OF PUBLIC SAFETY TRAFFIC CRASH	REPORT *DENOTES MAN	IDATORY FIELD FOR SUPF	LEMENT REPORT		OCAL REPORT NUMBE	
X PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION Hunting	jton Bank		2023-	0000	5318
SECONDARY CRASH OH-1P OTHER	REPURIING AGENCY NAME		NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS	UNIT IN ERROR  98 - ANIMAL
PRIVATE PROPERTY	Heath PD		04507	L J 2 - UNSOLVED		99 - UNKNOWN
1 - CITY	/, VILLAGE,TOWNSHIP*			CRASH DATE /		RASH SEVERITY 1 - FATAL
4 5 1 2-VILLAGE HEATH				06032023	1630 5	2 - SERIOUS INJURY
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE	all Structific to 45 and Afficial rough 40	SUSPECTED  3 - MINOR INJURY
S R 79 3-EAST 4-WEST				40,037	3 8 3	SUSPECTED
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH	REFERENCE ROAD NAME (ROAD, M	IILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D		4 - INJURY POSSIBLE
	580 Hebron Rd.		1	- 8 4 2	9 9 3	5 - PROPERTY DAMAGE ONLY
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			INTERSECTION RELAT	ED
2 MILE DOST 2 COUTU		ALLEY HW-HIGHWAY AVENUE LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTE	RSECTION OR ON APPR	DACH
3- HOUSE # 3- EAST	I EDERAL OF ROOTE	BOULEVARD MP - MILEPOS		WITHININTE	RCHANGE AREA NU	MBER OF APPROACHES
DISTANCE DISTANCE CR.	NUMBERED COUNTY ROLLTE CR -	CIRCLE OV - OVAL COURT PK - PARKWAY	TE - TERRACE  / TL - TRAIL		ROADWAY	9 (C. Orado, Walance V.) - C. Orado, and J. J. Orado, and J. J. Orado, and J. Orado, a
FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - 2 - FEET	NUMBERED TOWNSHIP DR -	DRIVE PI - PIKE	WA - WAY	N DO A DIWAY DV	UDED	
	ROUTE HE -	HEIGHTS PL - PLACE		ROADWAY DIV	/IDED	
LOCATION OF FIRST HARMFUL EVEN		ER OF CRASH COLLISION/		DIRECTION OF TRAVE	L MED	AN TYPE
1 - ON ROADWAY 9 - CROSSOVER <b>0 1</b> 2 - ON SHOULDER 10 - DRIVEWAY	ALLEY ACCESS   BETW		-AR	1 - NORTH	1 - DIVIDED	) FLUSH MEDIAN ET )
└───── 3 - IN MEDIAN 11 - RAILWAY G	RADE CROSSING   VEHIC	CLES IN 6 - ANGLE		3 - EAST		FLUSH MEDIAN
4 - ON ROADSIDE 12-SHARED US 5 - ON GORE TRAILS	SE PATHS OR TRANS 2 - REAR-		, SAME DIRECTION , OPPOSITE DIRECTION	4 - WEST	10 Mil 21 C 1101	, DEPRESSED MEDIAN
6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE	3 - HEAD-				4 - DIVIDED (ANY TY	), RAISED MEDIAN PE)
7 - ON RAMP 14 - TOLL BOOT 8 - OFF RAMP 99 - OTHER / UN	···				9 - OTHER/L	JNKNOWN
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH I	N WORK ZONE	CONTOUR	CONDITIONS	SURFACE
1.	LANE CLOSURE		1ST WORK ZONE	1 ,1	, 1	2
]	LANE SHIFT/CROSSOVER WORK ON SHOULDER	WARNING SI 2 - ADVANCE WA		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE
LAW ENFORCEMENT PRESENT	OR MEDIAN	3 - TRANSITION		2 - STRAIGHT GRADE	2-WET	2 - BLACKTOP,
	INTERMITTENT OR MOVING WORK OTHER	4 - ACTIVITY AR 5 - TERMINATIO		3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT
LIGHT CONDITION	WEATHER	<u> </u>		4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK
1 - DAYLIGHT	Caracter Constitution Street, Annual Constitution Constit	6 - SNOW		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE
1 2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY		7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL,			6 - WATER (STANDING, MOVING)	5 - DIRT
4 - DARK – ROADWAY NOT LIGHTED	17 274	9 - FREEZING RAIN OR FF			7 - SLUSH	9 - OTHER/UNKNOWN
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN	
NARRATIVE			1   1   1			Yesterda Hermanik
Unit 1 was traveling north or	SR 79 in the left la	ine -			1114	Indicate the north direction with an "N" on the
Unit 2 was attempting to exi						compass diagram.
Hebron Rd. Unit 2 began to	•			ScenePD ™ - Evaluation Edition  Evaluation Edition		2-
make a right turn onto SR 79			Not To Scale Evaluation	n Edition	Evaluation Ed	Hon
side of Unit 1 as Unit was tra			(N)	Evaluation Edition	Evaluation Edition	
		Evaluation Edi	Evaluation Edition Evaluation	n Editlon	Evaluation Ed	ition
			Hepton	Evaluation Edition	Edition Evaluation E	
		Evaluation Edi	Evaluation Edition  Evaluation Edition  Evaluation Edition	n judition	Evaluation Eo	ition
			/ /	Palyation Evaluation	aluation Edition	
		Evaluation Edi	Evaluation Edition	S S S S S S S S S S S S S S S S S S S	Evaluation Ed	ition
				Evaluation Edition	Evaluation Edition	
		Evaluation Edi	Evaluation Edition tion		Evaluation Ed	ition
		F	Evaluatio	Evaluation Edition	Edition Edition	
		Evaluation Edi	Evaluation Edition			
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE /	TIME	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY
06032023 1630 060	32023 1634 0			6032023	1719	POLICE AGENCY
TOTAL TIME OTHER TOTA			CHECKED BY OFF		<del></del> [[	MOTORIST
ROADWAY CLOSED INVESTIGATION TIME MINUT						SUPPLEMENT (CORRECTION OR ADDITION
	0 7 -	GE NUMBER*  1	Снескер	BY OFFICER'S BADGE I	NUMBER*	TO AN EXISTING REPORT SENT TO ODPS)
		1 7 3	JIL I			

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

OHIO DE OF PUBI SAFETY - SER	EPARTMENT LIC SAFETY INICE - PROTECTION	OTORIST / No	N-N	Іото	RIS	Т			2 0 2	2 3 - 0	O O		3 1	8
UNIT #	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIR	ТН		AGE	GENDER
0 1	LEAS, BE	VERLY A							1 1 /	0 6 /	1 9 6	6 5	5 6	F
ADDRESS	S: STREET, CITY, ST.	ATE, ZIP							CONTACT	PHONE - INCLUDE	AREA CODE			•
787 ME	ADOW DR	NEWARK, OH 4305	5								<u> </u>			
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-Con	l -		AG USAGE	EJECTION	TRAPPED
5	BY	TOPINGE NUMBER		OFFEN	CE OUA	DAER	1.0041	0 4	MC HEL	MET 0	1 1		1	_1
787 ME 787 ME 787 ME 787 ME 787 ME 788 ME 78	UPERATUR L	ICENSE NUMBER		UFFEN	SE CHAI	KGED	CODE	OFFENSE DESC	KIPIIUN		1117	ATION N	UMBEK	
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO 3 DRI	VER	ALC	OHOL / DRUG SUSPE	ECTED	CONDITION		OHOL TEST		DRUG	TEST(S	)
	SELECT UP TO 2		BY DIS	TRACTED		LCOHOL MAF			STATUS TY	PE VALUE	STATUS		RESULT	SELECT UP TO 4
4				1	0	THER DRUG		1	1 1	•	1	1		
UNIT #	NAME: LAST, F									DATE OF BIR		, I.	AGE 5 9	GENDER
0 2	1	, LOIS PAULINE							0 8 /	0 1 /		<b>3</b>   :	5 9	F
₽	S: STREET, CITY, ST.	NEWARK, OH 43055							CONTACT	PHONE - INCLUDE	AREA CODE			
NJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		SEATING P	OSITION AIR BA	AG USAGE	EJECTION	TRAPPED
2 9 2 5	TAKEN BY						,	USED 0 4	DOT-Con		1 1		1	1
	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITA	ATION N	UMBER	
OL STATE OL CLASS				331.2	22		CODE	331.22			214	4897		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		OHOL / DRUG SUSPE		CONDITION	ALC STATUS TY	OHOL TEST PE VALUE	STATUS		RESULT	SELECT UP TO 4
4			ВУ	1		LCOHOL MAF THER DRUG	RIJUANA	1	1 1		1	1		
UNIT #	NAME: LAST, F	FIRST, MIDDLE			υ۰	THER DRUG				DATE OF BIR			AGE	GENDER
		,							<u>.</u>		1 1	, ,		ļ. ,
ADDRESS	S: STREET, CITY, ST.	ATE, ZIP							CONTACT	PHONE - INCLUDE	AREA CODE			
TOR											1 1	1 1		
ADDRESS INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Con	SEATING P	OSITION AIR BA	AG USAGE	EJECTION	TRAPPED
	BY						,		MC HEL	MET L				
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITA	ATION N	UMBER	
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UP TO 3 DRI	VFR	AL C	OHOL / DRUG SUSPE	ECTED	CONDITION	ALC	OHOL TEST		DRUG	TEST(S	)
OL OLASS	SELECT UP TO 2			TRACTED			RIJUANA		STATUS TY	PE VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4
					0	THER DRUG								
INJU 1 - FATAL	URIES	SEATING POSITION  1-FRONT - LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS 1 - CLASS A	S	OL RESTRIC 1-ALCOHOL INTER		1-NOT DISTRACTE			T <b>est sta</b> E given	TUS
2 - SUSPECTED	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOY	ED FRONT		2 - CLASS B		2 - CDL INTRASTAT	E ONLY	2 - MANUALLY OPE	ERATING AN	2 - TEST	T REFUSED	
3 - SUSPECTED 4 - POSSIBLE I	O MINOR INJURY NJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYI	ED SIDE ED BOTH FRO	ONT / SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	DEVICE (TEXTI DIALING)	NG, TYPING,		F GIVEN, CON PLE / UNUS	TAMINATED ABLE
5 - NO APPARE		4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	LICABLE		(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS	A BUS	3 - TALKING ON HA				ULTS KNOWN
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOY	MENT UNKN	OWN	6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	A	COMMUNICATION 4 - TALKING ON HA			r given, res Nown	ULI3
1 - NOT TRANS		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	E	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		COMMUNICATION 5 - OTHER ACTIVIT		-	OHOL TE	ST TYPE
2 - EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJE			H - HAZMAT		RESTRICTIONS		ELECTRONIC DI		1 - NON 2 - BLOO		
3 - POLICE 9 - OTHER / UN	KNOWN	9 - THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY	LY EJECTED EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	RMIT	6 - PASSENGER 7 - OTHER DISTRAI		3 - URIN	NE	
SAFETY	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP	LICABLE		N - TANKER		10 - LIMITED TO DAY		INSIDETHE VEI 8 - OTHER DISTRAG		4 - BRE		
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	T	RAPPED		Q - MOTOR SCOOTER  R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE		THE VEHICLE			UG TEST	TVPF
2 - SHOULDER 3 - LAP BELT 0	BELT ONLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRA 2 - EXTRICA			S - SCHOOL BUS		13 - MECHANICAL D (SPECIAL BRAK		9 - OTHER / UNKNO		1 - NON		
	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	MECHAN	IICAL MEAN	S	T - DOUBLE & TRIPLE X - TANKER / HAZMAT		CONTROLS, OR O ADAPTIVE DEVI		CONDIT 1 - APPARENTLY N		2 - BL00 3 - URIN		
5 - CHILD REST FORWARD F	TRAINT SYSTEM – FACING	13 - TRAILING UNIT	3 - FREED B NON-ME	CHANICAL M	IEANS			14 - MILITARY VEHI		2 - PHYSICAL IMPA		4 - OTHI		
6 - CHILD REST	TRAINT SYSTEM —	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						15 - MOTOR VEHICLE AIR BRAKES		3 - EMOTIONAL (E.O ANGRY, DISTURBED		DRUG	TEST R	SULT(S)
7 - BOOSTER S	EAT	15 - NON-MOTORIST						16 - OUTSIDE MIRRO 17 - PROSTHETIC AII		4- ILLNESS 5- FELL ASLEEP, FA	AINTED		HETAMINES BITURATES	
8 - HELMET US 9 - PROTECTIV		99 - OTHER / UNKNOWN						18 - OTHER		FATIGUED, ETC.			ZODIAZEPIN	ES
(ELBOW, KN	IEES, ETC.)									6- UNDER THE INF OF MEDICATION /ALCOHOL		4 - CANI 5 - COCA	NABINOIDS	
10 - REFLECTIV 11 - LIGHTING -	PEDESTRIAN									9- OTHER / UNKNO	WN		ATES / OPIOID	)\$
/ BICYCLE O	ONLY KNOWN											7 - 0THI	ER ATIVE RESU	

O1 SHAW, J JEFFREY ADDRESS: STREET, CITY, STATE, ZIP  SP HUDSON AVE NEWARK, OH 43055  INJURES INJURES INJURED EMS AGENCY (NAME) BY  ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INC  INJURES INJURED EMS AGENCY (NAME) BY  ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INC  INJURES INJURED EMS AGENCY (NAME) BY  ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INC  INJURES INJURED EMS AGENCY (NAME) BY  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) BY  ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INC  INJURES INJURED EMS AGENCY (NAME) BY  INJURES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) BY  INJURES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) BY  INJURES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) BY  INJURES INJURED EMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) BY  INJURES INJURED EMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) BY  INJURES INJURED EMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) BY  INJURIES INJURED EMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) BY  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	CATING POSITION AIR BAG USA  O 3 1  OF BIRTH  INCLUDE AREA CODE  ATTING POSITION AIR BAG USA  OF BIRTH  INCLUDE AREA CODE  CATING POSITION AIR BAG USA  OF BIRTH	AGE	TRAPPED GENDER TRAPPED GENDER GENDER		
ADDRESS: STREET, CITY, STATE, ZIP  SPACE OF TAKEN BY  INJURED INJURED EMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURED TAKEN BY  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURED TAKEN BY  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURED TAKEN BY  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURED TAKEN BY  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURED TAKEN BY  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURED TAKEN BY  INJURED TAKEN BY  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURED TAKEN TO:	ATING POSITION AIR BAG USA  OF BIRTH  CATING POSITION AIR BAG USA  AIR BAG USA  AIR BAG USA  AIR BAG USA	GE EJECTION  GE EJECTION  GE EJECTION  GE EJECTION  GE EJECTION	TRAPPED 1 GENDER TRAPPED GENDER GENDER		
395 HUDSON AVE NEWARK, OH 43055  INJURED STAKEN STREET, CITY, STATE, ZIP  ADDRESS: STREET, CITY, STATE, ZIP  INJURED STAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED OF A SOURCE OF A S	ATING POSITION AIR BAG USA  O 3 1  OF BIRTH  INCLUDE AREA CODE  ATING POSITION AIR BAG USA  OF BIRTH  INCLUDE AREA CODE  ATING POSITION AIR BAG USA	GE EJECTION  GE EJECTION  GE EJECTION  GE EJECTION	TRAPPED GENDER TRAPPED GENDER GENDER		
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UNIT # NAME: LAST, FIRST, MIDDLE  INJURES INJURED EMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURES INJURED EMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURES INJURED EMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURES INJURED EMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURES INJURED EMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURES INJURED EMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURES INJURED EMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURES INJURED EMS AGENCY (NAME)  INJURES SAFETY EQUIPMENT USED  1 - FATAL  2 - SUSPECTED MINOR INJURY  3 - SUSPECTED MINOR INJURY  4 - POSSIBLE INJURY  5 - NO APPARENT INJURY  4 - SHOULDER & LAP BELT USED  (MOTORCYCLE PASSENGER)	O 3 1 1 OF BIRTH  EATING POSITION AIR BAG USA  CATING POSITION AIR BAG USA  CATING POSITION AIR BAG USA  CATING POSITION AIR BAG USA  AIR BAG USA  AIR BAG USA  AIR BAG USA	GE EJECTION  GE EJECTION  GE EJECTION  GE EJECTION	TRAPPED GENDER TRAPPED GENDER GENDER		
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ADDRESS: STREET, CITY, STATE, ZIP    INJURIES   INJURED   EMS AGENCY (NAME)   INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   SAFETY EQUIPMENT   USED   DATE OF	ATING POSITION AIR BAG USA	GE EJECTION  GE EJECTION  GE EJECTION  GE EJECTION	TRAPPED GENDER TRAPPED GENDER		
ADDRESS: STREET, CITY, STATE, ZIP  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED  UNIT # NAME: LAST, FIRST, MIDDLE  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED  UNIT # NAME: LAST, FIRST, MIDDLE  INJURED TAKEN BY  UNIT # NAME: LAST, FIRST, MIDDLE  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED  UNIT # NAME: LAST, FIRST, MIDDLE  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED  UNIT # NAME: LAST, FIRST, MIDDLE  INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED  INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED  INJURIES SAFETY EQUIPMENT USED  INJURIES SAFETY EQUIPMENT USED  1 - FATAL  2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 4 - SHOULDER & LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED  (MOTORCYCLE PASSENGER)	OF BIRTH  INCLUDE AREA CODE  ATING POSITION AIR BAG USA  OF BIRTH  INCLUDE AREA CODE  ATING POSITION AIR BAG USA  AIR BAG USA  AIR BAG USA	GE EJECTION  GE EJECTION  GE EJECTION	GENDER  TRAPPED  GENDER		
INJURIES TAKEN DY NAME: LAST, FIRST, MIDDLE  INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED  INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED  INJURIES TAKEN DY NAME: LAST, FIRST, MIDDLE  INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED  INJURIES TAKEN DY NAME: LAST, FIRST, MIDDLE  INJURIES TAKEN DY NAME: LAST, FIRST, MIDDLE DY NAME: LAST, FIRST,	OF BIRTH  ATTING POSITION AIR BAG USA  OF BIRTH  INCLUDE AREA CODE  ATTING POSITION AIR BAG USA  AIR BAG USA  AIR BAG USA	GE EJECTION  GE EJECTION  GE EJECTION	GENDER  TRAPPED  GENDER		
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UNIT # NAME: LAST, FIRST, MIDDLE  INJURIES INJURED EMS AGENCY (NAME)  UNIT # NAME: LAST, FIRST, MIDDLE  INJURIES INJURED EMS AGENCY (NAME)  UNIT # NAME: LAST, FIRST, MIDDLE  UNIT # NAME: LAST, FIRST, MIDDLE  INJURIES INJURED EMS AGENCY (NAME)  INJURIOS TAKEN DO TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURIES TAKEN BY  INJURIES INJURED EMS AGENCY (NAME)  INJURIES TAKEN DO MEDICAL FACILITY (NAME, CITY)  INJURIES TAKEN DO TO MEDICAL FACILITY (NAME, CITY)  INJURIES TAKEN DO MEDICAL FACILITY (NAME, CITY)  INJURIES TAKEN DO TO	OF BIRTH  INCLUDE AREA CODE  SATING POSITION   AIR BAG USA  OF AIR BAG USA  AIR BAG USA  AIR BAG USA	GE EJECTION  GE EJECTION  GE EJECTION	TRAPPED		
ADDRESS: STREET, CITY, STATE, ZIP  INJURIES INJURED TAKEN BY  ADDRESS: STREET, CITY, STATE, ZIP  UNIT # NAME: LAST, FIRST, MIDDLE  ADDRESS: STREET, CITY, STATE, ZIP  INJURIES INJURED TAKEN BY	OF BIRTH  INCLUDE AREA CODE  SATING POSITION   AIR BAG USA  OF AIR BAG USA  AIR BAG USA  AIR BAG USA	GE EJECTION  GE EJECTION  GE EJECTION	TRAPPED		
INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED  INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED  ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INC.  INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED  INJURIES SAFETY EQUIPMENT USED  1 - FATAL  2 - SUSPECTED SERIOUS INJURY  3 - SUSPECTED MINOR INJURY  4 - POSSIBLE INJURY  5 - NO APPARENT INJURY  4 - SHOULDER & LAP BELT ONLY USED  4 - SHOULDER & LAP BELT USED  INJURIES SAFETY EQUIPMENT USED  2 - FRONT - RIGHT SIDE (MOTORCYCLE PASSENGER)	OF BIRTH  INCLUDE AREA CODE  ATING POSITION  AIR BAG USA  AIR BAG USA	AGE	GENDER		
INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED  INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED  ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INC.  INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED  INJURIES SAFETY EQUIPMENT USED  1 - FATAL  2 - SUSPECTED SERIOUS INJURY  3 - SUSPECTED MINOR INJURY  4 - POSSIBLE INJURY  5 - NO APPARENT INJURY  4 - SHOULDER & LAP BELT ONLY USED  4 - SHOULDER & LAP BELT USED  INJURIES SAFETY EQUIPMENT USED  2 - FRONT - RIGHT SIDE (MOTORCYCLE PASSENGER)	OF BIRTH  INCLUDE AREA CODE  ATING POSITION  AIR BAG USA  AIR BAG USA	AGE	GENDER		
INJURIES INJURED EMS AGENCY (NAME)  INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  ADDRESS: STREET, CITY, STATE, ZIP  INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURIES SAFETY EQUIPMENT USED  INJURIES SAFETY EQUIPMENT USED  1 - FATAL  2 - SUSPECTED SERIOUS INJURY  3 - SUSPECTED MINOR INJURY  4 - POSSIBLE INJURY  5 - NO APPARENT INJURY  4 - SHOULDER & LAP BELT ONLY USED  4 - SHOULDER & LAP BELT USED  (MOTORCYCLE PASSENGER)	OF BIRTH  INCLUDE AREA CODE  ATING POSITION AIR BAG USA  AIR BAG	AGE	GENDER		
TAKEN BY  UNIT # NAME: LAST, FIRST, MIDDLE  ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INC.  INJURIES INJURED TAKEN BY  INJURIES SAFETY EQUIPMENT USED  1 - FATAL  2 - SUSPECTED SERIOUS INJURY  3 - SUSPECTED MINOR INJURY  4 - POSSIBLE INJURY  5 - NO APPARENT INJURY  USED  CONTACT PHONE - INC.  INJURIES SAFETY EQUIPMENT USED  1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  2 - FRONT - RIGHT SIDE 4 - SHOULDER & LAP BELT USED  (MOTORCYCLE PASSENGER)	OF BIRTH  INCLUDE AREA CODE  ATING POSITION AIR BAG USA  AIR BAG	AGE	GENDER		
UNIT # NAME: LAST, FIRST, MIDDLE  ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INC.  INJURIES INJURED EMS AGENCY (NAME)  INJURIES SAFETY EQUIPMENT USED  1 - FATAL  2 - SUSPECTED SERIOUS INJURY  3 - SUSPECTED MINOR INJURY  4 - POSSIBLE INJURY  5 - NO APPARENT INJURY  DOT-COMPLIANT WED  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED  VEHICLE OCCUPANT  2 - SHOULDER BELT ONLY USED  3 - LAP BELT ONLY USED  4 - SHOULDER & LAP BELT USED  (MOTORCYCLE PASSENGER)	INCLUDE AREA CODE  ATTING POSITION AIR BAG USA  AIR BAG	GE EJECTION			
INJURIES INJURED TAKEN DEMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURIES  SAFETY EQUIPMENT USED  1 - FATAL  2 - SUSPECTED SERIOUS INJURY  3 - SUSPECTED MINOR INJURY  4 - POSSIBLE INJURY  5 - NO APPARENT INJURY  4 - SHOULDER & LAP BELT USED  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT USED  1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  2 - FRONT - MIDDLE  3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	AIR BAG		TRAPPED		
INJURIES INJURED LAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED DOT-COMPLIANT MC HELMET  INJURIES SAFETY EQUIPMENT USED SEATING POSITION  1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  1 - MONE USED - VEHICLE OCCUPANT (MOTORCYCLE DRIVER) 2 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	AIR BAG		TRAPPED		
INJURIES INJURED TAKEN DEMS AGENCY (NAME)  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  INJURIES  SAFETY EQUIPMENT USED  1 - FATAL  2 - SUSPECTED SERIOUS INJURY  3 - SUSPECTED MINOR INJURY  4 - POSSIBLE INJURY  5 - NO APPARENT INJURY  4 - SHOULDER & LAP BELT USED  INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT USED  1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  2 - FRONT - MIDDLE  3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	AIR BAG		TRAPPED		
INJURIES  SAFETY EQUIPMENT USED  1 - FATAL  2 - SUSPECTED SERIOUS INJURY  3 - SUSPECTED MINOR INJURY  4 - POSSIBLE INJURY  5 - NO APPARENT INJURY  1 - RAKEN BY  SAFETY EQUIPMENT USED  VEHICLE OCCUPANT  2 - SHOULDER BELT ONLY USED  3 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  2 - FRONT - MIDDLE  3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	AIR BAG		TRAPPED		
INJURIES  SAFETY EQUIPMENT USED  1 - FATAL  2 - SUSPECTED SERIOUS INJURY  3 - SUSPECTED MINOR INJURY  4 - POSSIBLE INJURY  5 - NO APPARENT INJURY  3 - SHOULDER & LAP BELT USED  4 - SHOULDER & LAP BELT USED  (MOTORCYCLE DRIVER)  2 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  2 - FRONT - MIDDLE  3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		USAGE			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - NO APPARENT INJURY  1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)					
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  VEHICLE OCCUPANT (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		OONGL			
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  2 - SHOULDER & LAP BELT USED 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	2 - DEPLOYED FRON	T			
4 - POSSIBLE INJURY  5 - NO APPARENT INJURY  4 - SHOULDER & LAP BELT USED  4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	3 - DEPLOYED SIDE				
5 - NU APPARENT INJURY	4 - DEPLOYED BOTH FRONT/SIDE				
	5 - NOT APPLICABLE	Ī			
	9 - DEPLOYMENT UI	EPLOYMENT UNKNOWN			
/TREATED AT SCENE REAR FACING (MOTORCYCLE SIDE CAR)	EJEC1	TION			
2 - EMS 7 - BOOSTER SEAT 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	TED			
3 - POLICE 8 - HELMET USED 10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJEC				
(FLBOW KNEES FTC.)	3 - TOTALLY EJECTE 4 - NOT APPLICABLE				
10 - REFLECTIVE CLOTHING BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	TRAP				
II - LIGHTING - PEDESTRIAN CARCOAREA	1 - NOT TRAPPED				
13 - TRAILING UNIT	2 - EXTRICATED BY	MECHANI	CAL		
(NON-TRAILING UNIT)	MEANS 3 - FREED BY NON-N	AECH ANIC	ΛI		
15 - NON-MOTORIST 99 - OTHER / UNKNOWN	MEANS	MECHANIC	AL		
	OF BIRTH	AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INC	INCLUDE AREA CODE				
NAME: LAST, FIRST, MIDDLE DATE OF			GENDER		
<b>8</b>	OF RIRTH	ΔGF	- armerk		
<u> </u>	OF BIRTH	AGE			
ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INC		AGE			
ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INC	INCLUDE AREA CODE				
ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INC  NAME: LAST, FIRST, MIDDLE  DATE OF	INCLUDE AREA CODE  OF BIRTH	AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INC	INCLUDE AREA CODE  OF BIRTH		GENDER		