



# TRAFFIC CRASH REPORT

|                                     |   |   |   |  |   |
|-------------------------------------|---|---|---|--|---|
| CRASH REPORT #<br><b>10MPD 2199</b> | CRASH SEVERITY<br><b>3</b> 1.FATAL ERROR 3.FDO 2.INJURY 4.UNKNOWN | PRIVATE PROPERTY<br><input checked="" type="checkbox"/> YES | HIT/SKIP<br><b>1</b> 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED | PHOTOS TAKEN<br><input type="checkbox"/> YES | OH-2 OH-3 OH-1P OTHER<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| N.C.I.C. #<br><b>03801</b>          | REPORTING AGENCY<br><b>MILLERSBURG POLICE DEPARTMENT</b>          | # UNITS<br><b>2</b>   | UNIT ERROR<br><b>99</b> 98.ANIMAL 99.UNKNOWN            | DATE OF CRASH<br><b>11/06/2010</b>           |   |

|                               |                           |   |   |                       |                             |                               |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|
| TIME OF CRASH<br><b>15:45</b> | DAY OF WEEK<br><b>SAT</b> | CITY/VILLAGE/TOWNSHIP<br><b>VILLAGE</b> | NAME (OF CITY, VILLAGE OR TOWNSHIP)<br><b>MILLERSBURG</b> | COUNTY #<br><b>38</b> | LATITUDE<br><b>40320205</b> | LONGITUDE<br><b>081550900</b> |
|-------------------------------|---------------------------|---|---|-----------------------|-----------------------------|-------------------------------|

|   |   |   |
|---|---|---|
| CRASH OCCURRED ON   | TYPE LOCATION POINT USED                  | LOCAL INFORMATION   |
| PREFIX<br><b>S</b>  | CRASH LOCATION<br><b>PRIVATE PROPERTY</b> | TYPE LOC<br><b>1</b>  |
| TYPE LOCATION POINT USED<br>1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE |   | LOCAL INFORMATION<br><b>WAL MART PARKING ROWS 4 &amp; 5</b> |

|            |    |                    |  |                        |   |  |  |
|------------|----|--------------------|--|------------------------|---|--|--|
| DIST. REF. | DR | PREFIX<br><b>S</b> | REFERENCE<br><b>001640 S. WASHINGTON ST.</b> | REF POINT<br><b>04</b> | REFERENCE POINT USED<br>01.STATE LINE 02.INTERSECTION OF TWO STREETS 03.COUNTY LINE 04.HOUSE NUMBER | 05.TOWNSHIP BOUNDARY 06.MILE POST 07.CORPORATION LIMIT 08.PLACE NAME WITHOUT REFERENCE | 09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE |
|------------|----|--------------------|--|------------------------|---|--|--|

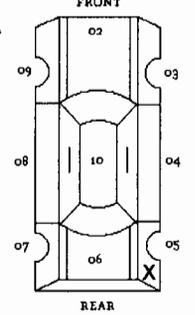
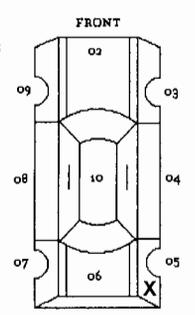
|   |                         |                                    |   |  |                                      |  |
|---|-------------------------|------------------------------------|---|--|--------------------------------------|--|
| <b>A</b>  | UNIT #<br><b>01</b>     | # OF OCC<br><b>3</b>               | NAME (LAST, FIRST, MIDDLE)<br><b>MADISON HALLIE L.</b>  |  |                                      |  |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>48 FAIRVIEW AVE. MILLERSBURG OH 44654</b> |                         |                                    |   |  |                                      |  |
| SOCIAL SECURITY NUMBER  |                         | DATE OF BIRTH<br><b>06/30/1971</b> | AGE<br><b>39</b>  | SEX<br><b>F</b>  | HOME PHONE #<br><b>(330)674-6506</b> | WORK PHONE #<br><b>(614)582-7433</b>       |
| DL STATE<br><b>OH</b>   | DL #<br><b>RS760186</b> | LP STATE<br><b>OH</b>              | LP #<br><b>870XYT</b>   | INJURED TAKEN BY<br><b>1</b> 1.NONE 4.OTHER 2.FMS 5.UNKNOWN 3.POLICE | TRANSPORTED BY                       | INJURED TAKEN TO                           |
| OWNER NAME (IF SAME, WRITE 'SAME')<br><b>MADISON, HALLIE L.</b>                         |                         |                                    | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>48 FAIRVIEW AVE. MILLERSBURG OH 44654</b> |  |                                      |  |
| YEAR<br><b>2008</b>   | MAKE<br><b>SATURN</b>   | MODEL<br><b>OTHER</b>              | COLOR<br><b>PURPLE</b>  | INSURANCE COMPANY<br><b>NATIONWIDE</b>                               | TOWING SERVICE                       | OWNER PHONE #<br><b>(330)674-6506</b>      |
| OFFENSE CHARGED   |                         | OFFENSE DESCRIPTION                |   |  | CITATION #                           | LOCAL CODE<br><input type="checkbox"/> YES |

|  |                         |                                    |  |  |                                      |  |
|--|-------------------------|------------------------------------|--|--|--------------------------------------|--|
| <b>B</b>   | UNIT #<br><b>02</b>     | # OF OCC<br><b>2</b>               | NAME (LAST, FIRST, MIDDLE)<br><b>BAKER DAVID L.</b>                                    |  |                                      |  |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>9243 T.R. 92 KILLBUCK OH 44637</b> |                         |                                    |  |  |                                      |  |
| SOCIAL SECURITY NUMBER   |                         | DATE OF BIRTH<br><b>07/28/1967</b> | AGE<br><b>43</b>   | SEX<br><b>M</b>  | HOME PHONE #<br><b>(330)763-3112</b> | WORK PHONE #                               |
| DL STATE<br><b>OH</b>  | DL #<br><b>RK416246</b> | LP STATE<br><b>OH</b>              | LP #<br><b>ENG9471</b>   | INJURED TAKEN BY<br><b>1</b> 1.NONE 4.OTHER 2.FMS 5.UNKNOWN 3.POLICE | TRANSPORTED BY                       | INJURED TAKEN TO                           |
| OWNER NAME (IF SAME, WRITE 'SAME')<br><b>BAKER, DAVID L.</b>                     |                         |                                    | OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>9243 T.R. 92 KILLBUCK OH 44637</b> |  |                                      |  |
| YEAR<br><b>1995</b>  | MAKE<br><b>FORD</b>     | MODEL<br><b>RANGER</b>             | COLOR<br><b>GREEN</b>  | INSURANCE COMPANY<br><b>GEICO</b>                                    | TOWING SERVICE                       | OWNER PHONE #<br><b>(330)763-3112</b>      |
| OFFENSE CHARGED  |                         | OFFENSE DESCRIPTION                |  |  | CITATION #                           | LOCAL CODE<br><input type="checkbox"/> YES |

|   |                     |   |  |  |                                    |                  |                 |
|---|---------------------|---|--|--|------------------------------------|------------------|-----------------|
| <b>C</b>  | UNIT #<br><b>01</b> | NAME (LAST, FIRST, MIDDLE)<br><b>COX LAUREN M.</b>    |  | HOME PHONE #<br><b>(330)674-6506</b>                                 | DATE OF BIRTH<br><b>12/27/1994</b> | AGE<br><b>15</b> | SEX<br><b>F</b> |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>48 FAIRVIEW AVE. MILLERSBURG OH 44654</b> |                     |   |  | INJURED TAKEN BY<br><b>1</b> 1.NONE 4.OTHER 2.FMS 5.UNKNOWN 3.POLICE | TRANSPORTED BY                     | INJURED TAKEN TO |                 |
| <b>D</b>  | UNIT #<br><b>01</b> | NAME (LAST, FIRST, MIDDLE)<br><b>MADISON KAYLA L.</b> |  | HOME PHONE #<br><b>(330)674-6506</b>                                 | DATE OF BIRTH<br><b>09/20/2001</b> | AGE<br><b>9</b>  | SEX<br><b>F</b> |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>48 FAIRVIEW AVE. MILLERSBURG OH 44654</b> |                     |   |  | INJURED TAKEN BY<br><b>1</b> 1.NONE 4.OTHER 2.FMS 5.UNKNOWN 3.POLICE | TRANSPORTED BY                     | INJURED TAKEN TO |                 |

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

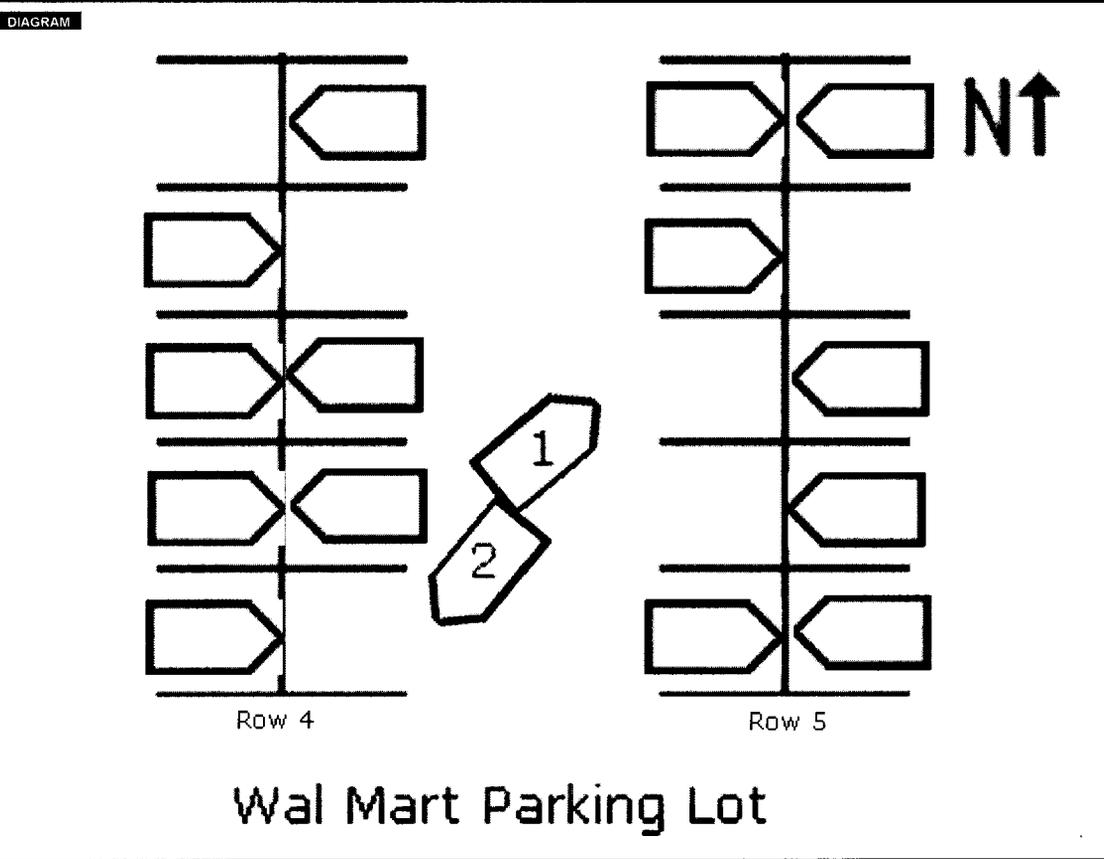
MOTORIST / NON-MOTORIST / OCCUPANT

|  |  |   |   |  |   |                                   |                                   |                        |                        |                        |                        |                        |                        |   |   |   |   |   |   |                                  |                                |                                  |                                |
|--|--|---|---|--|---|-----------------------------------|-----------------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|---|---|---|---|---|---|----------------------------------|--------------------------------|----------------------------------|--------------------------------|
| <p><b>UNIT NUMBERS</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="02"/></p> <p><b>NON-MOTORIST LOCATION</b></p> <p>A <input type="text"/> B <input type="text"/></p> <p>01 MARKED CROSSWALK AT INTERSECTION<br/>02 AT INTERSECTION BUT NO CROSSWALK<br/>03 NON-INTERSECTION CROSSWALK<br/>04 DRIVEWAY ACCESS CROSSWALK<br/>05 IN ROADWAY<br/>06 NOT IN ROADWAY<br/>07 MEDIAN (BUT NOT ON SHOULDER)<br/>08 ISLAND<br/>09 SHOULDER<br/>10 SIDEWALK<br/>11 WITHIN 10 FEET OF ROADWAY (BUT NOT SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)<br/>12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)<br/>13 ON SIDE TRAFFICWAY<br/>14 SHARED USE PATHS OR TRAILS<br/>15 UNKNOWN</p>  | <p><b>DAMAGE AREA</b></p> <p><b>FRONT</b></p>  <p><b>REAR</b></p>    | <p><b>PRE-CRASH ACTIONS</b></p> <p>A <input type="text" value="02"/> B <input type="text" value="02"/></p> <p><b>MOTORIST</b></p> <p>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD<br/>02 BACKING<br/>03 CHANGING LANES<br/>04 OVERTAKING/PASSING<br/>05 TURNING RIGHT<br/>06 TURNING LEFT<br/>07 MAKING U-TURN<br/>08 ENTERING TRAFFIC LANE<br/>09 LEAVING TRAFFIC LANE<br/>10 PARKED<br/>11 SLOWING OR STOPPED IN TRAFFIC<br/>12 DRIVERLESS<br/>13 OTHER<br/>14 UNKNOWN</p> <p><b>NON-MOTORIST</b></p> <p>15 ENTERING OR CROSSING SPECIFIED LOCATION<br/>16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br/>17 WORKING<br/>18 PUSHING VEHICLE<br/>19 APPROACHING OR LEAVING VEHICLE<br/>20 PLAYING OR WORKING ON VEHICLE<br/>21 STANDING<br/>22 OTHER<br/>23 UNKNOWN</p>  | <p><b>SEQUENCE OF EVENTS</b></p> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="20"/></td> <td>1 <input type="text" value="20"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> </table> <p><b>NON-COLLISION</b></p> <p>01 OVERTURN/ROLL-OVER<br/>02 FIRE/EXPLOSION<br/>03 IMMERSION<br/>04 JACKKNIFE<br/>05 CARGO/EQUIPMENT LOSS OR SHIFT<br/>06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)<br/>07 SEPARATION OF UNITS<br/>08 RAN OFF ROAD RIGHT<br/>09 RAN OFF ROAD LEFT<br/>10 CROSS-MEDIAN CENTERLINE<br/>11 DOWNHILL RUNAWAY<br/>12 OTHER NON-COLLISION<br/>13 UNKNOWN NON-COLLISION<br/>14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIED<br/>15 PEDESTRIAN<br/>16 RAILWAY VEHICLE (E.G. TRAIN ENGINE)<br/>17 ANIMAL - FARM<br/>18 ANIMAL - DEER<br/>19 ANIMAL - OTHER<br/>20 MO FOR VEHICLE IN TRANSPORT<br/>21 PARKED MOTOR VEHICLE<br/>22 WORK ZONE MAINTENANCE EQUIPMENT<br/>23 OTHER MOVABLE OBJECT<br/>24 UNKNOWN MOVABLE OBJECT<br/>25 COLLISION WITH FIXED OBJECT<br/>26 IMPACT ATTENUATOR CRASH CUSHION<br/>27 BRIDGE OVERHEAD STRUCTURE<br/>28 BRIDGE PIER OR ABUTMENT<br/>29 BRIDGE PARAPET<br/>30 BRIDGE RAIL<br/>31 G/DR/RAIL FACE<br/>32 G/DR/RAIL END<br/>33 MEDIAN BARRIER<br/>34 HIGHWAY TRAFFIC SIGN POST<br/>35 OVERHEAD SIGN POST<br/>36 LIGHT FIXTURE/SUPPORT<br/>37 OTHER POST, POLE OR SUPPORT<br/>38 CULVERT<br/>39 CURB<br/>40 DITCH<br/>41 EMBANKMENT<br/>42 FENCE<br/>43 MAILBOX<br/>44 TREE<br/>45 OTHER FENCED OBSTACLE (WALL, BUILDING, TOWER, ETC.)<br/>46 WORK ZONE MAINTENANCE EQUIPMENT<br/>47 UNKNOWN FIXED OBJECT<br/>48 OTHER<br/>49 UNKNOWN</p> | A  | B   | 1 <input type="text" value="20"/> | 1 <input type="text" value="20"/> | 2 <input type="text"/> | 2 <input type="text"/> | 3 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | 4 <input type="text"/> | <p><b>POSTED SPEED</b></p> <p>A <input type="text" value="5"/> B <input type="text" value="5"/></p> <p><b>TRAFFIC CONTROL</b></p> <p>A <input type="text" value="01"/> B <input type="text" value="01"/></p> <p>01 NO CONTROLS<br/>02 STOP SIGN<br/>03 YIELD SIGN<br/>04 TRAFFIC SIGNAL<br/>05 TRAFFIC FLASHERS<br/>06 SCHOOL ZONE<br/>07 RAILROAD CROSSINGS<br/>08 RAILROAD FLASHERS<br/>09 RAILROAD GATES<br/>10 CONSTRUCTION BARRICADE<br/>11 POLICE OFFICER<br/>12 PAVEMENT MARKINGS<br/>13 CROSSWALK LINES<br/>14 WALK/DONT WALK<br/>15 TRAFFIC CONTROL DEVICE<br/>16 OPERATIVE, MISSING, OBTURED<br/>17 OTHER<br/>18 NOT REPORTED</p> | <p><b>DRUG TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE GIVEN<br/>2 TEST REFUSED<br/>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br/>4 TEST GIVEN, RESULTS KNOWN<br/>5 GIVEN, RESULTS UNKNOWN<br/>6 UNKNOWN</p> <p><b>DRUG TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE<br/>2 BLOOD<br/>3 URINE<br/>4 OTHER</p> <p><b>DRUG TEST 1 &amp; 2 RESULT</b></p> <table border="1"> <tr> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>A <input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> <td><input type="text" value="1"/></td> </tr> </table> <p>1 NONE<br/>2 MARIJUANA<br/>3 COCAINE<br/>4 OPiates<br/>5 AMPHETAMINES<br/>6 PCP<br/>7 OTHER<br/>8 UNKNOWN AT TIME OF REPORTING</p> | 1 | 2 | 1 | 2 | A <input type="text" value="1"/> | <input type="text" value="1"/> | B <input type="text" value="1"/> | <input type="text" value="1"/> |
| A  | B  |   |   |  |   |                                   |                                   |                        |                        |                        |                        |                        |                        |   |   |   |   |   |   |                                  |                                |                                  |                                |
| 1 <input type="text" value="20"/>  | 1 <input type="text" value="20"/>  |   |   |  |   |                                   |                                   |                        |                        |                        |                        |                        |                        |   |   |   |   |   |   |                                  |                                |                                  |                                |
| 2 <input type="text"/>   | 2 <input type="text"/>   |   |   |  |   |                                   |                                   |                        |                        |                        |                        |                        |                        |   |   |   |   |   |   |                                  |                                |                                  |                                |
| 3 <input type="text"/>   | 3 <input type="text"/>   |   |   |  |   |                                   |                                   |                        |                        |                        |                        |                        |                        |   |   |   |   |   |   |                                  |                                |                                  |                                |
| 4 <input type="text"/>   | 4 <input type="text"/>   |   |   |  |   |                                   |                                   |                        |                        |                        |                        |                        |                        |   |   |   |   |   |   |                                  |                                |                                  |                                |
| 1  | 2  | 1   | 2   |  |   |                                   |                                   |                        |                        |                        |                        |                        |                        |   |   |   |   |   |   |                                  |                                |                                  |                                |
| A <input type="text" value="1"/>   | <input type="text" value="1"/>   | B <input type="text" value="1"/>  | <input type="text" value="1"/>  |  |   |                                   |                                   |                        |                        |                        |                        |                        |                        |   |   |   |   |   |   |                                  |                                |                                  |                                |
| <p><b>TYPE OF UNIT</b></p> <p>A <input type="text" value="06"/> B <input type="text" value="07"/></p> <p><b>MOTORIST</b></p> <p>01 SUBCOMPACT<br/>02 COMPACT<br/>03 MID SIZED<br/>04 FULL SIZE<br/>05 MINIVAN<br/>06 SPORT UTILITY VEHICLE<br/>07 PICKUP<br/>08 PANEL VAN<br/>09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES<br/>10 SINGLE UNIT TRUCK, 3 OR MORE AXLES<br/>11 TRUCK TRAILER<br/>12 TRUCK TRACTOR (BOOTH)</p> <p><b>NON-MOTORIST</b></p> <p>13 TRACTOR SEMI-TRAILER<br/>14 TRACTOR DOUBLE-SHORT<br/>15 TRACTOR DOUBLE-LONG<br/>16 FIFTY FIFTY OR CONVERTER DOLLY<br/>17 TRACTOR TRIPLES<br/>18 MOTORCYCLE<br/>19 MOPED/BICYCLE<br/>20 SCOOTER, BUS<br/>21 RICKSHAW<br/>22 PUBLIC BUS<br/>23 OTHER BUS<br/>24 POLICE VEHICLE<br/>25 FIRE TRUCK<br/>26 AMBULANCE/RESCUE<br/>27 TAXI<br/>28 MOTOR HOME<br/>29 TRAILER<br/>30 ARM VEHICLE<br/>31 FARM EQUIPMENT<br/>32 SNOWMOBILE<br/>33 CONSTRUCTION EQUIPMENT<br/>34 ALL OTHERS<br/>35 ANIMAL W/ RIDER<br/>36 ANIMAL W/ BUGGY<br/>37 BICYCLE<br/>38 PEDICELAN<br/>39 PEDAL CYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)<br/>40 SKATEBOARD<br/>41 OTHER NON-MOTORIST (WHEELCHAIR, ETC.)<br/>42 UNKNOWN</p> | <p><b>MOST DAMAGED AREA</b></p> <p>A <input type="text" value="05"/> B <input type="text" value="05"/></p> <p>01 NONE<br/>02 CENTER FRONT<br/>03 RIGHT FRONT<br/>04 RIGHT SIDE<br/>05 RIGHT REAR<br/>06 REAR CENTER<br/>07 LEFT REAR<br/>08 LEFT SIDE<br/>09 LEFT FRONT<br/>10 TOP AND WINDOWS<br/>11 UNDERCARRIAGE<br/>12 LOAD TRAILER<br/>13 TOTAL (ALL AREAS)<br/>14 OTHER<br/>15 UNKNOWN</p>       | <p><b>CONTRIBUTING CIRCUMSTANCES</b></p> <p>A <input type="text" value="10"/> B <input type="text" value="10"/></p> <p><b>MOTORIST</b></p> <p>01 NONE<br/>02 FAILURE TO YIELD<br/>03 RAN RED LIGHT OR STOP SIGN<br/>04 EXCEEDED SPEED/LIMIT<br/>05 SNAKE SPEED<br/>06 IMPROPER TURN<br/>07 LEFT OF CENTER<br/>08 FOLLOWED TOO CLOSELY<br/>09 IMPROPER LANE CHANGE/DROVE OFF ROAD<br/>10 IMPROPER PASSING<br/>11 IMPROPER BACKING<br/>12 IMPROPER START FROM PARKED POSITION<br/>13 OPERATING VEHICLE INERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER<br/>14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)<br/>15 FAILURE TO CONTROL<br/>16 VISION OBSTRUCTION<br/>17 DRIVER INATTENTION<br/>18 FATIGUE/ASLEEP<br/>19 OPERATING DEFECTIVE EQUIPMENT<br/>20 LOAD SHIFTING/FALLING/SPILLING<br/>21 OTHER IMPROPER ACTION<br/>22 UNKNOWN<br/>23 NONE<br/>24 IMPROPER CROSSING<br/>25 PARTING<br/>26 VIOLATING AND/OR ILLEGALLY IN ROADWAY<br/>27 FAILURE TO YIELD RIGHT OF WAY<br/>28 NOT VISIBLE (DARK CLOTHING)<br/>29 INATTENTIVE<br/>30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER<br/>31 WRONG SIDE OF THE ROAD<br/>32 OTHER<br/>33 UNKNOWN</p> | <p><b>DIRECTION</b></p> <p><b>FROM TO</b></p> <p>A <input type="text" value="3"/> <input type="text" value="8"/> B <input type="text" value="4"/> <input type="text" value="7"/></p> <p>1 NORTH<br/>2 SOUTH<br/>3 EAST<br/>4 WEST<br/>5 NORTHEAST<br/>6 NORTHWEST<br/>7 SOUTHEAST<br/>8 SOUTHWEST<br/>9 UNKNOWN</p> <p><b>CONDITION</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 APPARENTLY NORMAL<br/>2 PHYSICAL IMPAIRMENT<br/>3 EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)<br/>4 ILLNESS<br/>5 FELL ASLEEP, FAINTED, FATIGUED, ETC.<br/>6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL<br/>7 OTHER<br/>8 UNKNOWN</p>  | <p><b>TYPE OF INTERSECTION</b></p> <p>A <input type="text" value="01"/></p> <p>01 NOT AN INTERSECTION<br/>02 FOUR-WAY INTERSECTION<br/>03 T-INTERSECTION<br/>04 Y-INTERSECTION<br/>05 TRAFFIC CIRCLE/ROUNDABOUT<br/>06 FIVE-POINT, OR MORE<br/>07 ON-RAMP<br/>08 OFF-RAMP<br/>09 CROSSOVER<br/>10 DRIVEWAY<br/>11 RAILWAY GRADE CROSSING<br/>12 SHARED-USE PATHS OR TRAILS<br/>13 UNKNOWN</p> <p><b>OCCURRENCE</b></p> <p>A <input type="text" value="1"/></p> <p>1 ON ROADWAY<br/>2 ON SHOULDER<br/>3 IN MEDIAN<br/>4 ON ROADSIDE<br/>5 ON GAZEBO<br/>6 OFF-SIDE TRAFFICWAY<br/>7 UNKNOWN</p> |   |                                   |                                   |                        |                        |                        |                        |                        |                        |   |   |   |   |   |   |                                  |                                |                                  |                                |
| <p><b>IN EMERGENCY RESPONSE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 SFD<br/>2 VES<br/>3 UNKNOWN</p>  | <p><b>POINT OF IMPACT</b></p> <p>A <input type="text" value="05"/> B <input type="text" value="05"/></p> <p>01 NONE<br/>02 CENTER FRONT<br/>03 RIGHT FRONT<br/>04 RIGHT SIDE<br/>05 RIGHT REAR<br/>06 REAR CENTER<br/>07 LEFT REAR<br/>08 LEFT SIDE<br/>09 LEFT FRONT<br/>10 TOP AND WINDOWS<br/>11 UNDERCARRIAGE<br/>12 LOAD TRAILER<br/>13 TOTAL (ALL AREAS)<br/>14 OTHER<br/>15 UNKNOWN</p>         | <p><b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b></p> <p>A <input type="text"/> B <input type="text"/></p> <p>01 TURN SIGNALS<br/>02 HEAD LAMPS<br/>03 TAIL LAMPS<br/>04 BRAKES<br/>05 STEERING<br/>06 TIRE BLOWOUT<br/>07 WORN OR SLACK TIRES<br/>08 TRAILER EQUIPMENT DEFECTIVE<br/>09 MOTOR TROUBLE<br/>10 DISABLED FROM PRIOR ACCIDENT<br/>11 OTHER DEFECTS<br/>12 NO DEFECTS</p>  | <p><b>FIRST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>  | <p><b>ALCOHOL/DRUG SUSPECTED</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE<br/>2 YES ALCOHOL SUSPECTED<br/>3 YES - HBD NOT IMPAIRED<br/>4 YES - DRUGS SUSPECTED<br/>5 YES - ALCOHOL AND DRUGS SUSPECTED<br/>6 UNKNOWN</p>   | <p><b>ROAD CONTOUR</b></p> <p>A <input type="text" value="1"/></p> <p>1 STRAIGHT LEVEL<br/>2 STRAIGHT GRADE<br/>3 CURVE LEVEL<br/>4 CURVE GRADE<br/>5 UNKNOWN</p>   |                                   |                                   |                        |                        |                        |                        |                        |                        |   |   |   |   |   |   |                                  |                                |                                  |                                |
| <p><b>DAMAGE SCALE</b></p> <p>A <input type="text" value="2"/> B <input type="text" value="3"/></p> <p>1 NONE<br/>2 NON-FUNCTIONAL<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</p>   | <p><b>STRIKING VEHICLE OVERRIDE/UNDERIDE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NO UNDERIDE OR OVERRIDE<br/>2 UNDERIDE, COMPARTMENT INTRUSION<br/>3 UNDERIDE, NO COMPARTMENT INTRUSION<br/>4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN<br/>5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT<br/>6 OVERRIDE, OTHER VEHICLE<br/>7 UNKNOWN IF UNDERIDE OR OVERRIDE</p> | <p><b>SPEED DETECTED</b></p> <p>A <input type="text" value="2"/> B <input type="text" value="2"/></p> <p>1 STATED<br/>2 ESTIMATED</p>   | <p><b>MOST HARMFUL EVENT</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>  | <p><b>ALCOHOL TEST STATUS</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE GIVEN<br/>2 TEST REFUSED<br/>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br/>4 TEST GIVEN, RESULTS KNOWN<br/>5 TEST GIVEN, RESULTS UNKNOWN<br/>6 UNKNOWN</p>   | <p><b>ROAD CONDITIONS</b></p> <p><b>PRIMARY</b> <input type="text" value="01"/> <b>SECONDARY</b> <input type="text"/></p> <p>01 DRY<br/>02 WET<br/>03 SNOW<br/>04 ICE<br/>05 SAND/MUD/DIRT/OIL/GRAVEL<br/>06 WATER (STANDING, MOVING)<br/>07 SLUSH<br/>08 DEBRIS<br/>09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT<br/>10 OTHER<br/>11 UNKNOWN</p> |                                   |                                   |                        |                        |                        |                        |                        |                        |   |   |   |   |   |   |                                  |                                |                                  |                                |
| <p><b>ALCOHOL TEST TYPE</b></p> <p>A <input type="text" value="1"/> B <input type="text" value="1"/></p> <p>1 NONE<br/>2 BREATH<br/>3 OTHER<br/>4 URINE</p> <p><b>ALCOHOL TEST RESULT</b></p> <p>A <input type="text"/></p> <p>B <input type="text"/></p>  | <p><b>SPEED</b></p> <p>A <input type="text" value="2"/> B <input type="text" value="2"/></p>   | <p><b>LOCAL REPORT #</b></p> <p>10MPD 2199</p>  | <p><b>SUPPLEMENT 'X' IF YES</b></p> <p><input type="checkbox"/></p>   | <p><b>LOCAL REPORT #</b></p> <p>10MPD 2199</p>   | <p><b>LOCAL REPORT #</b></p> <p>10MPD 2199</p>  |                                   |                                   |                        |                        |                        |                        |                        |                        |   |   |   |   |   |   |                                  |                                |                                  |                                |

**NARRATIVE**

UNITS 1 & 2 SIMULTANEOUSLY BACKED FROM PARKING SPACES ACROSS FROM ONE ANOTHER IN A RETAIL STORE PARKING LOT AND COLLIDED.

|   |  |
|---|--|
| <b>MANNER OF COLLISION OR IMPACT</b><br><input checked="" type="checkbox"/> <b>5</b><br>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT<br>2 REAR-END<br>3 HEAD-ON<br>4 REAR-TO-REAR<br>5 BACKING<br>6 ANGLE<br>7 SIDESWIP SAME DIRECTION<br>8 SIDESWIP OPPOSITE DIRECTION<br>9 UNKNOWN | <b>SCHOOL BUS RELATED</b><br><input checked="" type="checkbox"/> <b>1</b><br>1 NO<br>2 YES DIRECTLY INVOLVED<br>3 YES INDIRECTLY INVOLVED<br>4 UNKNOWN                       |
| <b>WEATHER</b><br><input checked="" type="checkbox"/> <b>01</b><br>01 CLEAR<br>02 CLOUDY<br>03 FOG/SMOG/SMOKE<br>04 RAIN<br>05 SLEET/HAIL (FREEZING RAIN OR DRIZZLE)<br>06 SNOW<br>07 SEVERE CROSSWINDS<br>08 BLOWING SAND/SOIL/DIRT/SNOW<br>09 OTHER<br>10 UNKNOWN                       | <b>WORK ZONE RELATED</b><br><input checked="" type="checkbox"/> <b>1</b><br>1 NO<br>2 YES<br>3 UNKNOWN   |
| <b>LIGHT CONDITIONS</b><br>PRIMARY <input checked="" type="checkbox"/> <b>1</b> SECONDARY <input type="checkbox"/><br>1 DAYLIGHT<br>2 DAWN<br>3 DUSK<br>4 DARK - LIGHTED ROADWAY<br>5 DARK - ROADWAY NOT LIGHTED<br>6 DARK - UNKNOWN ROADWAY LIGHTING<br>7 GLARE<br>8 OTHER<br>9 UNKNOWN  | <b>TYPE OF WORK ZONE</b><br><input type="checkbox"/><br>1 LANE CLOSURE<br>2 LANE SHIFT/CROSSOVER<br>3 WORK ON SHOULDER OR MEDIAN<br>4 INTERMITTENT OR MOVING WORK<br>5 OTHER |
| <b>LOC ATION OF CRASH IN WORK ZONE</b><br><input type="checkbox"/><br>1 BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 ADVANCE WARNING AREA<br>3 TRANSITION AREA<br>4 ACTIVITY AREA   | <b>WORKERS PRESENT</b><br><input type="checkbox"/><br>1 NO<br>2 YES<br>3 UNKNOWN   |



Wal Mart Parking Lot

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

COMPANY (FROM SHIPPING PAPERS)

ADDRESS (STREET, CITY, ST, ZIP CODE)

|   |  |  |   |  |   |  |       |
|---|--|--|---|--|---|--|-------|
| US DOT  | ICC MC   | PUCO   | TRAILER LP ST.  | TRAILER LP YEAR  | TRAILER LP #  | PLACARD #  | # DIA |
| <b>CARGO BODY TYPE</b><br><input type="checkbox"/> NOT APPLICABLE<br>02 BUS (9-15 INCL. DRIVER)<br>03 VAN ENCLOSED BOX<br>04 GRAIN/CHIPS/GRAVEL | 05 POLE<br>06 CARGO TANK<br>07 FLATBED<br>08 DUMP<br>09 CONCRETE MIXER | 10 AUTO TRANSPORTER<br>11 GARbage/REFUSE<br>12 OTHER<br>13 UNKNOWN | <b>WEIGHT (GVWR)</b><br><input type="checkbox"/> 1 LESS EQUAL 10,000<br><input type="checkbox"/> 2 10,001 - 26,000<br><input type="checkbox"/> 3 MORE THAN 26,000 | <b>CDL CLASS</b><br><input type="checkbox"/> 1 CLASS A<br><input type="checkbox"/> 2 CLASS B<br><input type="checkbox"/> 3 CLASS C<br><input type="checkbox"/> 4 CLASS D<br><input type="checkbox"/> 5 CLASS E | <b>HAZARDOUS MATERIALS</b><br><input type="checkbox"/> 1 NO<br><input type="checkbox"/> 2 YES<br><input type="checkbox"/> 3 UNKNOWN | <b>HAZARDOUS MATERIALS RFI FASEN</b><br><input type="checkbox"/> 1 NO 4 UNKNOWN<br><input type="checkbox"/> 2 YES<br><input type="checkbox"/> 3 NOT APPLICABLE |       |

**POLICE ACTION**

|  |  |  |                         |                                     |                                       |                            |
|--|--|--|-------------------------|-------------------------------------|---------------------------------------|----------------------------|
| DATE CRASH REPORTED<br><b>1/06/2010</b>  | TIME REC CALL<br><b>15:50</b>  | DISPATCH<br><b>15:51</b>                       | ARRIVED<br><b>15:55</b> | CLEARED<br><b>16:37</b>             | OTHER<br><b>0</b>                     | TOTAL MINUTES<br><b>46</b> |
| OFFICER'S NAME<br><b>PTL. W. TODD BOOTH</b>  |  | BADGE #<br><b>104</b>                          | CHECKED BY              |                                     | DATE REPORT FILED<br><b>1/06/2010</b> |                            |
| REPORT TAKEN BY<br><input checked="" type="checkbox"/> <b>1</b><br>1 POLICE AGENCY<br>2 MOTORIST | REPORT TAKEN AT<br><input checked="" type="checkbox"/> <b>1</b><br>1 LICENSE<br>2 STATION<br>3 OTHER | SUPPLEMENT 'X' IF YES <input type="checkbox"/> |                         | LOCAL REPORT #<br><b>10MPD 2199</b> |                                       |                            |

# TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

|                                     |                            |  |                                    |
|-------------------------------------|----------------------------|--|------------------------------------|
| LOCAL REPORT #<br><b>10MPD 2199</b> | N.C.I.C. #<br><b>03801</b> | REPORTING AGENCY<br><b>MILLERSBURG POLICE DEPARTMENT</b> | DATE OF CRASH<br><b>11/06/2010</b> |
|-------------------------------------|----------------------------|--|------------------------------------|

|   |                     |  |                                  |                                    |                  |                 |
|---|---------------------|--|----------------------------------|------------------------------------|------------------|-----------------|
| <b>E</b>  | UNIT #<br><b>02</b> | NAME (LAST, FIRST, MIDDLE)<br><b>BAKER NICHOLE R.</b>  | HOME PHONE#<br><b>3307633112</b> | DATE OF BIRTH<br><b>12/08/1991</b> | AGE<br><b>18</b> | SEX<br><b>F</b> |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)<br><b>9243 T.R. 92 KILLBUUCK OH 44637</b> |                     | INJURED TAKEN BY<br><input checked="" type="checkbox"/> 1<br>1.NONE 4.OTHER<br>2.EMS 3.UNKNOWN<br>3.POLICE | TRANSPORTED BY                   | INJURED TAKEN TO                   |                  |                 |
| <b>F</b>  | UNIT #              | NAME (LAST, FIRST, MIDDLE)   | HOME PHONE#                      | DATE OF BIRTH                      | AGE              | SEX             |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)   |                     | INJURED TAKEN BY<br><input type="checkbox"/> 1<br>1.NONE 4.OTHER<br>2.EMS 3.UNKNOWN<br>3.POLICE            | TRANSPORTED BY                   | INJURED TAKEN TO                   |                  |                 |
| <b>G</b>  | UNIT #              | NAME (LAST, FIRST, MIDDLE)   | HOME PHONE#                      | DATE OF BIRTH                      | AGE              | SEX             |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)   |                     | INJURED TAKEN BY<br><input type="checkbox"/> 1<br>1.NONE 4.OTHER<br>2.EMS 3.UNKNOWN<br>3.POLICE            | TRANSPORTED BY                   | INJURED TAKEN TO                   |                  |                 |
| <b>H</b>  | UNIT #              | NAME (LAST, FIRST, MIDDLE)   | HOME PHONE#                      | DATE OF BIRTH                      | AGE              | SEX             |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)   |                     | INJURED TAKEN BY<br><input type="checkbox"/> 1<br>1.NONE 4.OTHER<br>2.EMS 3.UNKNOWN<br>3.POLICE            | TRANSPORTED BY                   | INJURED TAKEN TO                   |                  |                 |
| <b>I</b>  | UNIT #              | NAME (LAST, FIRST, MIDDLE)   | HOME PHONE#                      | DATE OF BIRTH                      | AGE              | SEX             |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)   |                     | INJURED TAKEN BY<br><input type="checkbox"/> 1<br>1.NONE 4.OTHER<br>2.EMS 3.UNKNOWN<br>3.POLICE            | TRANSPORTED BY                   | INJURED TAKEN TO                   |                  |                 |
| <b>J</b>  | UNIT #              | NAME (LAST, FIRST, MIDDLE)   | HOME PHONE#                      | DATE OF BIRTH                      | AGE              | SEX             |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)   |                     | INJURED TAKEN BY<br><input type="checkbox"/> 1<br>1.NONE 4.OTHER<br>2.EMS 3.UNKNOWN<br>3.POLICE            | TRANSPORTED BY                   | INJURED TAKEN TO                   |                  |                 |
| <b>K</b>  | UNIT #              | NAME (LAST, FIRST, MIDDLE)   | HOME PHONE#                      | DATE OF BIRTH                      | AGE              | SEX             |
| ADDRESS (STREET, CITY, STATE, ZIP-CODE)   |                     | INJURED TAKEN BY<br><input type="checkbox"/> 1<br>1.NONE 4.OTHER<br>2.EMS 3.UNKNOWN<br>3.POLICE            | TRANSPORTED BY                   | INJURED TAKEN TO                   |                  |                 |

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

SUPPLEMENT 'X' IF YES