



TRAFFIC CRASH REPORT

CRASH REPORT # 10CR 26 07	CRASH SEVERITY 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN 2	PRIVATE PROPERTY *X IF YES <input type="checkbox"/>	HITSKIP 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED 1	PHOTOS TAKEN *X IF YES <input checked="" type="checkbox"/>	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 01313	REPORTING AGENCY WILLIAMSBURG POLICE DEPT	# UNITS 2	UNIT ERROR 98.ANIMAL 99.UNKNOWN 02	DATE OF CRASH 7/4/2010	

TIME OF CRASH 17:25	DAY OF WEEK SUN	CITY/VILLAGE/TOWNSHIP VILLAGE	NAME (OF CITY, VILLAGE OR TOWNSHIP) WILLIAMSBURG	COUNTY # 13	LATITUDE 39054365	LONGITUDE -84052925
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX W	CRASH LOCATION MAIN	TYPE LOC 1	1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE			268 WEST MAIN STREET		

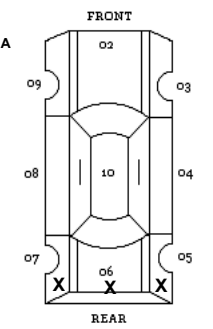
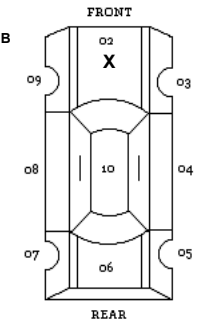
AT/REFERENCE				REFERENCE POINT USED				
DIST. REF. 100 F	DR N	PREFIX THIRD	REFERENCE THIRD	REF POINT 02	01.STATE LINE 02.INTERSECTION OF TWO STREETS 03.COUNTY LINE 04.HOUSE NUMBER		05.TOWNSHIP BOUNDARY 06.MILE POST 07.CORPORATION LIMIT 08.PLACE NAME WITHOUT REFERENCE	09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) EICHHORN DENISE					
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1695 STEPHANIE DRIVE WILLIAMSBURG OH 45176								
SOCIAL SECURITY NUMBER		DATE OF BIRTH 10/10/1965		AGE 44	SEX F	HOME PHONE # (513)724-1055		WORK PHONE # (513)805-2530
DL STATE OH	DL # RT108217	LP STATE OH	LP # DV77PF	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE 1		TRANSPORTED BY		INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') DENISE EICHHORN				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1695 STEPHANIE DRIVE WILLIAMSBURG OH 45176				
YEAR 2004	MAKE PONTIAC	MODEL OTHER	COLOR SILVER	INSURANCE COMPANY WESTERN RESERVE		TOWING SERVICE		OWNER PHONE# (513)724-1055
OFFENSE CHARGED		OFFENSE DESCRIPTION					CITATION #	LOCAL CODE <input type="checkbox"/> *IF YES

B	UNIT # 02	# OF OCC 4	NAME (LAST, FIRST, MIDDLE) WEST ANGELA					
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1731 LAURIE STREET WILLIAMSBURG OH 45176								
SOCIAL SECURITY NUMBER		DATE OF BIRTH 05/09/1972		AGE 38	SEX F	HOME PHONE # (513)724-0249		WORK PHONE # (513)248-8873
DL STATE OH	DL # RQ602144	LP STATE OH	LP # ESW8082	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE 1		TRANSPORTED BY		INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') ANGELA WEST				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1731 LAURIE STREET WILLIAMSBURG OH 45176				
YEAR 2002	MAKE FORD	MODEL OTHER	COLOR BLACK	INSURANCE COMPANY		TOWING SERVICE		OWNER PHONE# (513)724-0249
OFFENSE CHARGED		OFFENSE DESCRIPTION					CITATION #	LOCAL CODE <input type="checkbox"/> *IF YES

C	UNIT # 02	NAME (LAST, FIRST, MIDDLE) WEST SAVANA				HOME PHONE#	DATE OF BIRTH / /	AGE 0	SEX F
ADDRESS (STREET, CITY, STATE, ZIP-CODE)					INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE 4		TRANSPORTED BY ANGELA WEST		INJURED TAKEN TO CLERMONT MERCY HOSP
D	UNIT # 02	NAME (LAST, FIRST, MIDDLE) WEST JOHNATHAN				HOME PHONE#	DATE OF BIRTH / /	AGE 0	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE)					INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE 1		TRANSPORTED BY		INJURED TAKEN TO

SEATING POSITION A 01 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) B 01 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) 08.THIRD - MIDDLE C 06 09.THIRD - RIGHT 10.SLEEPER SECTION OF CAB D 03 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA BLANK FOR WITNESS 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN	SAFETY EQUIPMENT A 04 MOTORIST 01.NONE USED 02.SHoulder BELT ONLY USED 03.LAP BELT ONLY USED B 04 04.SHoulder AND LAP BELT USED 05.CHILD SAFETY SEAT USED C 04 06.HELMET USED 07.RESTRAINT USE UNKNOWN D 04 NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	AIR BAG A 1 1.NOT DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE B 1 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN C 1 D 1	AIR BAG SWITCH A 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION B 4 C 4 D 4	EJECTION A 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN B 1 C 1 D 1	TRAPPED A 1 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN B 1 C 1 D 1	INJURIES A 1 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN B 1 C 2 D 1
<input type="checkbox"/> SUPPLEMENT *X IF YES						

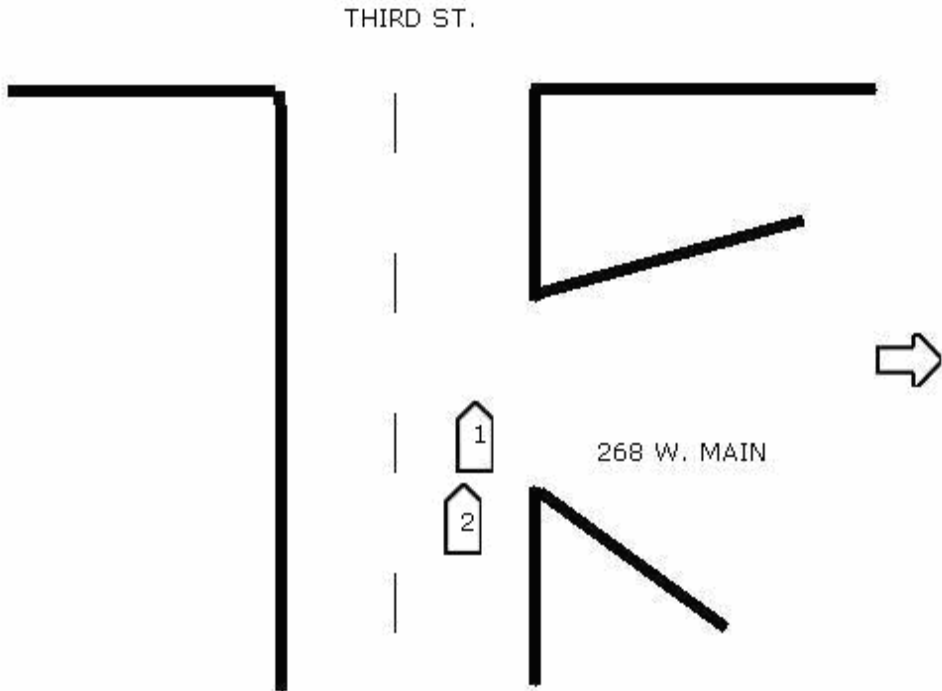
UNIT NUMBERS A <input type="text" value="01"/> B <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS A <input type="text" value="11"/> B <input type="text" value="01"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="20"/></td> <td>1 <input type="text" value="20"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> </table>	A	B	1 <input type="text" value="20"/>	1 <input type="text" value="20"/>	2 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	POSTED SPEED A <input type="text" value="25"/> B <input type="text" value="25"/>	DRUG TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>		
A	B																
1 <input type="text" value="20"/>	1 <input type="text" value="20"/>																
2 <input type="text"/>	2 <input type="text"/>																
3 <input type="text"/>	3 <input type="text"/>																
4 <input type="text"/>	4 <input type="text"/>																
NON-MOTORIST LOCATION A <input type="text"/>		MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING OR STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING OR CROSSING SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING OR LEAVING VEHICLE 20 PLAYING OR WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARBIDE 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/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT - NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE (E.G. 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 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRAASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 DIRT RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC) 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL A <input type="text" value="01"/> B <input type="text" value="01"/>	DRUG TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>												
TYPE OF UNIT A <input type="text" value="03"/> B <input type="text" value="06"/>	MOST DAMAGED AREA A <input type="text" value="07"/> B <input type="text" value="02"/>	CONTRIBUTING CIRCUMSTANCES A <input type="text" value="01"/> B <input type="text" value="08"/>	DIRECTION <table border="1"> <tr> <td>FROM TO</td> <td>FROM TO</td> </tr> <tr> <td>A <input type="text" value="3"/> <input type="text" value="1"/></td> <td>B <input type="text" value="3"/> <input type="text" value="4"/></td> </tr> </table>	FROM TO	FROM TO	A <input type="text" value="3"/> <input type="text" value="1"/>	B <input type="text" value="3"/> <input type="text" value="4"/>	CONDITION A <input type="text" value="1"/> B <input type="text" value="1"/>	DRUG TEST 1 & 2 RESULT <table border="1"> <tr> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>A <input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> <td>C <input type="text" value="1"/></td> <td>D <input type="text" value="1"/></td> </tr> </table>	1	2	1	2	A <input type="text" value="1"/>	B <input type="text" value="1"/>	C <input type="text" value="1"/>	D <input type="text" value="1"/>
FROM TO	FROM TO																
A <input type="text" value="3"/> <input type="text" value="1"/>	B <input type="text" value="3"/> <input type="text" value="4"/>																
1	2	1	2														
A <input type="text" value="1"/>	B <input type="text" value="1"/>	C <input type="text" value="1"/>	D <input type="text" value="1"/>														
IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	POINT OF IMPACT A <input type="text" value="07"/> B <input type="text" value="02"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	FIRST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED A <input type="text" value="1"/> B <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="01"/>												
DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="3"/>	ACTION A <input type="text" value="4"/> B <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	MOST HARMFUL EVENT A <input type="text" value="1"/> B <input type="text" value="1"/>	ALCOHOL TEST STATUS A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>												
DAMAGE SCALE A <input type="text" value="3"/> B <input type="text" value="3"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED DETECTED A <input type="text" value="2"/> B <input type="text" value="2"/>	ALCOHOL TEST TYPE A <input type="text" value="1"/> B <input type="text" value="1"/>	ROAD CONDITIONS <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="01"/></td> <td><input type="text"/></td> </tr> </table>	PRIMARY	SECONDARY	<input type="text" value="01"/>	<input type="text"/>								
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IN EMERGENCY RESPONSE A <input type="text" value="1"/> B <input type="text" value="1"/>	STRIKING VEHICLE OVERRIDE/UNDERRIDE A <input type="text" value="1"/> B <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A <input type="text"/>	SPEED A <input type="text" value="0"/> B <input type="text" value="25"/>	ALCOHOL TEST RESULT A <input type="text"/>	LOCAL REPORT # 10CR 26 07												

NARRATIVE

UNIT 1 WAS STOPPED TO TURN INTO THE PARKING LOT OF MEDARY'S GROCERY WHEN UNIT 2 STRUCK THE REAR LEFT AREA OF UNIT 1.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 2 1. NOT COLLISION BETWEEN TWO 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	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN
WEATHER <input checked="" type="checkbox"/> 01 01. CLEAR 02. CLOUDY 03. FOG/SMOG/SMOKE 04. RAIN 05. SLEET/HAIL (FREEZING RAIN OR DRIZZLE) 06. SNOW 07. SEVERE CROSSWINDS 08. BLOWING SAND/SOIL/DIRT/SNOW 09. OTHER 10. UNKNOWN	WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1. NO 2. YES 3. UNKNOWN
LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 1 SECONDARY <input type="checkbox"/> 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	TYPE OF WORK ZONE <input type="checkbox"/> 1. LANE CLOSURE 2. LANE SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER
LOC ATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1. BEFORE THE FIRST WORK ZONE WARNING SIGN 2. ADVANCE WARNING AREA 3. TRANSITION AREA 4. ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN

DIAGRAM



TRUCK/BUS UNIT # <input type="text"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A. TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR N. A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR D. A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	THE CRASH RESULTED IN ONE OF THE FOLLOWING: A. A FATALITY; OR N. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR D. AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
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COMPANY (FROM SHIPPING PAPERS)

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE <input type="checkbox"/> 01. NOT APPLICABLE <input type="checkbox"/> 02. BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03. VAN/ENCLOSED BOX <input type="checkbox"/> 04. GRAIN/CHIPS/GRAVEL <input type="checkbox"/> 05. POLE <input type="checkbox"/> 06. CARGO TANK <input type="checkbox"/> 07. FLATBED <input type="checkbox"/> 08. DUMP <input type="checkbox"/> 09. CONCRETE MIXER <input type="checkbox"/> 10. AUTO TRANSPORTER <input type="checkbox"/> 11. GARBAGE/REFUSE <input type="checkbox"/> 12. OTHER <input type="checkbox"/> 13. UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	CDL CLASS <input type="checkbox"/> 1. CLASS A <input type="checkbox"/> 2. CLASS B <input type="checkbox"/> 3. CLASS C <input type="checkbox"/> 4. CLASS D <input type="checkbox"/> 5. CLASS E	HAZARDOUS MATERIALS <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	HAZARDOUS MATERIALS RFI # <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE <input type="checkbox"/> 4. UNKNOWN			

POLICE ACTION						
DATE CRASH REPORTED 7/4/2010	TIME REC CALL 17:27	DISPATCH 17:27	ARRIVED 17:29	CLEARED 18:05	OTHER 0	TOTAL MINUTES 38
OFFICER'S NAME OFC. S. HALKIU		BADGE # 4W18	CHECKED BY 4W85	DATE REPORT FILED 7/4/2010		
REPORT TAKEN BY <input checked="" type="checkbox"/> 1 1. POLICE AGENCY 2. MOTORIST	REPORT TAKEN AT <input checked="" type="checkbox"/> 1 1. SCENE 2. STATION 3. OTHER	SUPPLEMENT *X IF YES <input type="checkbox"/>		LOCAL REPORT # 10CR 26 07		

TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

LOCAL REPORT # 10CR 26 07	N.C.I.C. # 01313	REPORTING AGENCY WILLIAMSBURG POLICE DEPT	DATE OF CRASH 7/4/2010
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E	UNIT # 02	NAME (LAST, FIRST, MIDDLE) WEST CADYN	HOME PHONE#	DATE OF BIRTH / /	AGE	SEX M
ADDRESS (STREET, CITY, STATE, ZIP-CODE)		INJURED TAKEN BY <input checked="" type="checkbox"/> 1 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO		
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SEATING POSITION E <input checked="" type="checkbox"/> 04 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.SLEEPER SECTION OF CAB 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN BLANK FOR WITNESS	SAFETY EQUIPMENT E <input checked="" type="checkbox"/> 05 MOTORIST 01.NONE USED 02.SHoulder BELT ONLY USED 03.LAP BELT ONLY USED 04.SHOULDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN	AIR BAG E <input checked="" type="checkbox"/> 1 1.NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT/SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN	AIR BAG SWITCH E <input checked="" type="checkbox"/> 4 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION	EJECTION E <input checked="" type="checkbox"/> 1 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN	TRAPPED E <input checked="" type="checkbox"/> 1 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN	INJURIES E <input checked="" type="checkbox"/> 1 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN
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	<input type="checkbox"/> SUPPLEMENT 'X' IF YES
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