	_
014104	☐- NO DAMAGE	[0] L- UNDERCARRIAGE [14]
NWC	☐-TOP[13]	☐- ALL AREAS [ 15 ]
	<b>□</b> -∪	NIT NOT AT SCENE [ 16 ]
IDE	INITIAL	POINT OF CONTACT
LE WN	0 - NO DAMA	
7711		TO UNIT 15 - VEHICLE NOT AT SCENE
	DIAGRA	AM 99 - UNKNOWN
	13 - TOP	
RINTO		TRAFFIC
	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN
ER	2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN
	-	3 - FLASHER 6 - NO CONTROL
	# of THROUGH LANES ON ROAD	RAIL GRADE CROSSING
		1 - NOT INVLOVED 2 - INVOLVED-ACTIVE CROSSING
IG,	[2]	3 - INVOLVED-PASSIVE CROSSING
OR	UNIT / NO	N-MOTORIST DIRECTION
TOR		1 - NORTH 5 - NORTHEAST
	, ,	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST
<u>.                                    </u>	FROM 1 TO 2	4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
	UNIT SPEED	DETECTED SPEED
/N	15	1 - STATED / ESTIMATED SPEED
	POSTED SPEED	1 2 - CALCULATED / EDR
	. Joine of LLD	1

EQUIPMENT 51 - WALL

OWNER PHONE:INCLUDE AREA CODE ( SAME AS DE

3 - UNDETERMINED

25

CONDITION MOTORIST / NON-MOTORIST								<u> </u>	LOCAL REPORT NUMBER 23MPD0121												
	UNIT #										<del> </del>	DATE OF BIRTH AGE GENI									
	1	Olsen, gregg, donald								03/05/1958						64	М				
-	ADDRESS:	: STREET, CITY, STATE, ZIP												CONTACT PHONE - INCLUDE AREA CODE							
/ NON-MOTOR	13737 BANNER RD SE, OLALLA, WA, 98359 253-230-4096																				
M-N		TAKEN						MEDICAL	MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED				DOT-COMPLIANT POSITION				AIR BAG USAGE EJECTION TRAPPE				
		BY 1										1	4		HELME	<u> </u>	1	2	2 1 1		
MOTORIST								E CHAR	GED		LOCAL	ľ	DFFENSE DESCRI	PTION				CITATION NUMBER			
ΜO	WA OL CLASS	WDL6NP3D73SB									ALCOHOL TEST				<u> </u>	DRUG TEST(S)					
	OL CLASS	RESTRICTION SELECT OF TO S			DRIVE DISTR	TRACTED ALCOHOL MARILLA					CONDITION				STATUS	TYPE		SELECT UP TO 4			
١,		ВУ				BY 1	1 OTHER DRUG				1	1	1			1	1				
ı	UNIT #	NAME: LA	ST, FIF	RST, MIDDLE											I	DATE	OF BIRTH			AGE	GENDER
	ADDRESS:	STREET, CIT	/ STA	TE 7/D																	
MOTORIST / NON-MOTORIST	NDD11633.	STREET, CIT	,,,,,,	1L, 211										CONT	ACT PHO	ONE -	INCLUDE AR	EA CODE			
OW-N	INJURIES	INJURED TAKEN	EMS	AGENCY (NAME)		j	NJURED 1	TAKEN TO:	MEDICAL	L FACILITY (NAME,	спу)		AFETY EQUIPMENT		Т-Сомры	ANT	SEATING POSITION	AIR BAG USAGE EJECTION TRAPPED			TRAPPED
NO.		BY										ľ	3ED		HELME		rosinon	<u>                                     </u>			
RIST	OL STATE	OPERATOR	LICE	NSE NUMBER		-	OFFENS	E CHAR	GED		LOCAL	Ţ	OFFENSE DESCRI	PTION				CITATION NUMBER			
MOI/												퇶									
	OL CLASS	ENDORSEM	ENT	RESTRICTION SELECT UP TO 3			ISTRACTED ALCOHOL MARIJUANA				CONDITION	ALCOHOL STATUS TYPE				STATUS	TYPE	PE RESULTS SELECT U			
Į						BY		ОТН	IER DRU	<u> </u>											
ľ	UNIT #	NAME: LA	ST, FIF	RST, MIDDLE												DATE (	OF BIRTH			AGE	GENDER
	100000	CTOSET CO												<u> </u>							
ORIS	ADDRESS:	STREET, CIT	r, 51A	IE, ZIP									•	CONT	ACT PHO	ONE -	INCLUDE AR	EA CODE			
ΨO	INJURIES		EMS	AGENCY (NAME)		i	NJURED 1	TAKEN TO:	MEDICAL	L FACILITY (NAME,	CITY)		AFETY EQUIPMENT						EJECTION	TRAPPED	
VON/		TAKEN BY		<u>.                                    </u>				USED				DOT-COMPLIANT POSITION MC HELMET									
OTORIST / NON-MOTORIST	OL STATE	E OPERATOR LICENSE NUMBER OFFE					OFFENSE CHARGED LOCAL OFFENSE DESCRII					TION C				CITAT	CITATION NUMBER				
13	OL CLASS	ENDORSEM	EAST									Α.						DOLLG TEST(S)			
	OL CLASS	THE STATE OF		RESTRICTION SELECT UP TO 3			VER ALCOHOL / DRUG SUSPECTED CONDITION  TRACTED ALCOHOL MARIJUANA OTHER DRUG				CONDITION	STATUS TYPE VALUE			STATUS TYPE RESULTS S		SELECT UP TO 4				
<u>_</u>						BY															
1 -	INJU FATAL	JRIES		SEATING POSITION	1 N	AI OT: DEPI	R BAC	will.	je,	OL CLA	ss		OL RESTRICT	(1) Prof. (1)	4.57 9.50	н , Э	DISTRAC	5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * *	ST ST/	TUS
2 -	SUSPECTED	SERIOUS		(MOTORCYCLE DRIVER)	2 - DI		D FRONT		San and	CLASS B		1	- ALCOHOL INTERI DEVICE - CDL INTRASTATE		2-1		TRACTED LLY OPERATI NIC	NG AN	2 - TEST	E GIVEN REFUSED GIVEN;	
3 -	NJURY Suspected		3	FRONT - RIGHT SIDE		EPLOYEI	D BOTH De		3 - 0	CLASS C			- CORRECTIVE LEN		,	омми	NICATION D	EVICE	CON		D SAMPLE
	NJURY POSSIBLE IN		- h	(MOTORCYCLE PASSENGER)			LICABLE IENT UN	KNOWN		REGULAR CLA (OHIO = D)	SS	5	- EXCEPT CLASS A - EXCEPT CLASS A		3 - T	ALKING	ON HANDS	-PKEE	4 - TEST		vn:
5 -	NO APPAREI	NT INJURY		- SECOND - RIGHT SIDE - THIRD - LEFT SIDE		ETE	СТІО	MI		M/C MOPED C		7	DICE I INCICIO		4 - T	ALKING	NICATION D ON HAND-	HELD :	5 -: TEST	GIVEN, LTS UNKN	s
1	NJURIES	TAKEN B	Y	(MOTORCYCLE SIDE CAR)		OT EJEC	TED	a figure a		NO VALID OL		- 8 	- INTERMEDIATE L RESTRICTIONS	. "	5 - C	THER A	NICATION D ACTIVITY WIT INIC DEVICE	HAN =			ST TYPE
i	NOT TRAN TREATED	ir		- THIRD - RIGHT SIDE 0 - SLEEPER SECTION	3 - TC	TALLY !	Y EJECTE EJECTED		1.	ENDORS	EMENT	<b>.</b>	- LEARNER'S PERM RESTRICTIONS		6 - P	ASSEN		25 THE SEP.	- NON		
	EMS	,	1	OF TRUCK CAB 1 - PASSENGER IN	4 - N		LICABLE	A Section of	1 4,	HAZMAT MOTORCYCLI	E-	1.	0 - LIMITED TO DA' ONLY 1 - LIMITED TO EM		- 11	NSIDE T	HE VEHICLE	4	URIN	E 🛴 .	
F .	POLICE OTHER / UI	NKNOWN	· Walter	OTHER ENGLOSED CARGO AREA (NON-TRAILING UNIT,	Γ- N	OT TRAF	APPEL PPED		Special in a	ASSENGER:	· ·	1	2 - LIMITED - OTHE 3 - MECHANICAL D	R		UTSIDE	THE VEHICL	E .	5 - OTH	4	1.
f	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	QUIPMEN		BUS PICK-UP WITH CAP)  2 - PASSENGER IN	M		ICAL ME	NS	f 3 .1	TANKER MOTOR SCO	OTER		(SPECIAL BRAKE CONTROLS, OR	S, HAND	30000	co	NDITION	010000000000000000000000000000000000000	. NON		ГТҮРЕ
1)-	NONE USEC	).		UNENCLOSED CARGO AREA 3 - TRAILING UNIT		REED BY ON-MEC		L MEANS	A 100 CM	THREE-WHEEL	7		ADAPTIVE DEVIC 4 - MILITARY VEHIC	CES) LES ONLY	/ 2 - P	HYSICA	NTLY NORMA L IMPAIRMEI	VT .	2 - BLOC 3 - URIN	E	Alle of
	SHOULDER I JSED LAP BELT ON	2 22 32		4 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		" (** )			, s - s	CHOOL BUS		4,	5 - MOTOR VEHICL WITHOUT AIR B 6 - OUTSIDE MIRRO	RAKES	DI	PRESSE	NAL (E.G., D. ANGRY,	34	ORUG	اهاک د	ESULT(S)
4 -		LAP BELT		5 - NON-MOTORIST 9 - OTHER / UNKNOWN	, ,		TRAILERS 18 - OT				7 - PROSTHETIC AII 8 - OTHER	OUTSIDE MIRROR PROSTHETIC AID OTHER TO THE TO THE TO THE					- AMPI	IETAMINE	s .		
5 -	CHILD RESTE FORWARD		A .				. "."		[X-]	TANKER / HAZ	IMAI .	Ì			6 - U	ATIGUEI INDER T	D, ETC. HE INFLUEN	CE OF	2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS		
١.	REAR FACI		A			. "	124. 41. 8		F-F	GENDE EMALE	R	ļ			A	IEDICAT LCOHO	TONS / DRUG L	SS /	- COC/		· · · .
8 -	BOOSTER SE	D,				٤.	و ا المعاولات	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	М-	MALE	, · · · ·	- marine		- 4 , 1 -41 -31 -4	90	THER /	UNKNOWN	- 17	- OTHE		
	(ELBOWS, KI					3 . 4s.			Ψ-c	OTHER / UNK	NOWN	Andrew Strafe				ر بدوي ماريد عام ا					2 / / / / / / / / / / / / / / / / / / /
îı.		CLOTHING PEDESTRIAN	1			•	1.4					- Landard September								* * * * * * * * * * * * * * * * * * * *	
	OTHER/U		. 1				- 1/1	1977			(4)	1	S. WEST			XX, m	100	dia di	and or		

OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER 23MPD0121						
UNIT # NAME: LAST, FIRST, MIDDLE								D/						
		147								AGE	GENDER			
ADDRE	SS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AR	EA CODE		<del></del>		
INJUR	IES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	ME. CITY)	SAFETY EQUIPMENT		TRAPPED					
		TAKEN BY	J			,		DOT-COMPLIANT	SEATING POSITION	, and the same	GE EJECTION			
UNIT	#	NAME: LA	ST, FIRST, MIDDLE		· · · · · · · · · · · · · · · · · · ·			DA	TE OF BIRTH	•	AGE	GENDER		
E ADDRE		CTREET CIT												
ADDRE	:55:	SIREEI, CII	Y, STATE, ZIP		4			CONTACT PHONE - INCLUDE AREA CODE						
	IES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED			
		ВУ	J					L-JMC HELMET		<u> -</u>		<u> </u>		
UNIT	#	NAME: LA	ST, FIRST, MIDDLE	•	_			D/		AGE	GENDER			
ADDRE	SS:	STREET, CIT	Y, STATE, ZIP		<u></u>			CONTACT PHON	E - INCLUDE AR	EA CODE				
ADDRE			····				,			_				
ואטנאו		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	ME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED		
UNIT	_		ST, FIRST, MIDDLE				, <u></u> .		TE OF BIRTH	<u> </u>	AGE	GENDER		
ADDRE	SS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	IES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	ME, CITY)	SAFETY EQUIPMENT	<del></del>	SEATING	AIR BAG USA	GE EJECTION	TRAPPED		
	TAKEN BY						MC HELMET	POSITION			'			
	Mil. Say	IN.	JURIES	SAFET	Y EQUIPMENT USED	Shaper - I.I.	SEATING POS	ITION		AIR BAG	USAGE	SERVICE STATE N = 2-AA		
1 - F/	348)			1 - NONE	USED - E-OCCUPANT -	<b>雑記:20巻と、1975年</b> (1777年)	IT - LEFT SIDE TORCYCLE DRIVE	D)	1 - NOT	DEPLOYED				
3.4.40			SERIOUS INJURY	* The Control of the	DER BELT ONLY USED		IT - MIDDLE		A	OYED FRO				
3.00		SIBLE INJ	MINOR INJURY		T ONLY USED	経験は、ですっ Surri ET & :	NT - RIGHT SIDE	1 4 1	OYED SIDE	12.5				
- value 6. 27			JT INJURY	4 - SHOULE	DER & LAP BELT USED	NGER)	4 - DEPLOYED BOTH FRONT/SIDE							
		A 1 7		- STATE OF THE PARTY OF THE PAR	RESTRAINT SYSTEM =		ND - MIDDLE	工 香 房 著	5' - NOT APPLICABLE					
1-1	OT	SERVE - 3 4 . 197	D TAKEN BY ORTED /	THE STORY OF THE STORY OF THE STORY	RD FACING RESTRAINT SYSTEM -		IND - RIGHT SIDI D - LEFT SIDE	9 - DEPLOYME			NT UNKNOWN			
4 - 4 - 10 - 10 - 10 - 10 - 10 - 10 - 10	unimakun ya	TED AT	THE RESERVE AND ADDRESS OF THE PARTY OF THE		ACING	- (MOT	ORCYCLE SIDE C	AR)		EJECT	ION	BB. 758 . 1. 7		
² 2 - El	200			7 - BOOSTE	ACCUMENTATION OF THE PROPERTY	40.000	D - MIDDLE D - RIGHT SIDE -	18	1'- NOT	EJECTED				
3 - Pi	OLI	CE		8 - HELMET	USED	Managhin, A.As. Squ	PER SECTION O	F TRUCK CAB	2 - PART	IALLY-EJEC	TED			
`9 - O	ΉTΗ	ER / UNI	(NOWN		TIVE PADS USED	11 - PAS	SENGER IN OTH	ER ENCLOSED	D	125				
14. 500		e e	ENDER		/S, KNEES, ETC) CTIVE CLOTHING	CARGO AREA (NON-TRAILING UNIT 4 - NOT APPLICAL SUCH AS A BUS, PICK-UP WITH CAP)					E / 1			
FF	FΜ	Commercial Commercial		- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	NG - PEDESTRIAN	12 - PAS	SENGER IN UNE			TRAPI	PED	echelle d'Ante en la comme		
M - 1			100		LEONLY	PROFESSION AND ADDRESS OF THE PROPERTY OF THE	GO AREA ILING UNIT		1 - NOT	TRAPPED				
		IER / UN	KNOWN	99 - OTHER	YUNKNOWN	STREET, STREET, ALL 12	NG ON VEHICLE	EXTERIOR		CATED BY	IFANC			
		T.					I-TRAILING UNIT) N-MOTORIST	14	3 - FREEI	ianical M Dry	IEANS			
							IER / UNKNOWN		1 T. V. P. J. W. W.	MECHANI	CAL MEA	NS ,		
NAME:	LAS	T, FIRST, M	IDDLE	794			-	DA	TE OF BIRTH		AGE	GENDER		
ADDRE		CTREET CIT	V CTATE ZID		<del></del>	<del></del>								
ADDRE	:55:	SIKEEI, CII	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AR	EA CODE				
رم.	NAME: LAST, FIRST, MIDDLE							D#		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
NAME:	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH					
SSE ADDRE														
ADDRE	ESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHON	E - INCLUDE AR	EA CODE				