

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER *

2 | 0 | 2 | 2 | 3 | 7 | 2 | 5

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 Private Property

LOCAL INFORMATION
480 TOYOTA
 REPORTING AGENCY NAME *
GARFIELD HEIGHTS NCIC *
 0 | 1 | 8 | 2 | 0

HIT/SKIP
 1 - Solved
 2 - Unsolved
 NUMBER OF UNITS
 0 | 1
 UNIT IN ERROR
 98 - ANIMAL
 99 - UNKNOWN
 0 | 1

COUNTY *
 1 | 8
 LOCALITY *
 1

LOCATION: CITY, VILLAGE, TOWNSHIP *
GARFIELD HTS

CRASH DATE/TIME *
 1 | 2 | 2 | 3 | 2 | 0 | 2 | 2 | 0 | 3 | 5 | 8

CRASH SEVERITY
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY
 5

ROUTE TYPE
 I | R
 ROUTE NUMBER
 4 | 8 | 0

PREFIX
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 LOCATION ROAD NAME
 ROAD TYPE
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

LATITUDE DECIMAL DEGREES
 4 | 1 | . | 4 | 1 | 3 | 8

ROUTE TYPE
 ROUTE NUMBER
 PREFIX
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
TURNEY
 ROAD TYPE
 R | D

LONGITUDE DECIMAL DEGREES
 8 | 1 | . | 6 | 0 | 2 | 3

REFERENCE POINT
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #
 1
 DIRECTION
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 3

ROUTE TYPE
 IR - INTERSTATE ROUTE (TP)
 US - FEDERAL US ROUTE
 SR - STATE ROUTE
 CR - NUMBERED COUNTY ROUTE
 TR - NUMBERED TOWNSHIP ROUTE
 ROAD TYPE
 AL - ALLEY
 AV - AVENUE
 BL - BOULEVARD
 CR - CIRCLE
 CT - COURT
 DR - DRIVE
 HE - HEIGHTS
 HW - HIGHWAY
 LA - LANE
 MP - MILEPOST
 OV - OVAL
 PK - PARKWAY
 PI - PIKE
 PL - PLACE
 RD - ROAD
 SQ - SQUARE
 ST - STREET
 TE - TERRACE
 TL - TRAIL
 WA - WAY

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA
 NUMBER OF APPROACHES
 ROADWAY
 ROADWAY DIVIDED

DISTANCE FROM REFERENCE
 5 | 0 | 0
 DISTANCE UNIT OF MEASURE
 1 - Miles
 2 - Feet
 3 - Yards
 2

LOCATION OF FIRST HARMFUL EVE
 0 | 1
 1 - ON ROADWAY
 2 - ON SHOULDER
 3 - IN MEDIAN
 4 - ON ROADSIDE
 5 - ON GORE
 6 - OUTSIDE TRAFFICWAY
 7 - ON RAMP
 8 - OFF RAMP
 9 - CROSSOVER
 10 - DRIVEWAY / ALLEY ACCESS
 11 - RAILWAY GRADE CROSSING
 12 - SHARED USE PATHS
 13 - BIKE LANE
 14 - TOLL BOOTH
 99 - OTHER / UNKNOWN

DIRECTION OF TRAVEL
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 MEDIAN TYPE
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)
 2 - DIVIDED FLUSH MEDIAN (4-7 FEET)
 3 - DIVIDED, DEPRESSED MEDIAN
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
 9 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION/IMPACT
 1
 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 - OTHER / UNKNOWN

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE
 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 1ST WORK ZONE WARNING SIGN
 2 - ADVANCE WARNING AREA
 3 - TRANSITION AREA
 4 - ACTIVITY AREA
 5 - TERMINATION AREA

CONTOUR
 2
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER / UNKNOWN

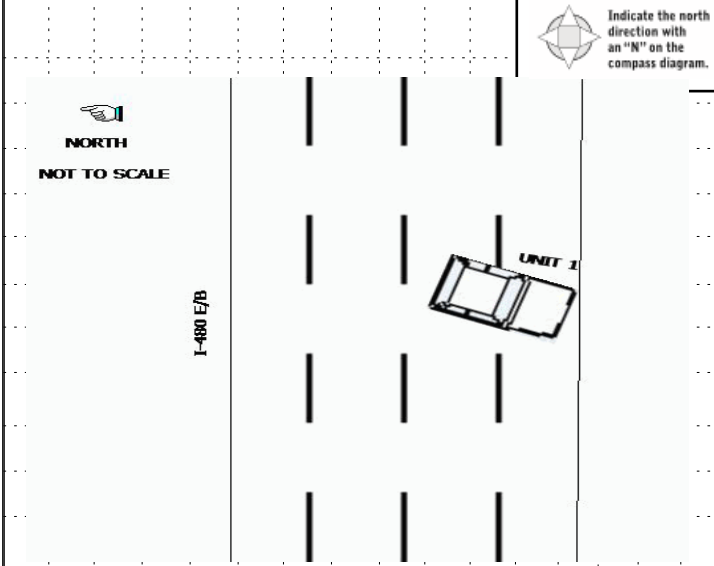
CONDITIONS
 2
 1 - DRY
 2 - WET
 3 - SNOW
 4 - ICE
 5 - SAND, MUD, DIRT, OIL, GRAVEL
 6 - WATER (STANDING, MOVING)
 7 - SLUSH
 9 - OTHER/UNKNOWN

SURFACE
 2
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 9 - OTHER / UNKNOWN

LIGHT CONDITION
 2
 1 - DAYLIGHT
 2 - DAWN/DUSK
 3 - DARK - LIGHTED ROADWAY
 4 - DARK - ROADWAY NOT LIGHTED
 5 - DARK - UNKNOWN ROADWAY LIGHTING
 9 - OTHER / UNKNOWN

WEATHER
 6
 1 - CLEAR
 2 - CLOUDY
 3 - FOG, SMOG, SMOKE
 4 - RAIN
 5 - SLEET, HAIL
 6 - SNOW
 7 - SEVERE CROSSWINDS
 8 - BLOWING SAND, SOIL, DIRT, SNOW
 9 - FREEZING RAIN OR FREEZING DRIZZLE
 99 - OTHER / UNKNOWN

NARRATIVE
 ON LISTED TIME, DATE AT SAID LOCATION UNIT #1 WAS TRAVELING EAST ON I-480 NEAR TRANSPORTATION BLVD IN WHAT IS BELIEVED TO BE LANE 2 WHEN IT LOST CONTROL DUE TO SLIPPERY/ICY ROAD CONDITIONS, RAN OFF THE ROAD RIGHT AND STRUCK THE GUARD RAIL.



CRASH REPORTED DATE/TIME
 1 | 2 | 2 | 3 | 2 | 0 | 2 | 2 | 0 | 3 | 5 | 8

DISPATCH DATE/TIME
 1 | 2 | 2 | 3 | 2 | 0 | 2 | 2 | 0 | 3 | 5 | 9

ARRIVAL DATE/TIME
 1 | 2 | 2 | 3 | 2 | 0 | 2 | 2 | 0 | 4 | 0 | 7

SCENE CLEARED DATE/TIME
 1 | 2 | 2 | 3 | 2 | 0 | 2 | 2 | 0 | 4 | 3 | 6

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST

TOTAL TIME ROADWAY CLOSED
 0

OTHER INVESTIGATION TIME
 3 | 0

TOTAL MINUTES
 5 | 9

OFFICER'S NAME *
M. Malak
 OFFICER'S BADGE NUMBER*
 0 | 3 | 3

CHECKED BY OFFICER'S NAME*
S. Sabelli
 CHECKED BY OFFICER'S BADGE NUMBER*
 S | 2 | 1

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DORS)

UNIT # 01 **OWNER NAME:** LAST, FIRST, MIDDLE (Same As Driver) **GONZALES RIVERA JORGE LUIS** **OWNER PHONE:** INCLUDE AREA CODE (Same As Driver)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) **5567 OAKWOOD AVE MAPLE HEIGHTS OH 44137**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

LP STATE OH **LICENSE PLATE #** JFB4864 **VEHICLE IDENTIFICATION #** 5TDDK3EH51A50081668 **VEHICLE YEAR** 2010 **VEHICLE MAKE** Toyota

INSURANCE VERIFIED **INSURANCE COMPANY** LIBERTY MUTUAL **INSURANCE POLICY #** AOV28167854170 **VEHICLE COLOR** BLK **VEHICLE MODEL** 4-Runner

TYPE OF USE COMMERCIAL GOVERNMENT EMERGENCY RESPONSE INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT **# OCCUPANTS** 03 **US DOT #** **VEHICLE WEIGHT GVWR/GCWR** 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. **TOWED BY: COMPANY NAME** **HAZARDOUS MATERIAL** MATERIAL RELEASED **CLASS #** **PLACARD**

UNIT TYPE 03 **# OF TRAILING UNITS**

1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEEL ED 8 - MOTORCYCLE 3-WHEEL ED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 **AUTONOMOUS MODE LEVEL** 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 01 **VEHICLE DEFECTS** 01

1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN

CARGO BODY TYPE 01 **VEHICLE DEFECTS** 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT 01 **ACTION** 01

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDLINER - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 22 **SEQUENCE OF EVENTS** 08

1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

EVENT(S) 08

1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK

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 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 **MOST HARMFUL EVENT** 2

LOCAL REPORT 20223725

DAMAGE

DAMAGE SCALE 4

1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN

DAMAGED AREA(S) INDICATE ALL THAT APPLY

- NO DAMAGE [0] - UNDERCARRIAGE [14] - TOP [13] - ALL AREAS [15] - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT 11

0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE

TRAFFIC

TRAFFICWAY FLOW 1 **TRAFFIC CONTROL** 6

1 - ONE-WAY 2 - TWO-WAY 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

OF THROUGH LANES ON ROAD 4 **RAIL GRADE CROSSING** 1

1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 45 **POSTED SPEED** 60 **DETECTED SPEED** 1

1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER									
2	0	2	2	3	7	2	5		

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE GONZALEZ YTZIEL				DATE OF BIRTH 0 8 0 4 2 0 1 9			AGE 3	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 5567 OAKWOOD AVE GARFIELD HTS OH 44125					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 5	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 4	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE HUERTAS LIZA				DATE OF BIRTH 1 0 0 7 1 9 8 9			AGE 33	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 5567 OAKWOOD AVE MAPLE HTS OH 44137					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY	EJECTION		
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		
GENDER	TRAPPED		
F - FEMALE M - MALE U - OTHER/UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		

WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			

WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			

WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			