



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HITSKIP
L P 1 7 1 2 2 3 0 0 6 1 2 9	2 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT <input type="checkbox"/>	PRIVATE PROPERTY <input type="checkbox"/>	REPORTING AGENCY NCR: * 0 8 3 1 6	REPORTING AGENCY NAME * Clearcreek Twp. Police Department	NUMBER OF UNITS 0 1	UNIT IN ERROR 0 1 88 - ANIMAL 99 - UNKNOWN
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COUNTY * 8 3	CITY * Clearcreek	CITY, VILLAGE, TOWNSHIP *	CRASH DATE * 1 2 2 3 2 0 1 7	TIME OF CRASH 2 2 2 8	DAY OF WEEK S A T
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DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	DECIMAL DEGREES LATITUDE	LONGITUDE
0 / //	0 / //	3 9 . 5 2 6 4 2 8	- 8 4 . 1 7 6 9 7 9

ROADWAY DIVISION <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND S - SOUTHBOUND	NUMBER OF THRU LANES 0 2	ROAD TYPES OR MILEPOST 2 AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY IA - LAKE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL
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LOCATION ROUTE NUMBER SR 48	LOG PREFIX N, S E, W	LOCATION ROAD NAME 6200 Block	ROUTE TYPES 1 IR - INTERSTATE ROUTE (INC. TUF/PIKE) US - US ROUTE SR - STATE ROUTE
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DISTANCE FROM REFERENCE MILES FEET YARDS	DIR FROM REF N, S E, W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N, S E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 6200 Block	REFERENCE ROAD TYPE 2
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REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 0 1 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT	06 - FIVE-POINT OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 4 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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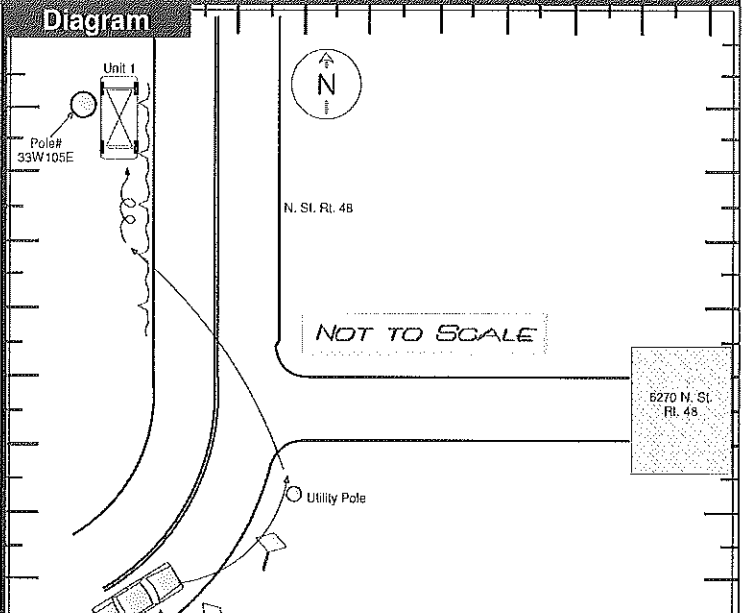
ROAD CONTOUR 4 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 0 1 SECONDARY	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/IMPACT 1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES 2 - REAR-TO-REAR 3 - HEAD-ON 4 - REAR TO REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SHOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/PAVING 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS 5 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 9 - UNKNOWN	<input type="checkbox"/> SCHOOL BUS RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 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 FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE
Unit # 1 was traveling north on N. St. Rt. 48 in the 6200 block. Unit # 1 was negotiating a curve when the vehicle ran off the road right, struck a traffic sign post, struck a utility pole, crossed the opposite lane of travel, ran off the road left, into a ditch and overturned. Unit # 1 came to final rest in front of pole # 33W105E.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO CDPS)	DATE CRASH REPORTED 1 2 2 3 2 0 1 7	TIME CRASH REPORTED 2 2 2 8	DISPATCH TIME 2 2 2 8	ARRIVAL TIME 2 2 3 5	TIME CLEARED 2 3 3 1	OTHER INVESTIGATION TIME 4 5	TOTAL MINUTES 0 1 0 1
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OFFICER'S NAME * Coulton, Brian - LP	OFFICER'S BADGE NUMBER 1 5 4	CHECKED BY COH530	Page 1 of 5
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UNIT

LOCAL REPORT NUMBER LP171223006129

UNIT NUMBER 01, OWNER NAME: Abner, Connie J, OWNER PHONE NUMBER, DAMAGE SCALE 4, DAMAGED AREA FRONT

OWNER ADDRESS: 14652 Oxford RD, Germantown, Ohio 45327-9749

LP STATE OH, LICENSE PLATE NUMBER GJT7615, VEHICLE IDENTIFICATION NUMBER 1NXBR32E95Z403950, #OCCUPANTS 03

VEHICLE YEAR 2005, VEHICLE MAKE TOYT, VEHICLE MODEL Corolla, VEHICLE COLOR SIL

PROOF OF INSURANCE SHOWN, INSURANCE COMPANY, POLICY NUMBER, TOWED BY, 9 - UNKNOWN

CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE - INCLUDE AREA CODE

US DOT, HMP/ACARD ID No., HM CLASS NUMBER, VEHICLE WEIGHT, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MFD/HEAVY TRUCKS OR COMBO UNITS

SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION, IMPACT AREA

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST

CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS

SEQUENCE OF EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
L P 1 7 1 2 2 3 0 0 6 1 2 9

UNIT NUMBER 01	NAME LAST, FIRST, MIDDLE Alspaugh, Matthew S	DATE OF BIRTH 06131971	AGE 46	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 41 S Virginia AVE, Germantown, Ohio 45327-1240	CONTACT PHONE - INCLUDE AREA CODE (937)241-9327
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RP764886	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 6	ALCOHOL/DRUG SUSPECTED 2	ALCOHOL TEST STATUS 2	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.19A1A	OFFENSE DESCRIPTION OVI-operating Vehicle Under the Influence of Alcohol or Drugs	CITATION NUMBER 017077	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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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	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE

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 3 - 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 TRAILER UNIT SUCH AS A 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 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 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/IRISABLE 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/IRISABLE 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/RE-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 01	NAME LAST, FIRST, MIDDLE Back, Lindsey R	DATE OF BIRTH 06131984	AGE 33	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 41 S Virginia AVE, Germantown, Ohio 45327	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES 4	INJURED TAKEN BY 2	EMS AGENCY Medic 22	MEDICAL FACILITY INJURED TAKEN TO Sycamore Hospital	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 3
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UNIT NUMBER 01	NAME LAST, FIRST, MIDDLE Alspaugh, Laurali	DATE OF BIRTH 11262013	AGE 4	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 41 S Virginia AVE, Germantown, Ohio 45327	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 05	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 06	AIR BAG USAGE 1	EJECTION 1	TRAPPED 3
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
L P 1 7 1 2 2 3 0 0 6 1 2 9

UNIT NUMBER <input type="text"/>	NAME: LAST, FIRST, MIDDLE Russ, Stephan M	DATE OF BIRTH 0 6 2 9 1 9 6 5	AGE 52	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 159 Marbrook DR, Kettering, Ohio 45429-5436	CONTACT PHONE - INCLUDE AREA CODE (937)313-6574
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="text"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="text"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="text"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER <input type="text"/>	NAME: LAST, FIRST, MIDDLE <input type="text"/>	DATE OF BIRTH <input type="text"/>	AGE <input type="text"/>	GENDER <input type="checkbox"/>
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ADDRESS, CITY, STATE, ZIP <input type="text"/>	CONTACT PHONE - INCLUDE AREA CODE <input type="text"/>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="text"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="text"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="text"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER <input type="text"/>	NAME: LAST, FIRST, MIDDLE <input type="text"/>	DATE OF BIRTH <input type="text"/>	AGE <input type="text"/>	GENDER <input type="checkbox"/>
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ADDRESS, CITY, STATE, ZIP <input type="text"/>	CONTACT PHONE - INCLUDE AREA CODE <input type="text"/>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="text"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="text"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="text"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER <input type="text"/>	NAME: LAST, FIRST, MIDDLE <input type="text"/>	DATE OF BIRTH <input type="text"/>	AGE <input type="text"/>	GENDER <input type="checkbox"/>
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ADDRESS, CITY, STATE, ZIP <input type="text"/>	CONTACT PHONE - INCLUDE AREA CODE <input type="text"/>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="text"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="text"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="text"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER <input type="text"/>	NAME: LAST, FIRST, MIDDLE <input type="text"/>	DATE OF BIRTH <input type="text"/>	AGE <input type="text"/>	GENDER <input type="checkbox"/>
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ADDRESS, CITY, STATE, ZIP <input type="text"/>	CONTACT PHONE - INCLUDE AREA CODE <input type="text"/>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="text"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="text"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="text"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER <input type="text"/>	NAME: LAST, FIRST, MIDDLE <input type="text"/>	DATE OF BIRTH <input type="text"/>	AGE <input type="text"/>	GENDER <input type="checkbox"/>
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ADDRESS, CITY, STATE, ZIP <input type="text"/>	CONTACT PHONE - INCLUDE AREA CODE <input type="text"/>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="text"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="text"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="text"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - HIGH 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	NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 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, PICK-UP 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	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
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