

5-1-18
BY



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER*	CRASH SEVERITY	HIT/SKIP
18 MPD 0695	3 1 - FATAL 2 - INJURY 3 - PDO	1 1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
18MPD0695	03801	Millersburg Police Department	2	1 98 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
Holmes	Millersburg	04/26/2018	1726	Thu

DEGREES/MINUTES/SECONDS	DECIMAL DEGREES
LATITUDE ::	LATITUDE 40.555420
LONGITUDE ::	LONGITUDE 81.915040

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> W - WESTBOUND	2	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 NUMBER	LOC PREFIX	LOCATION ROAD NAME	LOCATION ROAD TYPE	ROUTE TYPES
	E	Clinton	ST	IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE CR - NUMBERED COUNTY ROUTE SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE
1 MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	N, S, E, W		N, S, E, W	Crawford	ST

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	03 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ ROUNDABOUT	1 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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	01 PRIMARY SECONDARY 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOWING) 07 - SLUSH 08 - DEBRIS*	1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOK 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/ UNKNOWN

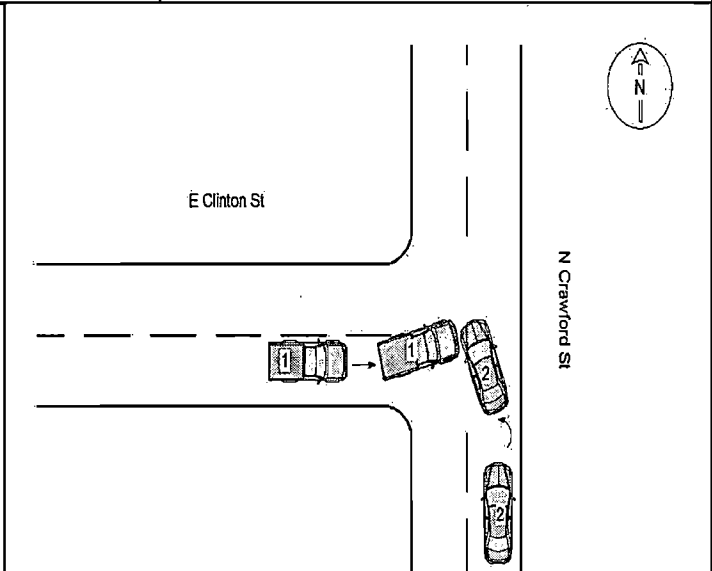
MANNER OF CRASH COLLISION/IMPACT	WEATHER
6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOK 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/ UNKNOWN

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLUG, GRAVEL, STONE 5 - DIRT 6 - OTHER	1 PRIMARY SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	3 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOWING WORK 5 - OTHER	3 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE

Unit #2 was north bound on N. Crawford Street and turning west bound onto E. Clinton St. Unit #1 was stopped at stop sign for E. Clinton St. and N. Crawford St. facing east and pulled out making a turn to the north. Unit #1 struck Unit #2. Passenger of Unit #1 stated he had his coat on the dashboard which may have obstructed Unit #1's view of on coming traffic.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/>					
DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
04/26/2018	1729	1729	1730	1805	30	66
OFFICER'S NAME	OFFICER'S BADGE NUMBER	CHECKED BY				
Lay, Jeffrey	109					



UNIT

LOCAL REPORT NUMBER

18 MPD 0695

UNIT NUMBER 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Lee, Mary, L	OWNER PHONE NUMBER 330-264-5103	DAMAGE SCALE 2	DAMAGE AREA FRONT REAR
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 3261 Dover Rd, Wooster, OH, 44691			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER DKS7486	VEHICLE IDENTIFICATION NUMBER 1GCEK29019Z119957	2 - MINOR	
VEHICLE YEAR 2009	VEHICLE MAKE Chevrolet	VEHICLE MODEL Silverado C1500 - SC1	3 - FUNCTIONAL	
VEHICLE COLOR RED	PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY Motorist Mutual	4 - DISABLING	
POLICY NUMBER 13590663379500A	TOWED BY		9 - UNKNOWN	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K 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	TRAFFICWAY DESCRIPTION 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS 4FT.) MEDIA 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT	
HM PLACARD ID NO.	HAZARDOUS MATERIAL <input type="checkbox"/> RELATED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN		
HM CLASS NUMBER		09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN		
NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/>	TYPE OF USE 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 07 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 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	13 - SINGLE UNIT TRUCK OR VAN 2 AXLES, 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/TRIPLER 20 - OTHER MED/HEAVY VEHICLE 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/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
SPECIAL FUNCTION 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 EOP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	ACTION 3 - 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRUCK 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-CRASH ACTIONS 06	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	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
CONTRIBUTING CIRCUMSTANCE PRIMARY 02	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 - SWERING 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 SUCK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
SEQUENCE OF EVENTS 1 20 2 3 4 5 6	Non-Collision Events 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMBERSION 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	
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		COLLISION WITH FIXED OBJECT 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 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 - MALBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT		
UNIT SPEED 10	POSTED SPEED 25	TRAFFIC CONTROL 02 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - R RAILROAD FLASHERS 09 - R 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 4 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	
<input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED				



UNIT

LOCAL REPORT NUMBER

18 MPD 0695

UNIT NUMBER 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Miller, Jeffrey, A	OWNER PHONE NUMBER 330-204-3341	DAMAGE SCALE 2	DAMAGE AREA FRONT REAR
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 283 N Washington St, Millersburg, OH, 44654			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER GYG5919	VEHICLE IDENTIFICATION NUMBER 19XFC2F77GE082697	2 - MINOR	
VEHICLE YEAR 2016	VEHICLE MAKE Honda	VEHICLE MODEL Civic 1.3 - 1.3	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY Progressive	POLICY NUMBER 904519409	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	
US DOT	VEHICLE WEIGHT GWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE 01 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 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS 4FT.) MEDIA 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT	
HM PLACARD ID NO.	HAZARDOUS MATERIAL RELATED <input type="checkbox"/>	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN		
HM CLASS NUMBER		UNIT TYPE 03 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 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		
NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/>	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	09 - 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/TWOWHEELS 20 - OTHER MED/HEAVY VEHICLE		
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.	MOST DAMAGED AREA 09 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-CRASH ACTIONS 06	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	NON-MOTORIST 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION 15 - ENTERING OR CROSSING SPECIFIED LOCATIO 16 - WALKING/RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION
CONTRIBUTING CIRCUMSTANCE PRIMARY 01	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 - SWERING 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 <input type="checkbox"/>
SECONDARY <input type="checkbox"/>				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
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	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMERSION 04 - JACKKIFE 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
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED		COLLISION WITH FIXED OBJECT		
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	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
UNIT SPEED 10	POSTED SPEED 25	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	UNIT DIRECTION FROM 2 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
<input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED				



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

18 MPD 0695

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Lee, Mary, L	DATE OF BIRTH 01/29/1949	AGE 69	GENDER F F - FEMALE M - MALE								
ADDRESS, CITY, STATE, ZIP 3261 Dover Rd, Wooster, OH, 44691			CONTACT PHONE - INCLUDE AREA CODE 330-264-5103									
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04								
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1								
OL STATE OH	OPERATOR LICENSE NUMBER RT866582	OL CLASS 4	No <input type="checkbox"/> VALID DL M/C <input type="checkbox"/> END	CONDITION 1								
ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1								
DRUG TEST TYPE 1	OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 331.10	OFFENSE DESCRIPTION Improper Turn at intersection	CITATION NUMBER 1MAH157	HANDS-FREE <input type="checkbox"/> DEVICE USED								
DRIVER DISTRACTED BY 1	UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Miller, Melinda, M	DATE OF BIRTH 04/02/1973	AGE 45								
ADDRESS, CITY, STATE, ZIP 283 N Washington St, Millersburg, OH, 44654			CONTACT PHONE - INCLUDE AREA CODE 330-204-3341									
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04								
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1								
OL STATE OH	OPERATOR LICENSE NUMBER RU094174	OL CLASS 4	No <input type="checkbox"/> VALID DL M/C <input type="checkbox"/> END	CONDITION 1								
ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1								
DRUG TEST TYPE 1	OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED								
DRIVER DISTRACTED BY 1	<table border="1"> <tr> <td>INJURIES</td> <td>INJURED TAKEN BY</td> <td>SAFETY EQUIPMENT USED</td> <td>99 - UNKNOWN SAFETY EQUIPMENT</td> </tr> <tr> <td>1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL</td> <td>1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN</td> <td>MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED</td> <td>NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER</td> </tr> </table>				INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	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 ONLY USED	NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER
INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT									
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 ONLY USED	NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER									
SEATING POSITION				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 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, PICKUP 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 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'S "D") 5 - MC/MOPED ONLY	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	5 - FELL ASLEEP, FAINTED, FATIGUE 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HAD 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 / EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION								
UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Miller, Kleo	DATE OF BIRTH 09/22/2016	AGE 1	GENDER F F - FEMALE M - MALE								
ADDRESS, CITY, STATE, ZIP 435 East 3rd St, Dover, OH, 44622			CONTACT PHONE - INCLUDE AREA CODE 330-473-8322									
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 06								
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 06	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1								
UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Troyer, Nelson, J	DATE OF BIRTH 05/17/1994	AGE 23	GENDER M F - FEMALE M - MALE								
ADDRESS, CITY, STATE, ZIP 6660 TR 606, Fredericksburg, OH, 44627			CONTACT PHONE - INCLUDE AREA CODE									
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04								
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 04	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1								

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

18 MPD 0695

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																																																																																																															
OCCUPANT	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																																																																																																												
	UNIT NUMBER	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE																																																																																																														
OCCUPANT	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																																																																																																												
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																																																																																																															
OCCUPANT	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																																																																																																												
	UNIT NUMBER	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE																																																																																																														
OCCUPANT	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																																																																																																												
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																																																																																																															
OCCUPANT	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																																																																																																												
	UNIT NUMBER	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE																																																																																																														
OCCUPANT	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																																																																																																												
<table border="0"> <tr> <td>INJURIES</td> <td>INJURED TAKEN BY</td> <td>SAFETY EQUIPMENT USED</td> <td colspan="8">99 - UNKNOWN SAFETY EQUIPMENT</td> </tr> <tr> <td>1 - NO INJURY / NONE REPORTED</td> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>MOTORIST</td> <td colspan="4">NON-MOTORIST</td> <td colspan="4"></td> </tr> <tr> <td>2 - POSSIBLE</td> <td>2 - EMS</td> <td>01 - NONE USED - VEHICLE OCCUPANT</td> <td>05 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td colspan="2">09 - NONE USED</td> <td colspan="2">12 - REFLECTIVE COATING</td> <td colspan="2"></td> <td></td> </tr> <tr> <td>3 - NON-INCAPACITATING</td> <td>3 - POLICE</td> <td>02 - SHOULDER BELT ONLY USED</td> <td>06 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td colspan="2">10 - HELMET USED</td> <td colspan="2">13 - LIGHTING</td> <td colspan="2"></td> <td></td> </tr> <tr> <td>4 - INCAPACITATING</td> <td>4 - OTHER</td> <td>03 - LAP BELT ONLY USED</td> <td>07 - BOOSTER SEAT</td> <td colspan="2">11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)</td> <td colspan="2">14 - OTHER</td> <td colspan="2"></td> <td></td> </tr> <tr> <td>5 - FATAL</td> <td>9 - UNKNOWN</td> <td>04 - SHOULDER AND LAP BELT ONLY USED</td> <td>08 - HELMET USED</td> <td colspan="7"></td> </tr> </table>											INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT								1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED / TREATED AT SCENE	MOTORIST	NON-MOTORIST								2 - POSSIBLE	2 - EMS	01 - NONE USED - VEHICLE OCCUPANT	05 - CHILD RESTRAINT SYSTEM - FORWARD FACING	09 - NONE USED		12 - REFLECTIVE COATING					3 - NON-INCAPACITATING	3 - POLICE	02 - SHOULDER BELT ONLY USED	06 - CHILD RESTRAINT SYSTEM - REAR FACING	10 - HELMET USED		13 - LIGHTING					4 - INCAPACITATING	4 - OTHER	03 - LAP BELT ONLY USED	07 - BOOSTER SEAT	11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)		14 - OTHER					5 - FATAL	9 - UNKNOWN	04 - SHOULDER AND LAP BELT ONLY USED	08 - HELMET USED																																																	
INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT																																																																																																																			
1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED / TREATED AT SCENE	MOTORIST	NON-MOTORIST																																																																																																																			
2 - POSSIBLE	2 - EMS	01 - NONE USED - VEHICLE OCCUPANT	05 - CHILD RESTRAINT SYSTEM - FORWARD FACING	09 - NONE USED		12 - REFLECTIVE COATING																																																																																																																
3 - NON-INCAPACITATING	3 - POLICE	02 - SHOULDER BELT ONLY USED	06 - CHILD RESTRAINT SYSTEM - REAR FACING	10 - HELMET USED		13 - LIGHTING																																																																																																																
4 - INCAPACITATING	4 - OTHER	03 - LAP BELT ONLY USED	07 - BOOSTER SEAT	11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)		14 - OTHER																																																																																																																
5 - FATAL	9 - UNKNOWN	04 - SHOULDER AND LAP BELT ONLY USED	08 - HELMET USED																																																																																																																			
<table border="0"> <tr> <td colspan="3">SEATING POSITION</td> <td colspan="3">AIR BAG USAGE</td> <td colspan="2">EJECTION</td> <td colspan="2">TRAPPED</td> </tr> <tr> <td>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP)</td> <td>1 - NOT DEPLOYED</td> <td colspan="2">1 - NOT DEPLOYED</td> <td colspan="2">1 - NOT EJECTED</td> <td colspan="2">1 - NOT TRAPPED</td> </tr> <tr> <td>02 - FRONT - MIDDLE</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>2 - DEPLOYED FRONT</td> <td colspan="2">2 - DEPLOYED FRONT</td> <td colspan="2">2 - TOTALLY EJECTED</td> <td colspan="2">2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td>03 - FRONT - RIGHT SIDE</td> <td>13 - TRAILING UNIT</td> <td>3 - DEPLOYED SIDE</td> <td colspan="2">3 - DEPLOYED SIDE</td> <td colspan="2">3 - PARTIALLY EJECTED</td> <td colspan="2">3 - EXTRICATED BY NON-MECHANICAL MEANS</td> </tr> <tr> <td>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>4 - DEPLOYED BOTH FRONT/SIDE</td> <td colspan="2">4 - DEPLOYED BOTH FRONT/SIDE</td> <td colspan="2">4 - NOT APPLICABLE</td> <td colspan="2"></td> </tr> <tr> <td>05 - SECOND - MIDDLE</td> <td>15 - NON-MOTORIST</td> <td>5 - NOT APPLICABLE</td> <td colspan="2">5 - NOT APPLICABLE</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>06 - SECOND - RIGHT SIDE</td> <td>16 - OTHER</td> <td>9 - DEPLOYMENT UNKNOWN</td> <td colspan="2">9 - DEPLOYMENT UNKNOWN</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td>99 - UNKNOWN</td> <td colspan="9"></td> </tr> <tr> <td>08 - THIRD - MIDDLE</td> <td></td> <td colspan="9"></td> </tr> <tr> <td>09 - THIRD - RIGHT SIDE</td> <td></td> <td colspan="9"></td> </tr> <tr> <td>10 - SLEEPER SECTION OF CAB (TRUCK)</td> <td></td> <td colspan="9"></td> </tr> </table>											SEATING POSITION			AIR BAG USAGE			EJECTION		TRAPPED		01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP)	1 - NOT DEPLOYED	1 - NOT DEPLOYED		1 - NOT EJECTED		1 - NOT TRAPPED		02 - FRONT - MIDDLE	12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - DEPLOYED FRONT	2 - DEPLOYED FRONT		2 - TOTALLY EJECTED		2 - EXTRICATED BY MECHANICAL MEANS		03 - FRONT - RIGHT SIDE	13 - TRAILING UNIT	3 - DEPLOYED SIDE	3 - DEPLOYED SIDE		3 - PARTIALLY EJECTED		3 - EXTRICATED BY NON-MECHANICAL MEANS		04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	4 - DEPLOYED BOTH FRONT/SIDE	4 - DEPLOYED BOTH FRONT/SIDE		4 - NOT APPLICABLE				05 - SECOND - MIDDLE	15 - NON-MOTORIST	5 - NOT APPLICABLE	5 - NOT APPLICABLE						06 - SECOND - RIGHT SIDE	16 - OTHER	9 - DEPLOYMENT UNKNOWN	9 - DEPLOYMENT UNKNOWN						07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	99 - UNKNOWN										08 - THIRD - MIDDLE											09 - THIRD - RIGHT SIDE											10 - SLEEPER SECTION OF CAB (TRUCK)										
SEATING POSITION			AIR BAG USAGE			EJECTION		TRAPPED																																																																																																														
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP)	1 - NOT DEPLOYED	1 - NOT DEPLOYED		1 - NOT EJECTED		1 - NOT TRAPPED																																																																																																															
02 - FRONT - MIDDLE	12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - DEPLOYED FRONT	2 - DEPLOYED FRONT		2 - TOTALLY EJECTED		2 - EXTRICATED BY MECHANICAL MEANS																																																																																																															
03 - FRONT - RIGHT SIDE	13 - TRAILING UNIT	3 - DEPLOYED SIDE	3 - DEPLOYED SIDE		3 - PARTIALLY EJECTED		3 - EXTRICATED BY NON-MECHANICAL MEANS																																																																																																															
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	4 - DEPLOYED BOTH FRONT/SIDE	4 - DEPLOYED BOTH FRONT/SIDE		4 - NOT APPLICABLE																																																																																																																	
05 - SECOND - MIDDLE	15 - NON-MOTORIST	5 - NOT APPLICABLE	5 - NOT APPLICABLE																																																																																																																			
06 - SECOND - RIGHT SIDE	16 - OTHER	9 - DEPLOYMENT UNKNOWN	9 - DEPLOYMENT UNKNOWN																																																																																																																			
07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	99 - UNKNOWN																																																																																																																					
08 - THIRD - MIDDLE																																																																																																																						
09 - THIRD - RIGHT SIDE																																																																																																																						
10 - SLEEPER SECTION OF CAB (TRUCK)																																																																																																																						