



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
L P 1 8 0 5 2 1 0 0 2 4 8 1	3 1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION		REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	0 8 3 1 6 Clearcreek Twp. Police Department	0 1	0 1 98 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
8 3	<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP *	Clearcreek	0 5 2 1 2 0 1 8	1 7 0 0	M O N

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES	LONGITUDE
LATITUDE	0 / /	LATITUDE	3 9 0 5 7 5 1 6
LONGITUDE	0 / /	LONGITUDE	- 8 4 2 3 9 8 7 9

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST ²	HE - HEIGHTS	MP - MILEPOST	PL - PLACE	ST - STREET	WA - WAY
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> W - WESTBOUND	0 2	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE LA - LANE		PK - PARKWAY PI - PIKE	RD - ROAD SQ - SQUARE TL - TRAIL		

LOCATION ROUTE TYPE ¹	LOCATION ROUTE NUMBER	LOC PREFIX N, S, E, W	LOCATION ROAD NAME	LOCATION ROAD TYPE ²	ROUTE TYPES ¹	CR - NUMBERED COUNTY ROUTE	TR - NUMBERED TOWNSHIP ROUTE
		W	Pekin	R D	IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE		

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE TYPE ¹	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE ²
<input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	<input type="checkbox"/> N, S, E, W	S R	7 4 1			

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	0 3 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUT	6 01 - ON ROADWAY 02 - ON SHOULDER 03 - IN MEDIAN 04 - ON ROADSIDE 05 - ON GORE 06 - OUTSIDE TRAFFICWAY 09 - UNKNOWN

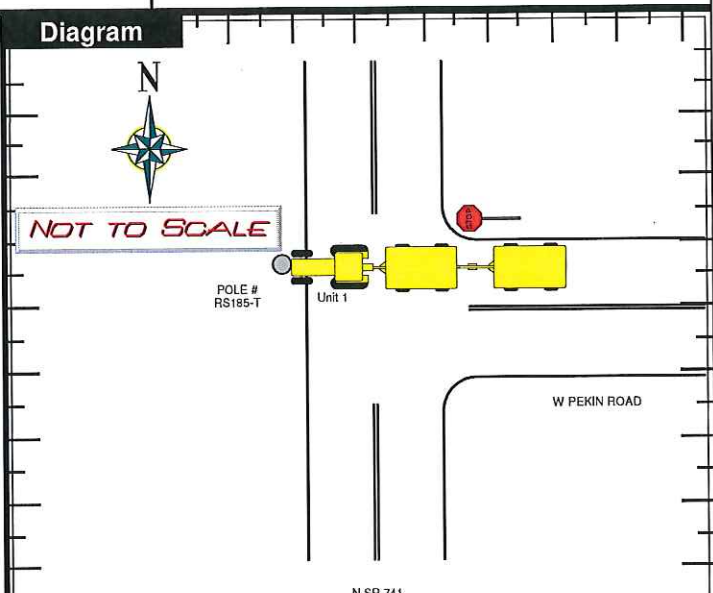
ROAD CONTOUR	ROAD CONDITIONS	WEATHER
2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	0 1 PRIMARY SECONDARY	1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

MANNER OF CRASH COLLISION/IMPACT	WEATHER
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 - UNKNOWN	1 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 - OTHER/UNKNOWN

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	1 PRIMARY SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	<input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIF/T/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER	<input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA

NARRATIVE
Unit 1 was traveling westbound on W Pekin Road approaching N SR 741. The brakes failed so Unit 1 was unable to stop at the stop sign. Unit 1 went through the intersection and struck a utility pole in the ditch. The utility pole (# RS185-T) belonged to AT&T. AT&T was notified and workers responded for repairs.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		0 5 2 1 2 0 1 8	1 7 0 0	1 7 0 0	1 7 1 5	2 2 0 0	3 0	0 3 1 5

OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	Page 1 of 3
Ney, Eric - LP	1 L 2 5	COH530	



UNIT

LOCAL REPORT NUMBER LP180521002481

UNIT NUMBER 01, OWNER NAME: Irrigation, Oheil, OWNER PHONE NUMBER: (937)432-9911, DAMAGE SCALE 2, DAMAGED AREA FRONT, 1-NONE, 2-MINOR, 3-FUNCTIONAL, 4-DISABLING, 9-UNKNOWN

OWNER ADDRESS: 2109 E Social Row RD, Centerville, Ohio 45458, LP STATE, LICENSE PLATE NUMBER, VEHICLE IDENTIFICATION NUMBER CH075, # OCCUPANTS 01

VEHICLE YEAR 1998, VEHICLE MAKE Catapillar, VEHICLE MODEL 75 Challenger, VEHICLE COLOR YEL, PROOF OF INSURANCE SHOWN, INSURANCE COMPANY Frankenmuth Mutual, POLICY NUMBER BA6388053, TOWED BY

US DOT, VEHICLE WEIGHT GVWR/GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION 1, HM PLACARD ID No., HM CLASS NUMBER, NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MEDIUM HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/ANALIMO (9 OR MORE INCLUDING DRIVER)

SPECIAL FUNCTION 16, MOST DAMAGED AREA 02, ACTION 3, 01-NONE, 02-TAXI, 03-RENTAL TRUCK (OVER 10K LBS), 04-BUS-SCHOOL (PUBLIC OR PRIVATE), 05-BUS-TRANSIT, 06-BUS-CHARTER, 07-BUS-SHUTTLE, 08-BUS-OTHER, 09-UNKNOWN

PRE-CRASH ACTIONS 01, MOTORIST, NON-MOTORIST, 01-STRAIGHT AHEAD, 02-BACKING, 03-CHANGING LANES, 04-OVERTAKING/PASSING, 05-MAKING RIGHT TURN, 06-MAKING LEFT TURN, 07-MAKING U-TURN, 08-ENTERING TRAFFIC LANE, 09-LEAVING TRAFFIC LANE, 10-PARKED, 11-SLOWING OR STOPPED IN TRAFFIC, 12-DRIVERLESS, 13-NEGOTIATING A CURVE, 14-OTHER MOTORIST ACTION, 15-ENTERING OR CROSSING SPECIFIED LOCATION, 16-WALKING, RUNNING, JOGGING, PLAYING, CYCLING, 17-WORKING, 18-PUSHING VEHICLE, 19-APPROACHING OR LEAVING VEHICLE, 20-STANDING, 21-OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS 04, PRIMARY, MOTORIST, NON-MOTORIST, 01-NONE, 02-FAILURE TO YIELD, 03-RAN RED LIGHT, 04-RAN STOP SIGN, 05-EXCEEDED SPEED LIMIT, 06-UNSAFE SPEED, 07-IMPROPER TURN, 08-LEFT OF CENTER, 09-FOLLOWED TOO CLOSELY/ADDA, 10-IMPROPER LANE CHANGE /PASSING/OFF ROAD, 11-IMPROPER BACKING, 12-IMPROPER START FROM PARKED POSITION, 13-STOPPED OR PARKED ILLEGALLY, 14-OPERATING VEHICLE IN NEGLIGENT MANNER, 15-SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS), 16-WRONG SIDE/WRONG WAY, 17-FAILURE TO CONTROL, 18-VISION OBSTRUCTION, 19-OPERATING DEFECTIVE EQUIPMENT, 20-LOAD SHIFTING/FALLING/SPILLING, 21-OTHER IMPROPER ACTION, 22-NONE, 23-IMPROPER CROSSING, 24-DARTING, 25-LYING AND/OR ILLEGALLY IN ROADWAY, 26-FAILURE TO YIELD RIGHT OF WAY, 27-NOT VISIBLE (DARK CLOTHING), 28-INATTENTIVE, 29-FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER, 30-WRONG SIDE OF THE ROAD, 31-OTHER NON-MOTORIST ACTION, 01-TURN SIGNALS, 02-HEAD LAMPS, 03-TAIL LAMPS, 04-BRAKES, 05-STEERING, 06-TIRE BLOWOUT, 07-WORN OR SLICK TIRES, 08-TRAILER EQUIPMENT DEFECTIVE, 09-MOTOR TROUBLE, 10-DISABLED FROM PRIOR ACCIDENT, 11-OTHER DEFECTS

SEQUENCE OF EVENTS, NON-COLLISION EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT, 1-06, 2-11, 3-44, 4-40, 5-99-UNKNOWN, 6-99-UNKNOWN, 01-OVERTURN/ROLLOVER, 02-FIRE/EXPLOSION, 03-IMMERSION, 04-JACKKNIFE, 05-CARGO/EQUIPMENT LOSS OR SHIFT, 06-EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC), 07-SEPARATION OF UNITS, 08-RAN OFF ROAD RIGHT, 09-RAN OFF ROAD LEFT, 10-CROSS MEDIAN, 11-CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL, 12-DOWNHILL RUNAWAY, 13-OTHER NON-COLLISION, 14-PEDESTRIAN, 15-PEDALCYCLE, 16-RAILWAY VEHICLE (TRAIN, ENGINE), 17-ANIMAL-FARM, 18-ANIMAL-DEER, 19-ANIMAL-OTHER, 20-MOTOR VEHICLE IN TRANSPORT, 21-PARKED MOTOR VEHICLE, 22-WORK ZONE MAINTENANCE EQUIPMENT, 23-STUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE, 24-OTHER MOVABLE OBJECT, 25-IMPACT ATTENUATOR/CRASH CUSHION, 26-BRIDGE OVERHEAD STRUCTURE, 27-BRIDGE PIER OR ABUTMENT, 28-BRIDGE PARAPET, 29-BRIDGE RAIL, 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, 38-OVERHEAD SIGN POST, 39-LIGHT/LUMINARIES SUPPORT, 40-UTILITY POLE, 41-OTHER POST, POLE OR SUPPORT, 42-CULVERT, 43-DITCH, 44-TRAFFIC SIGN POST, 45-EMBANKMENT, 46-FENCE, 47-MAILBOX, 48-TREE, 49-FIRE HYDRANT, 50-WORK ZONE MAINTENANCE EQUIPMENT, 51-WALL, BUILDING, TUNNEL, 52-OTHER FIXED OBJECT

UNIT SPEED 15, POSTED SPEED 55, TRAFFIC CONTROL 02, UNIT DIRECTION FROM 3 TO 4, 01-NO CONTROLS, 02-STOP SIGN, 03-YIELD SIGN, 04-TRAFFIC SIGNAL, 05-TRAFFIC FLASHERS, 06-SCHOOL ZONE, 07-RAILROAD CROSSBUCKS, 08-RAILROAD FLASHERS, 09-RAILROAD GATES, 10-CONSTRUCTION BARRICADE, 11-PERSON (FLAGGER, OFFICER), 12-PAVEMENT MARKINGS, 13-CROSSWALK LINES, 14-WALK/DON'T WALK, 15-OTHER, 16-NOT REPORTED, 1-NORTH, 2-SOUTH, 3-EAST, 4-WEST, 5-NORTHEAST, 6-NORTHWEST, 7-SOUTHEAST, 8-SOUTHWEST, 9-UNKNOWN



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

LP180521002481

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Hannah, James G, JR	DATE OF BIRTH 10301982	AGE 35	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4830 Dawnwood DR, Dayton, Ohio 45415	CONTACT PHONE - INCLUDE AREA CODE (937)432-9911
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 99	DOT COMPLIANT <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RV362609	OL CLASS 4	NO VALID OL <input type="checkbox"/>	MC END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE ---	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL <input type="checkbox"/>	MC END. <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONTSIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MCMOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)	6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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