

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2023 - 00006389

PHOTOS TAKEN
 SECONDARY CRASH
 PRIVATE PROPERTY

OH-2
 OH-1P
 OTHER

LOCAL INFORMATION

REPORTING AGENCY NAME*
Heath PD

NCIC*
04507

HIT/SKIP
1 - SOLVED
2 - UNSOLVED

NUMBER OF UNITS
01

UNIT IN ERROR
98 - ANIMAL
99 - UNKNOWN
01

COUNTY*
45

LOCALITY*
1 - CITY
2 - VILLAGE
3 - TOWNSHIP
1

LOCATION: CITY, VILLAGE, TOWNSHIP*
HEATH

CRASH DATE / TIME*
06052023 0817

CRASH SEVERITY
1 - FATAL
2 - SERIOUS INJURY SUSPECTED
3 - MINOR INJURY SUSPECTED
4 - INJURY POSSIBLE
5 - PROPERTY DAMAGE ONLY
3

ROUTE TYPE
3

ROUTE NUMBER
3

PREFIX
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
3

LOCATION ROAD NAME
IRVING WICK

ROAD TYPE
DR

LATITUDE DECIMAL DEGREES
40.015684

ROUTE TYPE
3

ROUTE NUMBER
3

PREFIX
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
3

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
SOUTH FORK

ROAD TYPE
RD

LONGITUDE DECIMAL DEGREES
-8.43862

REFERENCE POINT
1 - INTERSECTION
2 - MILE POST
3 - HOUSE #
1

DIRECTION FROM REFERENCE
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
3

DISTANCE FROM REFERENCE
20

DISTANCE UNIT OF MEASURE
1 - MILES
2 - FEET
3 - YARDS
3

ROUTE TYPE
IR - INTERSTATE ROUTE(TP)
US - FEDERAL US ROUTE
SR - STATE ROUTE
CR - NUMBERED COUNTY ROUTE
TR - NUMBERED TOWNSHIP ROUTE

ROAD TYPE
AL - ALLEY
AV - AVENUE
BL - BOULEVARD
CR - CIRCLE
CT - COURT
DR - DRIVE
HE - HEIGHTS
HW - HIGHWAY
LA - LANE
MP - MILEPOST
OV - OVAL
PK - PARKWAY
PI - PIKE
PL - PLACE
RD - ROAD
SQ - SQUARE
ST - STREET
TE - TERRACE
TL - TRAIL
WA - WAY

INTERSECTION RELATED

WITHIN INTERSECTION OR ON APPROACH

WITHIN INTERCHANGE AREA

NUMBER OF APPROACHES

ROADWAY

ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT

01

1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFIC WAY
7 - ON RAMP
8 - OFF RAMP

9 - CROSSOVER
10 - DRIVEWAY/ALLEY ACCESS
11 - RAILWAY GRADE CROSSING
12 - SHARED USE PATHS OR TRAILS
13 - BIKE LANE
14 - TOLL BOOTH
99 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION/IMPACT

1

1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
2 - REAR-END
3 - HEAD-ON
4 - REAR-TO-REAR
5 - BACKING
6 - ANGLE
7 - SIDESWIPE, SAME DIRECTION
8 - SIDESWIPE, OPPOSITE DIRECTION
9 - OTHER / UNKNOWN

DIRECTION OF TRAVEL

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

MEDIAN TYPE

1 - DIVIDED FLUSH MEDIAN (< 4 FEET)
2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)
3 - DIVIDED, DEPRESSED MEDIAN
4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
9 - OTHER/UNKNOWN

WORK ZONE RELATED

WORKERS PRESENT

LAW ENFORCEMENT PRESENT

ACTIVE SCHOOL ZONE

WORK ZONE TYPE

1 - LANE CLOSURE
2 - LANE SHIFT/CROSSOVER
3 - WORK ON SHOULDER OR MEDIAN
4 - INTERMITTENT OR MOVING WORK
5 - OTHER

LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA
4 - ACTIVITY AREA
5 - TERMINATION AREA

CONTOUR

2

1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - OTHER/UNKNOWN

CONDITIONS

1

1 - DRY
2 - WET
3 - SNOW
4 - ICE
5 - SAND, MUD, DIRT, OIL, GRAVEL
6 - WATER (STANDING, MOVING)
7 - SLUSH
9 - OTHER/UNKNOWN

SURFACE

2

1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
9 - OTHER/UNKNOWN

LIGHT CONDITION

1

1 - DAYLIGHT
2 - DAWN/DUSK
3 - DARK - LIGHTED ROADWAY
4 - DARK - ROADWAY NOT LIGHTED
5 - DARK - UNKNOWN ROADWAY LIGHTING
9 - OTHER / UNKNOWN

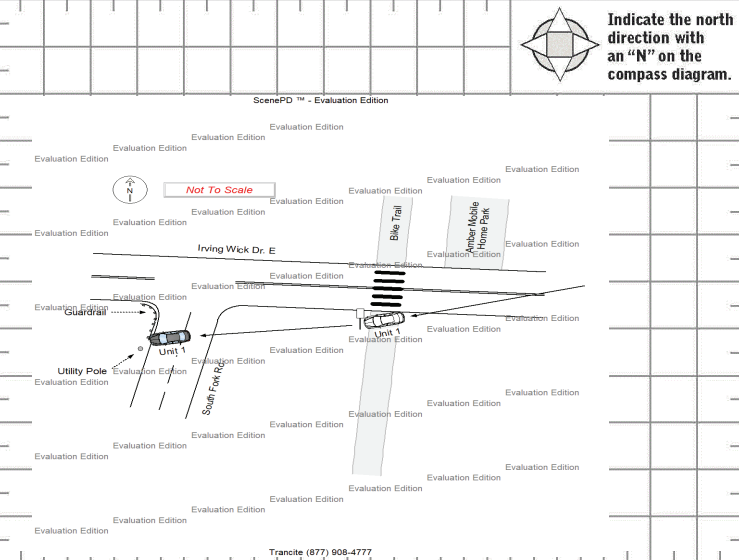
WEATHER

02

1 - CLEAR
2 - CLOUDY
3 - FOG, SMOG, SMOKE
4 - RAIN
5 - SLEET, HAIL
6 - SNOW
7 - SEVERE CROSSWINDS
8 - BLOWING SAND, SOIL, DIRT, SNOW
9 - FREEZING RAIN OR FREEZING DRIZZLE
99 - OTHER / UNKNOWN

NARRATIVE

Unit 1 was traveling west on Irving Wick Dr. E. Unit 1 lost control and went across the center line and went off the left side of the road. Unit 1 struck a sign, then guardrail, and then a utility pole.



CRASH REPORTED DATE / TIME
06052023 0817

TOTAL TIME ROADWAY CLOSED

OTHER INVESTIGATION TIME

TOTAL MINUTES

DISPATCH DATE / TIME
06052023 0818

OFFICER'S NAME*
Peterson

OFFICER'S BADGE NUMBER*
07 - 145

ARRIVAL DATE / TIME
06052023 0825

CHECKED BY OFFICER'S NAME*
Smart

CHECKED BY OFFICER'S BADGE NUMBER*
07 - 138

SCENE CLEARED DATE / TIME
06052023 0837

REPORT TAKEN BY

POLICE AGENCY
 MOTORIST

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO 60PS)

OWNER

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
HAMMOND, JON ALAN

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
725 S 2ND ST HEATH, OH 43056

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

4 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

VEHICLE

LP STATE **OH** LICENSE PLATE # **GJZ7869** VEHICLE IDENTIFICATION # **1FADP3F28EL459540** VEHICLE YEAR **2014** VEHICLE MAKE **Ford**

INSURANCE VERIFIED INSURANCE COMPANY **ALLSTATE** INSURANCE POLICY # **826 149 220** COLOR **SIL** VEHICLE MODEL **FOC**

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT #

HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # PLACARD ID #

HAZARDOUS MATERIAL CLASS # PLACARD ID #

UNIT TYPE: **01**

OF TRAILING UNITS

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

NO DAMAGE [0] UNDERCARRIAGE [14]

TOP [13] ALL AREAS [15]

UNIT NOT AT SCENE [16]

VEHICLE

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**

AUTONOMOUS MODE LEVEL: **0**

SPECIAL FUNCTION: **01**

CARGO BODY TYPE: **01**

VEHICLE DEFECTS:

INITIAL POINT OF CONTACT

1, 2

0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

VEHICLE

NON-MOTORIST LOCATION AT IMPACT: **3**

ACTION: **3**

PRE-CRASH ACTIONS: **01**

CONTRIBUTING CIRCUMSTANCES: **11**

SEQUENCE OF EVENTS:

TRAFFIC

TRAFFICWAY FLOW: **2**

TRAFFIC CONTROL: **6**

OF THROUGH LANES ON ROAD: **2**

RAIL GRADE CROSSING: **1**

EVENT(S)

EVENTS:

1, 1 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

0, 9 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

3, 7 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER IMMOVABLE OBJECT

4, 4 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 21 - PARKED MOTOR VEHICLE

3, 0 5 - CARGO/ EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - IMPROPER CROSSING

4, 0 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT

4, 0 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL

1 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING

5 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL

4, 0 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT

1 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT **5** MOST HARMFUL EVENT

UNIT / NON-MOTORIST DIRECTION

FROM **3** TO **4**

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

UNIT SPEED: **40**

POSTED SPEED: **35**

DETECTED SPEED: **1**

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2023-00006389

UNIT # 01	NAME: LAST, FIRST, MIDDLE HAMMOND, DYLAN JOSEPH				DATE OF BIRTH 02 / 07 / 2002		AGE 21	GENDER M					
ADDRESS: STREET, CITY, STATE, ZIP 725 S 2ND ST HEATH, OH 43056					CONTACT PHONE - INCLUDE AREA CODE ● ● ● ● ● ● ● ● ● ●								
INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY (NAME) Heath FD		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER ● ● ● ● ● ● ● ● ● ●		OFFENSE CHARGED 331.34		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ALL OTHER OFFENSES			CITATION NUMBER 214898				
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 5	ALCOHOL TEST			DRUG TEST(S)		
								STATUS 1	TYPE 1	VALUE ● ● ● ● ● ● ● ● ● ●	STATUS 1	TYPE 1	RESULT SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST			DRUG TEST(S)		
								STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST			DRUG TEST(S)		
								STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	CONDITION	4 - BREATH
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING				17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	DRUG TEST RESULT(S)
7 - BOOSTER SEAT				18 - OTHER		1 - AMPHETAMINES
8 - HELMET USED						2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2023 - 00006389

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

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

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

OCCUPANT	UNIT # []	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<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 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 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

WITNESS	NAME: LAST, FIRST, MIDDLE WHIPKEY, TERESA D	DATE OF BIRTH 09 / 28 / 1963	AGE 59	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 14 RODEY DR APT. D THORNVILLE, OH 43676		CONTACT PHONE - INCLUDE AREA CODE	
WITNESS	NAME: LAST, FIRST, MIDDLE HOPKINS, NORMAN JAMES	DATE OF BIRTH 09 / 13 / 1965	AGE 57	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 206 IRVING WICK DR E HEATH, OH 43056		CONTACT PHONE - INCLUDE AREA CODE	
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE	