



# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10CR 18 04</b>	CRASH SEVERITY 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN <b>2</b>	PRIVATE PROPERTY *X IF YES <input type="checkbox"/>	HITSKIP 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED <b>1</b>	PHOTOS TAKEN *X IF YES <input checked="" type="checkbox"/>	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # <b>01313</b>	REPORTING AGENCY <b>WILLIAMSBURG POLICE DEPT</b>	# UNITS <b>2</b>	UNIT ERROR 98.ANIMAL 99.UNKNOWN <b>01</b>	DATE OF CRASH <b>4/24/2010</b>	

TIME OF CRASH <b>14:50</b>	DAY OF WEEK <b>SAT</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>WILLIAMSBURG</b>	COUNTY # <b>13</b>	LATITUDE <b>2903074433</b>	LONGITUDE <b>0840258360</b>
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CRASH OCCURRED ON			TYPE LOCATION POINT USED			LOCAL INFORMATION		
PREFIX <b>E</b>	CRASH LOCATION <b>MAIN</b>	TYPE LOC <b>1</b>	1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE			<b>WILLIAMSBURG PARK</b>		
AT/REFERENCE				REFERENCE POINT USED				
DIST. REF.	DR	PREFIX	REFERENCE <b>000150</b>	REF POINT <b>09</b>	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	

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>WENDEL JOHN</b>				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>628 EAST MAIN STREET WILLIAMSBURG OH 45176</b>							
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>11/14/1992</b>		AGE <b>17</b>	SEX <b>M</b>	HOME PHONE # <b>(513)724-0188</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>TM777836</b>	LP STATE <b>OH</b>	LP # <b>EFW-5519</b>	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE <b>1</b>		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>MICHELE WENDEL</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>628 EAST MAIN STREET WILLIAMSBURG OH 45176</b>				
YEAR <b>1999</b>	MAKE <b>MITSUBISHI</b>	MODEL <b>ECLIPSE</b>	COLOR <b>BLACK</b>	INSURANCE COMPANY <b>FARMERS</b>	TOWING SERVICE	OWNER PHONE# <b>(513)724-0188</b>	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>BINDER II CRAIG F</b>				
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>1376 TODDS RUN FOSTER WILLIAMSBURG OH 45176</b>							
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>07/21/1986</b>		AGE <b>23</b>	SEX <b>M</b>	HOME PHONE # <b>(513)724-6467</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>SN088035</b>	LP STATE <b>OH</b>	LP # <b>ERA-5214</b>	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE <b>1</b>		TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>BINDER II, CRAIG F</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>1376 TODDS RUN FOSTER WILLIAMSBURG OH 45176</b>				
YEAR <b>1996</b>	MAKE <b>CHEVROLET</b>	MODEL <b>CAMARO</b>	COLOR <b>BLUE</b>	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE# <b>(513)724-6467</b>	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #	LOCAL CODE <input type="checkbox"/> YES

<b>C</b>	UNIT # <b>01</b>	NAME (LAST, FIRST, MIDDLE) <b>HOPKINS CODY</b>			HOME PHONE# <b>(513)628-6661</b>	DATE OF BIRTH <b>05/15/1991</b>	AGE <b>18</b>	SEX <b>M</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3382 MEVNEL STREET BETHEL OH 45106</b>				INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE <b>1</b>		TRANSPORTED BY	INJURED TAKEN TO	
<b>D</b>	UNIT # <b>02</b>	NAME (LAST, FIRST, MIDDLE) <b>ANDERSON SAMANTHA</b>			HOME PHONE# <b>(513)335-3654</b>	DATE OF BIRTH <b>03/27/1991</b>	AGE <b>19</b>	SEX <b>F</b>
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>10750EASTSIDE ROAD HAMMERVILLE OH 45130</b>				INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE <b>1</b>		TRANSPORTED BY	INJURED TAKEN TO	

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

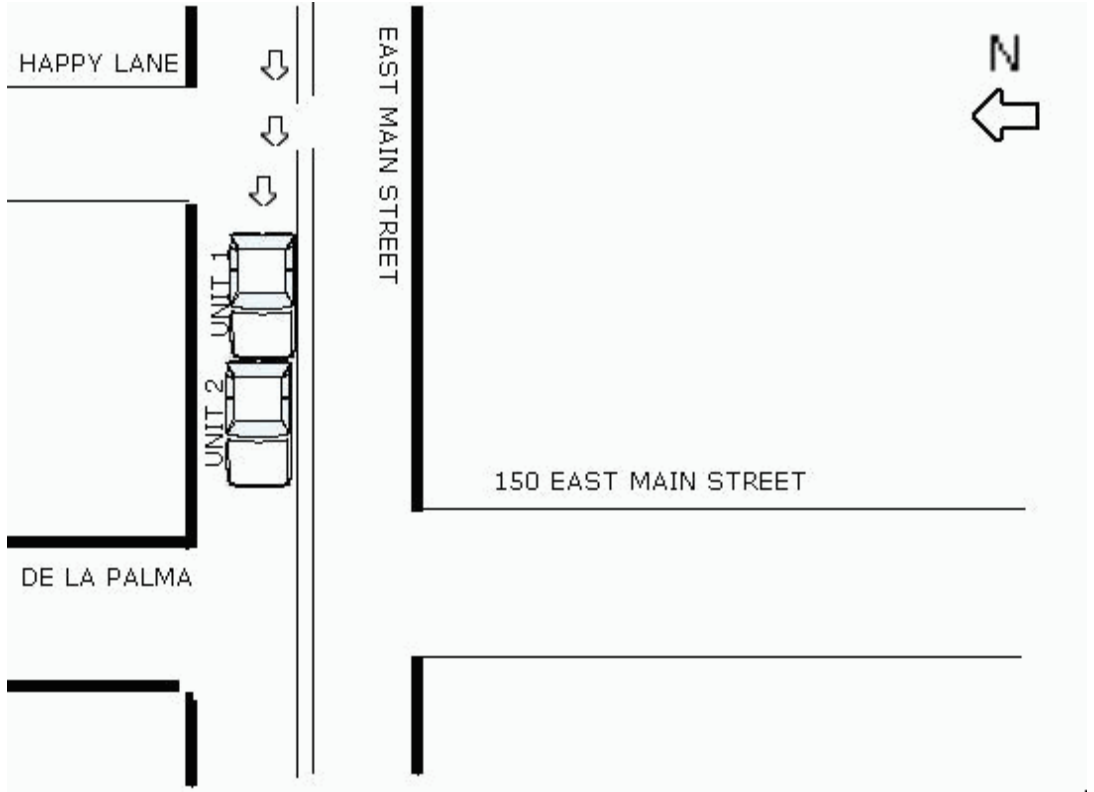
<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="11"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" 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"/>	<b>POSTED SPEED</b> A <input type="text" value="35"/> B <input type="text" value="35"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>								
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<b>NON-MOTORIST LOCATION</b> A <input type="text" value="05"/> B <input type="text" value="05"/>		<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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	<b>NON-COLLISION</b> 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 OF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT - NOT FIXED 15 PEDESTRIAN 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 25 COLLISION WITH FIXED OBJECT 26 IMPACT ATTENUATOR/CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 GUARDRAIL 31 GUARDRAIL FACE 32 GUARDRAIL END 33 MEDIAN BARRIER 34 HIGHWAY TRAFFIC SIGN POST 35 OVERHEAD SIGN POST 36 LIGHT/LUMINARIES SUPPORT 37 UTILITY POLE 38 OTHER POST, POLE OR SUPPORT 39 CULVERT 40 CURB 41 DITCH 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="01"/> B <input type="text" value="01"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>																		
<b>TYPE OF UNIT</b> A <input type="text" value="01"/> B <input type="text" value="01"/>		<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="08"/> B <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> <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"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <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>A <input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> </tr> </table>	1	2	1	2	A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>	B <input type="text" value="1"/>	<b>DRUG TEST TYPE</b> 1. NONE 2. BLOOD 3. URINE 4. OTHER
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**NARRATIVE**

UNIT 1 WAS TRAVELING WEST BOUND ON EAST MAIN STREET. UNIT 2 WAS STOPPED. UNIT 1 REAR ENDED UNIT 2 CAUSING UNDERCARRIAGE DAMAGE TO UNIT 2.

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> <b>2</b> 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	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN
<b>WEATHER</b> <input checked="" type="checkbox"/> <b>02</b> 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	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1. NO 2. YES 3. UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input checked="" type="checkbox"/> <b>1</b> SECONDARY <input checked="" type="checkbox"/> <b>8</b> 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1. LANE CLOSURE 2. LANE SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER
	<b>LOC ATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1. BEFORE THE FIRST WORK ZONE WARNING SIGN 2. ADVANCE WARNING AREA 3. TRANSITION AREA 4. ACTIVITY AREA
	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN

**DIAGRAM**



<b>TRUCK/BUS</b> 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
<b>CARGO BODY TYPE</b> <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. GAR/BAGE/REFUSE <input type="checkbox"/> 12. OTHER <input type="checkbox"/> 13. UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1. LESS/EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	<b>CDL CLASS</b> <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	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	<b>HAZARDOUS MATERIALS REFERENCE</b> <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE <input type="checkbox"/> 4. UNKNOWN			

<b>POLICE ACTION</b>						
DATE CRASH REPORTED <b>4/24/2010</b>	TIME REC CALL <b>14:50</b>	DISPATCH <b>14:50</b>	ARRIVED <b>14:55</b>	CLEARED <b>16:02</b>	OTHER <b>0</b>	TOTAL MINUTES <b>72</b>
OFFICER'S NAME <b>OFC. T. CAMPBELL</b>		BADGE # <b>4W22</b>	CHECKED BY <b>4W85</b>	DATE REPORT FILED <b>4/24/2010</b>		
REPORT TAKEN BY <input checked="" type="checkbox"/> <b>1</b> 1. POLICE AGENCY 2. MOTORIST	REPORT TAKEN AT <input checked="" type="checkbox"/> <b>1</b> 1. SCENE 2. STATION 3. OTHER	SUPPLEMENT *IF YES <input type="checkbox"/>		LOCAL REPORT # <b>10CR 18 04</b>		

# TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

LOCAL REPORT # <b>10CR 18 04</b>	N.C.I.C. # <b>01313</b>	REPORTING AGENCY <b>WILLIAMSBURG POLICE DEPT</b>	DATE OF CRASH <b>4/24/2010</b>
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<b>E</b>	UNIT # <input type="text"/>	NAME (LAST, FIRST, MIDDLE) <b>MCPHEETERS BRANDY L</b>	HOME PHONE# <b>5137241376</b>	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>256 WALNUT STREET WILLIAMSBURG OH 45176</b>		INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO		
<b>F</b>	UNIT # <input type="text"/>	NAME (LAST, FIRST, MIDDLE) <b>SCHNEIDER KATHY</b>	HOME PHONE# <b>9375152993</b>	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>2754 OLD STATE ROUTE 32 BATAVIA OH 45103</b>		INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO		
<b>G</b>	UNIT # <input type="text"/>	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)		INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO		
<b>H</b>	UNIT # <input type="text"/>	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)		INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO		
<b>I</b>	UNIT # <input type="text"/>	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)		INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO		
<b>J</b>	UNIT # <input type="text"/>	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)		INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO		
<b>K</b>	UNIT # <input type="text"/>	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)		INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO		

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