



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
16001940	3 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

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	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
			00901	Fairfield Police Department	02	01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
09		Fairfield	01082016	1457	FRI

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0 / 0	0 / 0 / 0	39.342321	-84.520507

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	02	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Type <sup>1</sup>	Location Route Number	Loc Prefix N,S,E,W	Location Road Name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
			N Gilmore	RD	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref N,S,E,W	Reference Route Type <sup>1</sup>	Reference Route Number	Ref Prefix N,S,E,W	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
40	N				Busway	LA

Reference Point Used	Crash Location	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	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	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Weather
2 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	02 - Dry 02 - Wet 03 - Snow 04 - Ice Secondary 01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	2 - 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
2 - 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	2 - 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

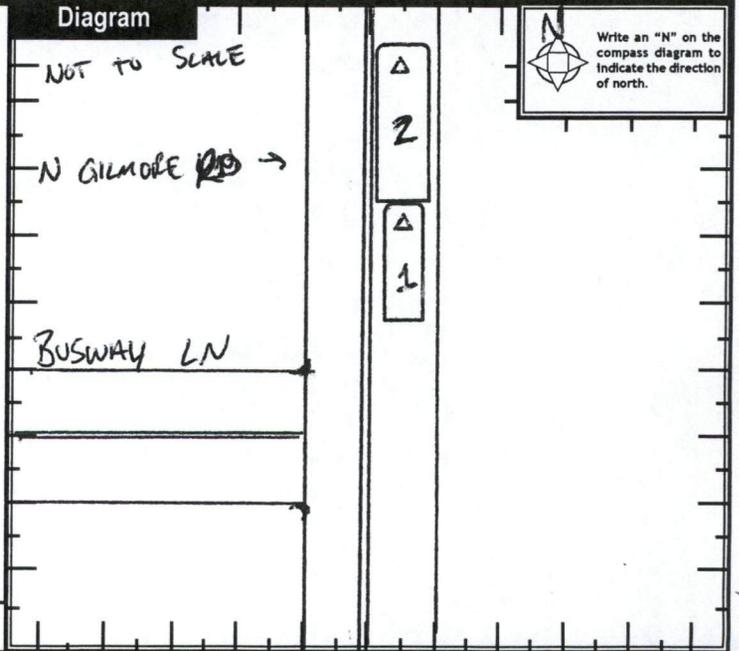
Road Surface	Light Conditions	School Bus Related
2 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not 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	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/> Work Zone Related	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

**Narrative**

On 1/8/16 at about 2:57 PM Unit 1 was traveling northbound on N Gilmore Rd. when it failed to stop within the assured clear distance ahead and collided with Unit 2, who was also northbound on N Gilmore Rd. and was stopped at a railway crossing. Brake lights on Unit 2 were inspected and were working properly.

The driver of Unit 1 was also cited for not having a drivers license, and being suspended (335.073A)



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)					
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist						
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
01082016	1457	1458	1515	1545	30	60
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 12			
R. Collier	138	10-RJ #125				

04610091



# Unit

Local Report Number  
16001940

Unit Number 01	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) Ilse M Chavez Figueroa	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) (513) 301-8475	Damage Scale 4	Damaged Area 
LP State OH	License Plate Number FVP7739	Vehicle Identification Number 2C8GP54LX1R109647	# Occupants 01	
Vehicle Year 2001	Vehicle Make Chrysler	Vehicle Model Town and Country	Vehicle Color Silver	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Alfa Vision Insurance	Policy Number 1134006990538	Towed By Fox	

Carrier Name, Address, City, State, Zip \_\_\_\_\_ Carrier Phone- include area code \_\_\_\_\_

US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit		

Non-Motorist Location Prior to Impact 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 05 99 - Unknown or Hit / Skip	Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> Has HM Placard					

Special Function 01	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 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 02 Impact Area 02	01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	99 - Unknown	Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 99 - Unknown	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	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 - Standing	21 - Other Non-Motorist Action
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Contributing Circumstances Primary 09 Secondary 99 - Unknown	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/ACDA 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	Non-Motorist 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	Vehicle Defects 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
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Sequence of Events 1 20 2 3 4 5 6 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 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
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Collision with Person, Vehicle or Object Not Fixed 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 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	Collision With Fixed 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 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox	48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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Unit Speed 10 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 35	Traffic Control 12 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	Unit Direction From 2 To 1 1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest	9 - Unknown
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# Unit

Local Report Number  
1 6 0 0 1 9 4 0

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>Fairfield City Schools</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>(513) 829-0363</b>	Damage Scale <b>2</b>
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Owner-Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>4641 Bach Ln. Fairfield, OH 45014</b>	
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LP State <b>X X</b>	License Plate Number <b>00174</b>	Vehicle Identification Number <b>4DRBUAAN88B659002</b>	# Occupants <b>43</b>
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Vehicle Year <b>2008</b>	Vehicle Make <b>International</b>	Vehicle Model <b>Bus</b>	Vehicle Color <b>Yellow</b>
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<input type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>Netherlands Insurance</b>	Policy Number <b>BA8044422</b>	Towed By
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Carrier Name, Address, City, State, Zip <b>Fairfield City Schools, 4641 Bach Ln. Fairfield, OH 45014</b>	Carrier Phone- include area code <b>(513) 829-0363</b>
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US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type <b>03</b> 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description <b>1</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
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Non-Motorist Location Prior to Impact <b>02</b> 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>22</b> 99 - Unknown or Hit / Skip Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
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Special Function <b>04</b> 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 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <b>06</b> 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other	Action <b>4</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>11</b> Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	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	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 - Standing 21 - Other Non-Motorist Action
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Contributing Circumstances Primary <b>01</b> 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/ACDA 10 - Improper Lane Change /Passing/Off Road	Motorist 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	Non-Motorist 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	Vehicle Defects <b>01</b> 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
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Sequence of Events 1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blow 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
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Collision with Person, Vehicle or Object Not Fixed 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 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	Collision With Fixed 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 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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Unit Speed <b>0</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>12</b> 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	Unit Direction From <b>2</b> To <b>1</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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# Motorist / Non-Motorist / Occupant

Local Report Number  
1 6 0 0 1 9 4 0

Unit Number 01	Name: Last, First, Middle Luna, Jose R	Date of Birth 06051985	Age 31	Gender M F - Female M - Male							
Address, City, State, Zip 119 Sammy Dr. Fairfield, OH 45014			Contact Phone- include area code (513) 430-6732								
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State	Operator License Number	OL Class	No Valid OL	M/C End.	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
Offense Charged (Local Code) 333.03A		Offense Description Assured Clear Distance			Citation Number 228519		Hands-Free Device Used	Driver Distracted By 1			

Unit Number 02	Name: Last, First, Middle Rains, Ray	Date of Birth 08211944	Age 71	Gender M F - Female M - Male							
Address, City, State, Zip 4641 Bach Ln. Fairfield, OH 45014			Contact Phone- include area code (513) 829-0363								
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RP176790	OL Class 2	No Valid OL	M/C End.	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
Offense Charged (Local Code)		Offense Description			Citation Number		Hands-Free Device Used	Driver Distracted By 1			

<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used <b>Non-Motorist</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used <b>99 - Unknown Safety Equipment</b>	<b>Non-Motorist</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</b> 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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	<b>Operator License Class</b> 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	<b>Condition</b> 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	<b>Alcohol/Drug Suspected</b> 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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<b>Alcohol Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Alcohol Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	<b>Drug Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Drug Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Other	<b>Driver Distracted By</b> 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
Address, City, State, Zip			Contact Phone- include area code	

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
Address, City, State, Zip			Contact Phone- include area code	

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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# Occupant / Witness Addendum

Local Report Number  
1 6 0 0 1 9 4 0

Unit Number 02	Name: Last, First, Middle Alexander, Kaitlin	Date of Birth 06192004	Age 11	Gender F F - Female M - Male
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Address, City, State, Zip 3629 Tammy Rae Ct. Hamilton, OH 45011	Contact Phone- include area code (513) 894-3593
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Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Alexander, Tyler	Date of Birth 08182005	Age 10	Gender M F - Female M - Male
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Address, City, State, Zip 3629 Tammy Rae Ct. Hamilton, OH 45011	Contact Phone- include area code (513) 894-3593
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Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Bavis, Lilly	Date of Birth 05062004	Age 11	Gender F F - Female M - Male
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Address, City, State, Zip 3813 Cranberry Ct. Hamilton, OH 45011	Contact Phone- include area code (513) 737-7266
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Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Berter, Garrett	Date of Birth 11162004	Age 11	Gender M F - Female M - Male
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Address, City, State, Zip 3959 Carrington Ln. Hamilton, OH 45011	Contact Phone- include area code (513) 887-1331
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Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Bowling, Holden	Date of Birth 08062004	Age 11	Gender M F - Female M - Male
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Address, City, State, Zip 3679 Tammy Rae Ct. Hamilton, OH 45014	Contact Phone- include area code (513) 835-6385
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Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Colvin, Alyssa	Date of Birth 09112003	Age 12	Gender F F - Female M - Male
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Address, City, State, Zip 3909 Carrington Way Hamilton, OH 45011	Contact Phone- include area code (513) 895-1643
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Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used <b>99 - Unknown Safety Equipment</b> <b>Non-Motorist</b> 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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<b>Seating Position</b> 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)	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown	<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means
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# Occupant / Witness Addendum

Local Report Number  
1 6 0 0 1 9 4 0

Unit Number 02	Name: Last, First, Middle Franklin, Aidan	Date of Birth 01202005	Age 10	Gender M F - Female M - Male
Address, City, State, Zip 6217 Brofield Ct. Hamilton, OH 45011			Contact Phone- include area code (513) 785-9111	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Goldschmidt, Alaina	Date of Birth 05222004	Age 11	Gender F F - Female M - Male
Address, City, State, Zip 4000 Prescott Ct. Hamilton, OH 45011			Contact Phone- include area code (513) 307-7369	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Hendrix-Bradley, Olivia	Date of Birth 06062005	Age 10	Gender F F - Female M - Male
Address, City, State, Zip 3919 Carrington Way Hamilton, OH 45011			Contact Phone- include area code (513) 330-6814	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Hennegan, Josie	Date of Birth 05022004	Age 11	Gender F F - Female M - Male
Address, City, State, Zip 6520 Tara Brooke Ct. Hamilton, OH 45011			Contact Phone- include area code (513) 641-8017	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Hesse, Dwayne	Date of Birth 07232004	Age 11	Gender F F - Female M - Male
Address, City, State, Zip 6081 Brofield Ct. Hamilton, OH 45011			Contact Phone- include area code (513) 829-2035	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Hoffman, Stephen	Date of Birth 12192004	Age 11	Gender M F - Female M - Male
Address, City, State, Zip 3960 Jayfield Ct. Hamilton, OH 45011			Contact Phone- include area code (513) 773-8635	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used <b>99 - Unknown Safety Equipment</b> <b>Non-Motorist</b> 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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<b>Seating Position</b> 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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown	<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means
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# Occupant / Witness Addendum

Local Report Number

1 6 0 0 1 9 4 0

Unit Number 02	Name: Last, First, Middle Howard, Christine	Date of Birth 12242003	Age 12	Gender F - Female M - Male
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Address, City, State, Zip 6521 Jayfield Dr. Hamilton, OH 45011	Contact Phone- include area code (513) 330-9486
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Howard, Kenneth	Date of Birth 05282003	Age 12	Gender M - Male F - Female
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Address, City, State, Zip 6371 Hollyberry Ln. Hamilton, OH 45011	Contact Phone- include area code (513) 330-5570
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Isaacs, Joshua	Date of Birth 07032004	Age 11	Gender M - Male F - Female
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Address, City, State, Zip 7721 Bridgewater Ln. Hamilton, OH 45011	Contact Phone- include area code (513) 737-8792
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Johnson, Allyson	Date of Birth 04212005	Age 10	Gender F - Female M - Male
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Address, City, State, Zip 3655 Tammy Rae Ct. Hamilton, OH 45011	Contact Phone- include area code (513) 285-7370
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Johnston, Trevor	Date of Birth 06302003	Age 12	Gender M - Male F - Female
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Address, City, State, Zip 6413 Tara Brooke Ct. Hamilton, OH 45011	Contact Phone- include area code (513) 674-8457
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Jones, Shane	Date of Birth 12182003	Age 12	Gender M - Male F - Female
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Address, City, State, Zip 7616 Bridgewater Ln. Hamilton, OH 45011	Contact Phone- include area code (513) 894-5599
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used <b>Non-Motorist</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used 99 - Unknown Safety Equipment	<b>Non-Motorist</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</b> 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)	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown	<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means
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# Occupant / Witness Addendum

Local Report Number  
1 6 0 0 1 9 4 0

Unit Number 02	Name: Last, First, Middle Leist, Miranda	Date of Birth 10082003	Age 12	Gender F F - Female M - Male
Address, City, State, Zip 6596 Chandler Way Hamilton, OH 45011			Contact Phone- include area code (513) 892-4449	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Litteken, Gabriel	Date of Birth 02052005	Age 10	Gender M F - Female M - Male
Address, City, State, Zip 6455 Taylor Trace Ln. Hamilton, OH 45011			Contact Phone- include area code (513) 844-1515	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Lo, Mohamet	Date of Birth 11262004	Age 11	Gender M F - Female M - Male
Address, City, State, Zip 6394 Tara Brooke Ct. Hamilton, OH 45011			Contact Phone- include area code (513) 238-3700	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle McKenzie, Laura	Date of Birth 11082004	Age 11	Gender F F - Female M - Male
Address, City, State, Zip 6538 Jaybird Dr. Hamilton, OH 45011			Contact Phone- include area code (513) 313-7837	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Metcalf, Samuel	Date of Birth 01252005	Age 10	Gender M F - Female M - Male
Address, City, State, Zip 6363 Tara Brooke Ct. Hamilton, OH 45011			Contact Phone- include area code (513) 856-7474	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Meyer, Abigail	Date of Birth 11232003	Age 12	Gender F F - Female M - Male
Address, City, State, Zip 6207 Brofield Dr. Hamilton, OH 45011			Contact Phone- include area code (513) 289-3691	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used <b>99 - Unknown Safety Equipment</b>	<b>Non-Motorist</b> 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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<b>Seating Position</b> 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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown	<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means
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# Occupant / Witness Addendum

Local Report Number  
1 6 0 0 1 9 4 0

Unit Number 02	Name: Last, First, Middle Noelcke, Daniel	Date of Birth 08172004	Age 11	Gender M F - Female M - Male
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Address, City, State, Zip 6261 Hollyberry Ln. Hamilton, OH 45011	Contact Phone- include area code (513) 284-1234
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Pascarella, Jagger	Date of Birth 06082004	Age 11	Gender M F - Female M - Male
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Address, City, State, Zip 6418 Taylor Trace Ln. Hamilton, OH 45011	Contact Phone- include area code (513) 737-5966
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Price, Savannah	Date of Birth 01222005	Age 10	Gender F F - Female M - Male
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Address, City, State, Zip 6597 Chandler Way Hamilton, OH 45011	Contact Phone- include area code (513) 868-3583
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Ratliff, Mia	Date of Birth 05292004	Age 11	Gender F F - Female M - Male
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Address, City, State, Zip 3881 Eastfield Ct. Hamilton, OH 45011	Contact Phone- include area code (513) 835-8846
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Reinhard, Gavin	Date of Birth 11212003	Age 12	Gender M F - Female M - Male
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Address, City, State, Zip 6465 Taylor Trace Ln. Hamilton, OH 45011	Contact Phone- include area code (513) 863-8733
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Robinette, Chloe	Date of Birth 08102004	Age 11	Gender F F - Female M - Male
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Address, City, State, Zip 6324 Tara Brooke Ct. Hamilton, OH 45011	Contact Phone- include area code (513) 284-4462
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	<b>99 - Unknown Safety Equipment</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	<b>Non-Motorist</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc)	12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</b> 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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown	<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means
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# Occupant / Witness Addendum

Local Report Number  
1 6 0 0 1 9 4 0

Unit Number 02	Name: Last, First, Middle Roseman, Anthony	Date of Birth 05032005	Age 10	Gender M F - Female M - Male
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Address, City, State, Zip 3850 Tara Brooke Way Hamilton, OH 45011	Contact Phone- include area code (513) 302-1993
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Roseman, Duane	Date of Birth 05032005	Age 10	Gender M F - Female M - Male
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Address, City, State, Zip 3850 Tara Brooke Way Hamilton, OH 45011	Contact Phone- include area code (513) 302-1993
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Scott, Margaret	Date of Birth 06262005	Age 10	Gender F F - Female M - Male
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Address, City, State, Zip 6443 Tara Brooke Ct. Hamilton, OH 45011	Contact Phone- include area code (513) 737-4877
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Sexton, Heather	Date of Birth 07302003	Age 12	Gender F F - Female M - Male
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Address, City, State, Zip 6374 Jayfield Dr. Hamilton, OH 45011	Contact Phone- include area code (513) 868-3896
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Smith, Caleb H.	Date of Birth 01152003	Age 12	Gender M F - Female M - Male
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Address, City, State, Zip 3918 Tara Brooke Way Hamilton, OH 45011	Contact Phone- include area code (513) 874-6266
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Splawn, Tyler	Date of Birth 11202003	Age 12	Gender M F - Female M - Male
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Address, City, State, Zip 6323 Tara Brooke Ct. Hamilton, OH 45011	Contact Phone- include area code (513) 892-3473
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	<b>99 - Unknown Safety Equipment</b> <b>Non-Motorist</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	<b>Non-Motorist</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc)	12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</b> 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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown	<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means
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# Occupant / Witness Addendum

Local Report Number  
1 6 0 0 1 9 4 0

Unit Number 02	Name: Last, First, Middle Webster, Bree	Date of Birth 05/18/2005	Age 10	Gender F F - Female M - Male
Address, City, State, Zip 3955 Jayfield Ct. Hamilton, OH 45011			Contact Phone- include area code (513) 400-6437	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Widener, McKenzie	Date of Birth 10/13/2003	Age 12	Gender F F - Female M - Male
Address, City, State, Zip 3999 Carrington Way Hamilton, OH 45011			Contact Phone- include area code (513) 893-0566	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Woitas, Olivia	Date of Birth 06/28/2004	Age 11	Gender F F - Female M - Male
Address, City, State, Zip 6523 Tara Brooke Ct. Hamilton, OH 45011			Contact Phone- include area code (513) 668-4736	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Worku, Mathious	Date of Birth 06/28/2004	Age 11	Gender M F - Female M - Male
Address, City, State, Zip 6488 Taylor Trace Ln. Hamilton, OH 45011			Contact Phone- include area code (513) 894-1080	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Yeckel, Marshall	Date of Birth 08/14/2004	Age 11	Gender M F - Female M - Male
Address, City, State, Zip 7856 Bridgewater Ln. Hamilton, OH 45011			Contact Phone- include area code (513) 349-9087	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Settimo, Caleb	Date of Birth 07/01/2004	Age 11	Gender M F - Female M - Male
Address, City, State, Zip 3969 Prescott Ct. Hamilton, OH 45011			Contact Phone- include area code (513) 887-7303	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 11	Air Bag Usage 5	Ejection 1	Trapped 1
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<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used <b>99 - Unknown Safety Equipment</b> <b>Motorist</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	<b>Non-Motorist</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</b> 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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown	<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means
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