



Traffic Crash Report

Local Report Number *

1 6 0 3 4 4 4 0

Crash Severity

2 1 - Fatal
2 - Injury
3 - PDO

Hit/Skip

1 - Solved
2 - Unsolved

Local Information

Photos Taken

 OH-2 OH-1P
 OH-3 Other

PDD Under State Reportable Dollar Amount

 Private Property

Reporting Agency NCIC *

0 0 9 0 1

Reporting Agency Name *

Fairfield Police Department

Number of Units

0 2

Unit In error

0 1 98 - Animal
99 - Unknown

County *

0 9

City *

 Village *
 Township *

City, Village, Township *

Fairfield

Crash Date *

0 5 0 9 2 0 1 6

Time of Crash

1 5 5 4

Day of Week

M O N

Degrees / Minutes / Seconds

Latitude 0 / /

Longitude

0 / /

Decimal Degrees

Latitude 3 9 . 3 4 1 5 0 2

Longitude

- 8 4 . 5 0 2 2 0 1

Roadway Division

 Divided
 Undivided

Divided Lane Direction of Travel

N - Northbound E - Eastbound
S - Southbound W - Westbound

Number of Thru Lanes

0 6

Road Types or Milepost ²AL - 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 - TrailLocation Route Type ¹

S R 4

Location Route Number

4

Loc Prefix

N, S, E, W

Location Road Name

Bypass

Location Road Type ²Route Types ¹IR - Interstate Route (inc. turnpike)
US - US Route
SR - State RouteCR - Numbered County Route
TR - Numbered Township Route

Distance From Reference

100 Miles
 Feet
 Yards

Dir From Ref

S N, S, E, W

Reference Route Type ¹

Reference Route Number

Ref Prefix

N, S, E, W

Reference Name (Road, Milepost, House #)

Symmes

Reference Road Type ²

R D

Reference Point Used

1 - Intersection
2 - Mile Post
3 - House Number

Crash Location

0 5

01 - Not an intersection 06 - Five-point, or more 11 - Railway Grade Crossing
02 - Four-way Intersection 07 - On Ramp 12 - Shared-Use Paths or Trails
03 - T-Intersection 08 - Off Ramp 99 - Unknown
04 - Y-Intersection 09 - Crossover
05 - Traffic Circle/Roundabout 10 - Driveway/Alley Access

Intersection Related

Location of First Harmful Event

1 - On Roadway 5 - On Gore
2 - On Shoulder 6 - Outside Trafficway
3 - In Median 9 - Unknown
4 - On Roadside

Road Contour

1 - Straight Level
2 - Straight Grade
3 - Curve Level4 - Curve Grade
9 - Unknown

Road Conditions

Primary 0 2

Secondary

01 - Dry 02 - Wet 03 - Snow 04 - Ice
05 - Sand, Mud, Dirt, Oil, Gravel
06 - Water (Standing, Moving)
07 - Slush
08 - Debris*

09 - Rut, Holes, Bumps, Uneven Pavement*

10 - Other
99 - Unknown

* Secondary Condition Only

Manner of Crash Collision/Impact

2 - Not Collision Between Two Motor Vehicles In Transport

3 - Rear-End

4 - Head-On

5 - Backing

6 - Angle

7 - Sideswipe, Same Direction

8 - Sideswipe, Opposite Direction

9 - Unknown

Weather

4

1 - Clear

2 - Cloudy

3 - Fog, Smog, Smoke

4 - Rain

5 - Sleet, Hail

6 - Snow

7 - Severe Crosswinds

8 - Blowing Sand, Silt, Dirt, Snow

9 - Other/Unknown

Road Surface

2 - Concrete
2 - Blacktop, Bituminous, Asphalt
3 - Brick/Block4 - Slag, Gravel, Stone
5 - Dirt
6 - Other

Light Conditions

Primary 1

Secondary

1 - Daylight

2 - Dawn
3 - Dusk
4 - Dark - Lighted Roadway

5 - Dark - Roadway Not Lighted

6 - Dark - Unknown Roadway Lighting
7 - Glare*
8 - Other

9 - Unknown

* Secondary Condition Only

School Bus Related

 School Zone Related Yes, School Bus Directly Involved
 Yes, School Bus Indirectly Involved

Work Zone Related

Workers Present

Law Enforcement Present (Officer/Vehicle)

Law Enforcement Present (Vehicle Only)

Type of Work Zone

1 - Lane Closure
2 - Lane Shift/Crossover
3 - Work on Shoulder or Median

4 - Intermittent or Moving Work

5 - Other

Location of Crash in Work Zone

1 - Before the First Work Zone Warning Sign
2 - Advance Warning Area
3 - Transition Area

4 - Activity Area

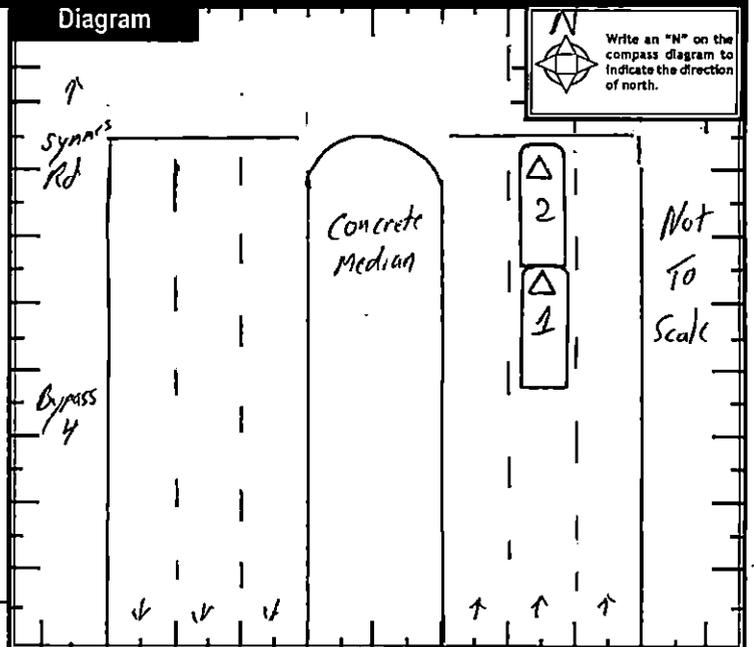
5 - Termination Area

Narrative

On 05-09-16 at approximately 3:54 p.m. Unit #2 and Unit #1 were traveling northbound on Bypass 4. Unit #2 came to a stop at the traffic light at the southbound turn around for Symmes Rd on the Bypass. Unit #1 was unable to stop and struck Unit #2.

The driver of Unit #1 stated that she believed her brakes were failing.

Diagram



Report Taken By

 Police Agency Motorist Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported

0 5 0 9 2 0 1 6

Time Crash Reported

1 5 5 4

Dispatch Time

1 5 5 5

Arrival Time

1 5 5 6

Time Cleared

1 6 2 9

Other Investigation Time

1 5

Total Minutes

4 8

Officer's Name *

P.O. T. Chenoweth

Officer's Badge Number

124

Checked By

Satal #87

Page 1 of 4



Unit

Local Report Number
16034440

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) All Around Transportation	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 894-8500	Damage Scale 3	Damaged Area
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Owner Address: City, State, Zip (Same As Driver)
225 East Ave. Hamilton, OH 45011

LP State OH	License Plate Number GFV7288	Vehicle Identification Number 1A4GP45R16B545933	# Occupants 01
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Vehicle Year 2006	Vehicle Make Chrysler	Vehicle Model Town & Country	Vehicle Color Blue
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<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company American Service	Policy Number CA10371P2016	Towed By Fox
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Carrier Name, Address, City, State, Zip
Carrier Phone- Include area code

US DOT HM Placard ID No.	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 <input type="checkbox"/> 01 - No Cargo Body Type/Not Applicable <input type="checkbox"/> 02 - Bus/Van (9-15 Seats, Inc Driver) <input type="checkbox"/> 03 - Bus (16+ Seats, Inc Driver) <input type="checkbox"/> 04 - Vehicle Towing Another Vehicle <input type="checkbox"/> 05 - Logging <input type="checkbox"/> 06 - Intermodal Container Chassis <input type="checkbox"/> 07 - Cargo Van/Enclosed Box <input type="checkbox"/> 08 - Grain, Chips, Gravel	Trafficway Description 4 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 <input type="checkbox"/> 01 - Intersection - Marked Crosswalk <input type="checkbox"/> 02 - Intersection - No Crosswalk <input type="checkbox"/> 03 - Intersection - Other <input type="checkbox"/> 04 - Midblock - Marked Crosswalk <input type="checkbox"/> 05 - Travel Lane - Other Location <input type="checkbox"/> 06 - Bicycle Lane <input type="checkbox"/> 07 - Shoulder/Roadside <input type="checkbox"/> 08 - Sidewalk <input type="checkbox"/> 09 - Median/Crossing Island <input type="checkbox"/> 10 - Driveway Access <input type="checkbox"/> 11 - Shared-Use Path or Trail <input type="checkbox"/> 12 - Non-Trafficway Area <input type="checkbox"/> 99 - Other/Unknown	Type of Use 2 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 05 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 19 - Pedestrian/Skater 27 - Other Non-Motorist
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Special Function 02 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 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 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 11 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 09 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 04 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 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 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 12 - Downhill Runaway 13 - Other Non-Collision	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 30	Posted Speed 50	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
16034440

Unit Number 02	Owner Name: Last, First, Middle (Same As Driver) Stieritz, Greg	Owner Phone Number - inc. area code (Same As Driver) (513) 235-5525	Damage Scale 3	Damaged Area Front 09 03 08 10 04 07 06 05 Rear
Owner Address: City, State, Zip (Same As Driver) 3436 Lake Vista Ct. Hamilton, OH 45011				
LP State OH	License Plate Number EBH5216	Vehicle Identification Number K M H T C 6 A D 0 C U 0 2 4 8 5 1	# Occupants 01	
Vehicle Year 2012	Vehicle Make Hyundai	Vehicle Model Veloster	Vehicle Color Gray	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Cincinnati Insurance	Policy Number A010095388	Towed By	
Carrier Name, Address, City, State, Zip				Carrier Phone- include area code

US DOT HM Placard ID No.	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 4 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 Class Number	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit		

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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		

Unit Speed 0 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 50	Traffic Control 04 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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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 3 4 4 4 0

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Best, Karriel I.	Date of Birth 11/28/1989	Age 26	Gender F - Female M - Male
Address, City, State, Zip 6501 Germantown Rd. Middletown, OH 45044			Contact Phone- include area code (513) 894-8500	
Injuries 3	Injured Taken By 2	EMS Agency FFD	Medical Facility Injured Taken To Mercy	Safety Equipment Used 04
OL State OH	Operator License Number TU564080	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>
Offense Charged (Local Code) 333.03a	Offense Description ACDA	Citation Number 229728	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Stieritz, Gregory R.	Date of Birth 08/12/1975	Age 40	Gender M - Male F - Female
Address, City, State, Zip 3436 Lake Vista Ct. Hamilton, OH 45011			Contact Phone- include area code (513) 235-5525	
Injuries 2	Injured Taken By 1	EMS Agency FFD	Medical Facility Injured Taken To	Safety Equipment Used 04
OL State OH	Operator License Number RP225238	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>
Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

Injuries	Injured Taken By	Safety Equipment Used	99 - Unknown Safety Equipment	Non-Motorist
1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	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)

Seating Position	07 - Third - Left Side (Motorcycle Side Car)	12 - Passenger in Unenclosed Cargo Area	Air Bag Usage
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	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)	13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown

Ejection	Trapped	Operator License Class	Condition	Alcohol/Drug Suspected
1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - M/C/Moped Only	1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness	1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status	Alcohol Test Type	Drug Test Status	Drug Test Type	Driver Distracted By
1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Other	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

Occupant

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 <input type="checkbox"/>

Occupant

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 <input type="checkbox"/>