STEPHING   PORT   POR	GF PUBLIC SAFETY TRAFFIC CRASH	<b>KEPORT</b> *DENOTES MAN LOCAL INFORMATION	IDATORY FIELD FOR SUPPLEME	NT REPORT	2023-	OCAL REPORT NUMBER*			
GENERAL SECURITY CONTRIBUTION C	PHOTOS TAKEN OH-1P OTHER	HIT/SKIP   NUMBER OF UNITS   UNIT IN ERROR   1 - SOLVED   0 2   0 1   98 - ANIMAL							
BOUTTITE   SOFT PUMBER   PRETENCE PAGE   NAME   FROM NAME (FROM	4 5 1 2-CITY 2-VILLAGE HEATH	CRASH DATE / TIME * CRASH SEVERITY  0 1212023 0008 2 - SERIOUS INJURY							
TOURT TITLE OF THE PROPERTY DATE OF THE PROPERTY OF THE PROPER	2 - SOUTH				2 MINOR IN HIDY				
REFERENCE PRINT   1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	4-WEST		ITI EDOCT HOUSE #\		•				
BUTTONE PROTECTION OF THE PROT	2 - SOUTH 3 - EAST		ILEF 031, 11003E #)	ROAD TIFE		3 9 3 5.	PROPERTY DAMAGE		
3 MARCHET LA - ALC SAME SAME SAME SAME SAME SAME SAME SAME	2 - 4-WESI		ROAD TYPE				ONLY		
S FAST STATES AND S	2 MILE DOST 2 COUTU	INTERSTATE ROUTE(TP) AL -	ALLEY HW-HIGHWAY RI		l —		Э		
DISTANCE PRODUCTION OF THE STANDARD PRODUCTS OF A COLUMN AND PRODUCTS O	3- HOUSE # J3-EAST	PI PI	BOULEVARD MP - MILEPOST ST	Γ - STREET	WITHIN INTE	RCHANGE AREA NUME	BER OF APPROACHES		
LOACHOW FOR THANAPHUL EVENT  LOACHOW FOR SOSSOUR R  1. OR ROADWAY  2. FRANCE R  1. OR ROADWAY  1. OR	DISTANCE DISTANCE CR.	NUMBERED COUNTY ROUTE CR -			trike e raman v	ROADWAY			
0 4 2 - ON SOUDER 1 - OPTEWAYALLEY ACCESS 4 2 - ON SOUDER 1 - OPTEWAYALLEY ACCESS 4 3 - ON MODER 1 - ACCESSOVER 1 - OPTEWAYALLEY ACCESS 5 - ON GORE 1 - ACCESSOVER 1 - OPTEWAYALLEY ACCESS 5 - ON GORE 1 - ACCESSOVER 1 - OPTEWAYALLEY ACCESS 5 - ON GORE 1 - ACCESSOVER 1 - OPTEWAYALLEY ACCESS 5 - ON GORE 1 - ACCESSOVER 1 - OPTEWAYALLEY ACCESSOVER 2 - OPTEWAYALLEY ACCES	2 - FEET	ROUTE		A - WAY	ROADWAY DIV	/IDED			
## OF PARKED STRAID    NORK ZONE RELATED   LOCATION OF CRASH IN WORK ZONE WORK ZONE RELATED   LOCATION OF CRASH IN WORK ZONE WORK ZONE RELATED   LOCATION OF CRASH IN WORK ZONE WARNING SEN D. LOCATION OF CRASH IN WARNING	1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY// 3 - IN MEDIAN 11 - RAILWAY GF 4 - ON ROADSIDE 12 - SHARED US 5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE	ALLEY ACCESS RADE CROSSING E PATHS OR  1 - NOT CI BETW TWO N VEHIC TRANS 2 - REAR- 3 - HEAD-	OLLISION         4 - REAR-TO-REAR           VEEN         5 - BACKING           MOTOR         6 - ANGLE           SPORT         7 - SIDESWIPE, SAME           END         8 - SIDESWIPE, 0PP0S	DIRECTION SITE DIRECTION	1 - NORTH L 2 - SOUTH 3 - EAST	1 - DIVIDED FL ( < 4 FEET ) 2 - DIVIDED FL ( ≥ 4 FEET ) 3 - DIVIDED, D 4 - DIVIDED, R	1 - DIVIDED FLUSH MEDIAN ( < 4 FEET ) 2 - DIVIDED FLUSH MEDIAN ( ≥ 4 FEET ) 3 - DIVIDED, DEPRESSED MEDIAN		
WORKE CHE PLOST WORK ZONE  WORKERS PRESENT  LAW EMPORCEMENT PRESENT  A- ACTIVITY AREA  B- SHOW SHOULDER  A- ACTIVITY AREA  A- ACTIVITY AREA  B- SHOW SHOULDER  A- ACTIVITY AREA  B- SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW	7 - ON INMI								
LIGHT CONDITION  WEATHER  1 - CLEAR  1 - CLEAR  7 - SEVERE CROSSWINDS  1 - CLEAR  7 - SEVERE CROSSWINDS  4 - DARK - CROMWAY DUT LIGHTED  5 - DARK - LIGHTED ROADWAY  4 - DARK - ROADWAY NOT LIGHTED  5 - DARK - JUNKNOWN  5 - SARD, MUD, DIRT, MOYING  6 - WATER RISTANDING, MOYING  7 - SEVERE CROSSWINDS  8 - WATER RISTANDING, MOYING  8 - WATER RISTANDING, MOYING  8 - WATER RISTANDING, MOYING  9 - OTHER JUNKNOWN  1 - SERVING RISTANDING, MOYING  1 - SEVERE CROSSWINDS  8 - SERVING RISTANDING, MOYING  1 - SEVERE RISTANDING, MOYING  1 - SEVERE RISTANDING, MOYING  1 - SEVERE RISTANDING, MOYING	WORKERS PRESENT  LAW ENFORCEMENT PRESENT  1-L 2-L 3-V 4-I	ANE CLOSURE ANE SHIFT/CROSSOVER VORK ON SHOULDER OR MEDIAN NTERMITTENT OR MOVING WORK	1 - BEFORE THE 1ST W WARNING SIGN 2 - ADVANCE WARNING 3 - TRANSITION AREA 4 - ACTIVITY AREA	ORK ZONE	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL	1 - DRY 2 - WET 3 - SNOW	2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT		
Unit one was traveling south on S. 2nd Street. Unit one went left of center, off the left (east) side of the road. The right front of unit one struck a city sign.  Then the left front of unit one struck the rear of unit two. The front of unit one then struck a tree.  Consider Editor Color Consider Color Consider Color Consider Color C	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, 9 - FREEZING RAIN OR FREEZII		9 - OTHER/UNKNOWN	OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH	4 - SLAG, GRAVEL, STONE 5 - DIRT		
Unit one was traveling south on S. 2nd Street. Unit one went left of center, off the left (east) side of the road. The right front of unit one struck a city sign.  Then the left front of unit one struck the rear of unit two. The front of unit one then struck a tree.  Evaluation Editor  Evaluation	NARRATIVE	•				N.			
Then the left front of unit one struck the rear of unit  two. The front of unit one then struck a tree.  Evaluation Edition  E							an "N" on the		
Then the left front of unit one struck the rear of unit  two. The front of unit one then struck a tree.  Evaluation Edition  E	•	` '	1						
TOTAL TIME  CRASH REPORTED DATE / TIME  DISPATCH DATE / TIME  DISP			Total Control		Evaluation Edition				
CRASH REPORTED DATE / TIME  DISPATCH DATE / TIME  CHARACTOR Edition Date / Da				Evaluation		Evaluation Edition			
Evaluation Edition  Evalua				ation Edition		Evaluation Edition			
CRASH REPORTED DATE / TIME  DISPATCH DATE /				Evaluation	Evaluation Evaluation	Edition			
CRASH REPORTED DATE / TIME  DISPATCH DATE / TIME  CHECKED BY OFFICER'S NAME *  MOTORIST  DISPATCH DATE / TIME  CHECKED BY OFFICER'S NAME *  MARKIEY  DISPATCH DATE / TIME  CHECKED BY OFFICER'S NAME *  MOTORIST  SUPPLEMENT  CORRECTION OF ADDITION			Evaluation Edition		Evaluation				
CRASH REPORTED DATE / TIME  DISPATCH DATE / TIME  CHECKED BY OFFICER'S NAME*  MOTORIST  DISPATCH DATE / TIME  CHECKED BY OFFICER'S NAME*  MOTORIST  SUPPLEMENT  CORRECTION OF ADDITION				Evaluation ation Edition	Edition Edition	640 S. 2nd St			
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME DATE /			N N	5		Evaluation Edition Edition			
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME DATE / TI			Evaluation Edition Not To Scal	evaluation ation Edition	\$ <b>1</b>	Evaluation Edition			
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME POLICE AGENCY  D1212023 0008 01212023 0008 01212023 0013 01212023 0137  TOTAL TIME OTHER TOTAL MINUTES Banks  CHECKED BY OFFICER'S NAME*  MARKLEY  MARKLEY  MOTORIST  SUPPLEMENT CORRECTION OF ADDITION			- Control	Evaluation	Evaluation Edition	Edition			
O 1 2 1 2 0 2 3 0 0 0 8 0 1 2 1 2 0 2 3 0 0 0 8 0 1 2 1 2 0 2 3 0 0 0 8 0 1 2 1 2 0 2 3 0 0 1 3 0 1 2 1 2 0 2 3 0 1 3 7  TOTAL TIME ROADWAY CLOSED INVESTIGATION TIME MINUTES Banks  OFFICER'S NAME*  MARKLEY  CHECKED BY OFFICER'S NAME*  MINUTES CORRECTION OF ADDITION  CORRECTION OF ADDITION									
TOTAL TIME OTHER TOTAL OFFICER'S NAME* ROADWAY CLOSED INVESTIGATION TIME MINUTES Banks  CHECKED BY OFFICER'S NAME*  Markley  MOTORIST  SUPPLEMENT CORRECTION OF ADDITION	September 19 State 19 September	The state of the s		0130		V	N. 1200anaa amaaandhaaaaaa oo 1 o		
CORRECTION on ADDITION I	TOTAL TIME OTHER TOTAL	. OFFICER'S NAME*	Сн	ECKED BY OFFI					
OFFICER'S BADGE NUMBER*	toda de la destación de la dela dela dela dela dela dela del	OFFICER'S BADO	GE NUMBER*	CHECKED I	BY OFFICER'S BADGE NUMBER*  (CORRECTION OR ADDITION 10 AN EXISTING REPORT SENT TO ODPS)				

99 - OTHER / LINKNOWN

3

49 - FIRE HYDRANT

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

■ MOST HARMFUL EVENT

OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST							2 0 2 3 - 0 0 0 0 0 7 6 4							
UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
01	NOLL, CARTER JOE								1 1 1 / 2 0 / 2 0 0 2 2 M					
₽	STREET, CITY, STA	ATE, ZIP NEWARK, OH 43055							CONTACT P	HONE - INCLUDE AREA	CODE			
INJURIES		EMS AGENCY (NAME)	,	INJURED	TAKENTO	: MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	ON AIR BAG US	AGE EJECTION	TRAPPED	
NO 5	TAKEN BY			INCORED	TARLETTO	. MEDIONE INCLES	(IIAIIE, 01) 17	USED 0 4	DOT-COM	PLIANT	4	1	3	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	N NUMBER		
OL STATE				331.3	4		CODE	ALL OTHER	OFFENSE	S	21426	52		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	_	DHOL / DRUG SUSPE		CONDITION	ALCO STATUS TYP	HOLTEST PE VALUE		RUG TEST(S YPE   RESUL	T SELECT UP TO 4	
4			BY	1	=	」 ALCOHOL    MARIJUANA <b>1</b>			1 1		1 :	ι 📗 📗		
UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER	
0 2														
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT P	HONE - INCLUDE AREA	CODE		1	
010														
ADDRESS:  ADDRESS:  INJURIES  OL STATE	INJURED I TAKEN BY	EMS AGENCY (NAME)		INJURED 1	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COM		ON AIR BAG US	AIR BAG USAGE EJECTION TRAPPED		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	CRIPTION	1	CITATIO	TION NUMBER		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT						CONDITION	ALCO	HOL TEST PE VALUE		RUG TEST(S YPE   RESULT		
	SELECT OF 10 2		BY	TRACTED ALCOHOL MARIJUANA				STATUS TIPE VALUE		STATUS TYPE RESULT SELECT UP TO 4				
UNIT #	NAME: LAST, F	EIRST MIDDLE			□ º	THER DRUG				DATE OF BIRTH		AGE	GENDER	
ONII #	NAME: EASI, I	INST, WIDDLE								DAIL OF BIRTH		, AGE	GENDER	
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT P	HONE - INCLUDE AREA	CODE			
TOR										1 1 1	1 1	1 1		
ADDRESS:	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	<b>ДОТ-С</b> омі		ON AIR BAG US	AGE EJECTION	TRAPPED	
	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	GED LOCAL OFFENSE DESC			CRIPTION CITA			ATION NUMBER		
OL STATE	OI ERRIOR E	TOLKISE KOMBEK			JE UIIAI	WED .	CODE			KII TION				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED			CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO			
			BY	ALCOHOL MARIJUANA										
INJU	RIES	SEATING POSITION	L	IR BAG	Шο	THER DRUG OL CLASS	s	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST STA	LUS Tus	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP	LOYED		1 - CLASS A		1 - ALCOHOL INTER	LOCK DEVICE	1 - NOT DISTRACTED	1-	NONE GIVEN		
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYI 3 - DEPLOYI			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATIN ELECTRONIC COMMUI	NICATION 3.	TEST REFUSED TEST GIVEN, CON	ITAMINATED	
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	4 - DEPLOYED BOTH FRONT / SIDE			4 - REGULAR CLASS 4 - FARM WAIVER				DEVICE (TEXTING, TY DIALING)	PING,	ING, SAMPLE / UNUSABLE  4-TEST GIVEN, RESULTS KNOWN		
5 - NO APPAREN	IT INJURY	4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)		OT APPLICABLE (OHIO = D)  EPLOYMENT UNKNOWN 5 - M/C MOPED ONLY					3 - TALKING ON HANDS-FREE		5 - TEST GIVEN, RESULTS			
	INJURED TAKEN BY  5-SECOND - MIDDLE  4-SECOND - BICHT SIDE					6 - NO VALID OL & CLASS B BUS				4 - TALKING ON HAND-HE COMMUNICATION DEV		`F		
	/TREATED AT SCENE 7-THIRD - LEFT SIDE			JECTION OL ENDORSEMENT 7- EXCEPT TRAC* 8- INTERMEDIAT					5 - OTHER ACTIVITY WIT	H AN	ALCOHOL TEST TYPE			
2 - EMS	9 THIRD MIDDLE		1 - NOT EJE	T EJECTED H - HAZMAT RTIALLY EJECTED M - MOTORCYCLE			RESTRICTIONS 9 - LEARNER'S PERMIT		ELECTRONIC DEVICE 6 - PASSENGER		2 - BLOOD			
	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TO			LY EJECTED M - MOTURCYCLE  LY EJECTED P - PASSENGER			RESTRICTIONS		7 - OTHER DISTRACTION		3 - URINE			
SAFETY E	10 - SLEEPER SECTION 0F TRUCK CAB 4 - NOT A			'LICADLE N-TANNER				11 - LIMITED TO EMPLOYMENT 8 - OTH		INSIDE THE VEHICLE 4 - BREATH 8 - OTHER DISTRACTION OUTSIDE 5 - OTHER				
1 - NONE USED	1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA				RAPPED R-THREE-WHEEL MOTORCYCLE 12 - LIMITED - 0			12 - LIMITED - OTHE		THE VEHICLE 9 - OTHER / UNKNOWN		DRUG TEST TYPE		
	3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXT		1 - NOT TRA 2 - EXTRICA	3 - 30HUUL BU3			13 - MECHANICAL D (SPECIAL BRAK	ES, HAND	AND		1 - NONE			
	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED MECHANICAL MEANS CARGO AREA 3 - FREED BY			T - DOUBLE & TRIPLE TRAILERS CONTROLS, OR C X - TANKER / HAZMAT ADAPTIVE DEVI			0=01	1 - APPARENTLY NORMAL		2 - BL00D 3 - URINE			
5 - CHILD RESTI FORWARD FA	RAINT SYSTEM – ACING	13 - TRAILING UNIT		CHANICAL M	EANS	14 - MILITARY VEHI 15 - MOTOR VEHICLI				2 - PHYSICAL IMPAIRMEN 3 - EMOTIONAL (E.G., DEPR		4 - OTHER		
6 - CHILD RESTI REAR FACIN	RAINT SYSTEM – G	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				A		AIR BRAKES		ANGRY, DISTURBED)		DRUG TEST RESULT(S)		
7 - BOOSTER SE	EAT	15 - NON-MOTORIST			16 - OUTSIDE MIRRO 17 - PROSTHETIC AI				4- ILLNESS 5- FELL ASLEEP, FAINTE		1 - AMPHETAMINES 2 - BARBITURATES			
	8 - HELMET USED 99 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED						18 - OTHER		FATIGUED, ETC. 6- UNDER THE INFLUENCE		3 - BENZODIAZEPINES			
(ELBOW, KN	(ELBOW, KNEES, ETC.)									0F MEDICATIONS / DRUGS / ALCOHOL		4 - CANNABINOIDS 5 - COCAINE		
11 - LIGHTING - I	LIGHTING - PEDESTRIAN								9- OTHER / UNKNOWN		6 -	6 - OPIATES / OPIOIDS		
/ BICYCLE OF	- OTHER / UNKNOWN											OTHER NEGATIVE RESU	LTS	

	OHIO DEF	HODEPARTMENT OCCUPANT / WITNESS ADDENDUM						2 0 2 3 - 0 0 0 0 0 7 6 4					
										000			
	UNIT #		t, first, middle	l	TE OF BIRTH	.0 .7	AGE 1 5	GENDER M					
L N		STREET, CITY,	•		CONTACT PHONI								
OCCUPANT	571 MA	PLE AVE	NEWARK, OH 430	)55									
ă	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	_2	BY 2	Newark FD		Licking Memorial		9 9	MC HELMET	0 3	4	1	_1	
	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DA <sup>-</sup>	TE OF BIRTH		AGE	GENDER	
Ļ-	ADDDESS	STREET, CITY,	CTATE 71D					CONTACT PHONI		L			
OCCUPANT	ADDRESS.	. 31KEE1, 6111,	SIAIE, ZIF					CONTACT FROM	- INCLUDE AREA CO	UE.			
8	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
		BY					USED	MC HELMET			ال		
ľ	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DA <sup>-</sup>	E OF BIRTH		AGE	GENDER	
OCCUPANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONI	- INCLUDE AREA CO	DE			
9	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	1 1	TAKEN BY					USED	DOT-COMPLIANT MC HELMET			, , ,		
ľ	UNIT #	NAME: LAS	T, FIRST, MIDDLE					DA <sup>-</sup>	TE OF BIRTH		AGE	GENDER	
										الللا			
OCCUPANT	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONI	E - INCLUDE AREA CO	DE			
9 0 -	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	TY (NAME CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	FJECTION	TRAPPED	
	INGURIES	TAKEN BY	EMS AGENCI (NAME)		INSORES PARENTS, INCIDENT ROLL	TT (NAME, CITT)	USED	DOT-COMPLIANT	SEATING TOSTITON	AIR BAG OSAGE		I KAI I ED	
		INJ	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE		
	1 - FATA			1 - NONE US	ED - OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	FR)	1 - NOT DE				
			RIOUS INJURY		ER BELT ONLY USED  T ONLY USED  T ONLY USED  2 - FRONT – MIDDLE 3 - FRONT – RIGHT SID 4 - SECOND – LEFT SID			ZI()		YED FRONT			
		SIBLE INJU		3 - LAP BEL						LOYED SIDE LOYED BOTH			
	5 - NO APPARENT INJURY 4 - SHOULD				ER & LAP BELT USED (MOTORCYC			CLE PASSENGER)		FRONT/SIDE			
		INJURED	TAKEN BY		ESTRAINT SYSTEM – 5 - SECOND – MIDE RD FACING 6 - SECOND – RIGH			DE	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN				
	/TREATED AT SCENE REAR FA 2 - EMS 7 - BOOSTEF 3 - POLICE 8 - HELMET 9 - OTHER / UNKNOWN 9 - PROTECT (ELBOW, 10 - REFLECT				ESTRAINT SYSTEM –	D – LEFT SIDE ORCYCLE SIDE	CAR)	EJECTION					
						8 - THIR	D – MIDDLE		1 - NOT EJ	1 - NOT EJECTED			
					USED	D – RIGHT SIDE PER SECTION (		2 - PARTIALLY EJECTED					
					13 - TRAILING UNIT				3 - TOTALLY EJECTED				
								P)	4 - NOT APPLICABLE  TRAPPED				
								NCLUSED	1 - NOT TRAPPED				
								EXTERIOR	2 - EXTRICATED BY MECHANICAL			CAL	
						(NON-	TRAILING UNIT)		MEANS 3 - FREED	BY NON-MI	CHANIC	ΔL	
							MOTORIST ER/UNKNOWN		MEANS			~. <u>-</u>	
	NAME: LAS	ST, FIRST, MIDD	LE					DA	TE OF BIRTH		AGE	GENDER	
WITNESS	ABBBECC							CONTACT BUOM					
M	AUURESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE I			
ľ	NAME: LAS	ST, FIRST, MIDD	LE					DA <sup>*</sup>	TE OF BIRTH		AGE	GENDER	
WITNESS													
WIT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONI	- INCLUDE AREA CO	DE			
\$	NAME: LAS	ST, FIRST, MIDD	LE					DATE OF BIRTH AGE GENDER					
ESS		, ,											
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					