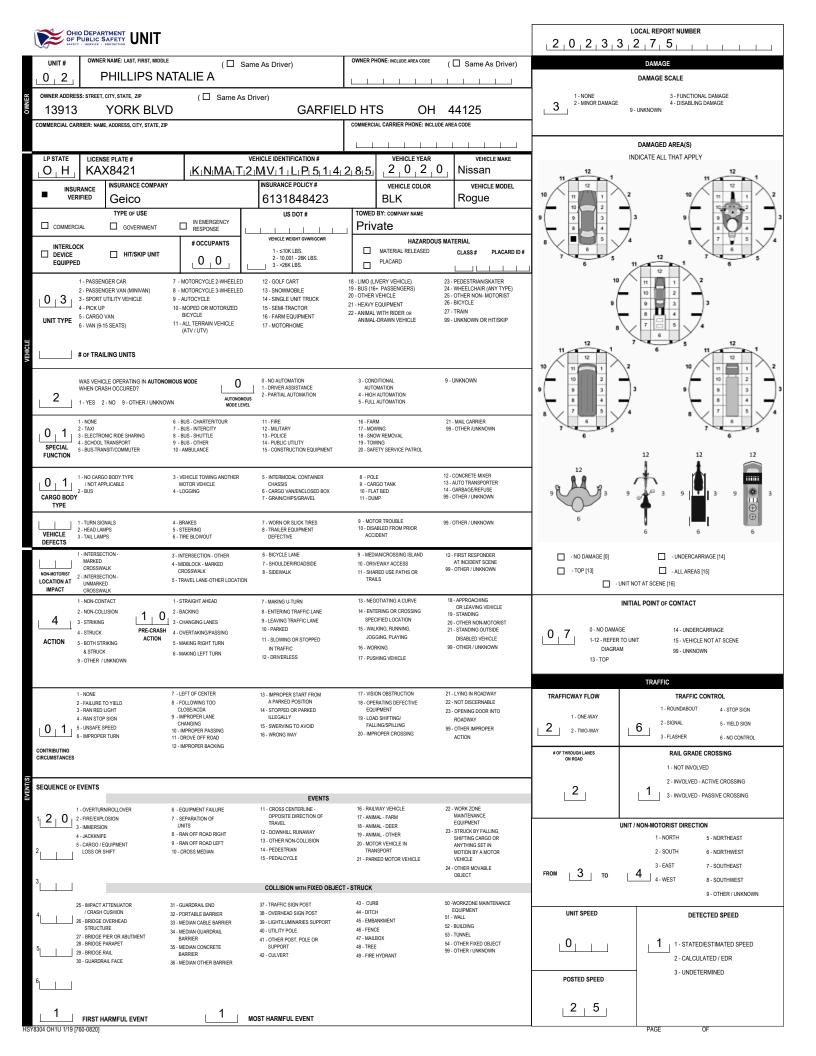


					2,0,2,3,3	LOCAL REPORT NUMBER			
UNIT # OWNER NAME: LAST, FIRST, MIDDL	E (🔳 Same	As Driver	OWNER PHONE: INCLUDE AREA CODE	(🔲 Same As Driver)	2 0 2 3 3 2 7 5				
UNIT#		AS DIIVEL)		(🖿 Same As Driver)		DAMAGE DAMAGE SCALE			
	(📕 Same As Driv	ver)			1 - NONE	3 - FUNCTIONAL DAMAGE			
OWNER ADDRESS: STREET, CITY, STATE, ZIP 13206 Woodward		44125	3 2 - MINOR DAMAGE	4 - DISABLING DAMAGE 9 - UNKNOWN					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZI	P		COMMERCIAL CARRIER PHONE: INCLU	DE AREA CODE					
				DAMAGED AREA(S)					
LP STATE LICENSE PLATE #				INDICATE ALL THAT APPLY					
		$H_19_14_1A_1B_10_16_11_4$ INSURANCE POLICY#	· · · ·		11 12 1	11 12 1			
		INCONNICE FULICI #	VEHICLE COLOR BLK	VEHICLE MODEL Other/Unknow	10 11				
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME						
COMMERCIAL GOVERNMENT			1						
	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS.	HAZARDOU	S MATERIAL CLASS # PLACARD ID #					
DEVICE HIT/SKIP UNIT EQUIPPED	0_2	2 - 10,001 - 26K LBS. 3 - >26K LBS.			7 6 5				
1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER	10				
2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE					
4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	16 - FARM EQUIPMENT	21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		- 8 1 4 -			
6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME			8				
# of TRAILING UNITS					11 12 1	7 6 5 11 12 1			
					10 12	2 10 11 1 2			
WAS VEHICLE OPERATING IN AUTON WHEN CRASH OCCURED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	10 2 -				
2 1-YES 2-NO 9-OTHER/UNKNO	AUTONOMOUS WWN MODE LEVEL	2 - PARTIAL AUTOMATION	4 - HIGH AUTOMATION 5 - FULL AUTOMATION		0 4				
1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER					
	7 - BUS - INTERCITY 8 - BUS - SHUTTLE	12 - MILITARY 13 - POLICE	17 - MOWING 18 - SNOW REMOVAL	99 - OTHER /UNKNOWN	7 6 5	7 6 5			
4 - SCHOOL TRANSPORT SPECIAL 5 - BUS-TRANSIT/COMMUTER FUNCTION	9 - BUS - OTHER 10 - AMBULANCE	14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	19 - TOWING 20 - SAFETY SERVICE PATROL			12 12 12			
					12				
0 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	8 - POLE 9 - CARGO TANK 10 - FLAT BED	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE	8 M 2				
CARGO BODY TYPE	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED 11 - DUMP	99 - OTHER / UNKNOWN	, , , , ,				
I I I 1-TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	6	() () () () () () () () () () () () () (
VEHICLE 3-TAILLAMPS 5-STEERING 8-TRALER COUPHENT VEHICLE 3-TAILLAMPS 6-TREENOUT DEFECTIVE DEFECTS			10 - DISABLED FROM PRIOR ACCIDENT			6 6 6			
1 - INTERSECTION -	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	- NO DAMAGE [0]	- UNDERCARRIAGE [14]			
CROSSWALK NON-MOTORIST 2-INTERSECTION	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR	AT INCIDENT SCENE 99 - OTHER / UNKNOWN	- TOP [13]	- ALL AREAS [15]			
LOCATION AT UNMARKED 5-TRAVEL LANE-OTHER LOCATION IMPACT CROSSWALK			TRAILS		- UNIT NOT AT SCENE [16]				
1 - NON-CONTACT 2 - NON-COLLISION	13 - NEGOTIATING A CURVE 18 - APPROACHING 14 - ENTERING OR CROSSING OR LEAVING VEHICLE			INITIAL POINT OF CONTACT					
	3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED	SPECIFIED LOCATION 15 - WALKING, RUNNING,	19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE	0 - NO DAMAG				
4 - STRUCK PRE-CRASH ACTION 5 - BOTH STRIKING ACTION	4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED		JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE	0 1 1-12 - REFER 1	TO UNIT 15 - VEHICLE NOT AT SCENE			
& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS	16 - WORKING 17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN	DIAGRAN 13 - TOP	1 99 - UNKNOWN			
5-OTHER / DIRKNOWN					10 101				
1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC TRAFFIC CONTROL			
2 - FAILURE TO YIELD 3 - RAN RED LIGHT	8 - FOLLOWING TOO CLOSE/ACDA	A PARKED POSITION 14 - STOPPED OR PARKED	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNABLE 23 - OPENING DOOR INTO		1 - ROUNDABOUT 4 - STOP SIGN			
4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGING	ILLEGALLY 15 - SWERVING TO AVOID	19 - LOAD SHIFTING/ FALLING/SPILLING	23 - OFENING DOOR INTO ROADWAY 99 - OTHER IMPROPER	1 - ONE-WAY	6 2 - SIGNAL 5 - YIELD SIGN			
6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING	ACTION	2 - TWO-WAY	3 - FLASHER 6 - NO CONTROL			
CONTRIBUTING CIRCUMSTANCES	12 - IMERUEEN BAUNING				# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING			
6						1 - NOT INVOLVED			
SEQUENCE OF EVENTS		EVENTO			2	2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING			
1 - OVERTURN/ROLLOVER		EVENTS 11 - CROSS CENTERLINE -	16 - RAILWAY VEHICLE	22 - WORK ZONE					
	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL - FARM 18 - ANIMAL - DEER	MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING,	<u>ا</u>	INIT / NON-MOTORIST DIRECTION			
4 - JACKKNIFE 5 - CARGO / EQUIPMENT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN		1 - NORTH 5 - NORTHEAST			
2 LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	MOTION BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST			
3			24 - OTHER MOVABLE OBJECT			4 - WEST 8 - SOUTHEAST			
		COLLISION WITH FIXED OBJECT	- STRUCK		_	9 - OTHER / UNKNOWN			
25 - IMPACT ATTENUATOR		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CURB 44 - DITCH	50 -WORKZONE MAINTENANCE EQUIPMENT	UNIT SPEED	DETECTED SPEED			
4 26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE	45 - EMBANKMENT 46 - FENCE	51 - WALL 52 - BUILDING	Sint of LED	DETECTED SPEED			
27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	BARRIER	41 - OTHER POST, POLE OR	40 - FENCE 47 - MAILBOX 48 - TREE	53 - TUNNEL 54 - OTHER FIXED OBJECT		3 1 - STATED/ESTIMATED SPEED			
5 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 42 36 - MEDIAN OTHER BARRIER	SUPPORT 42 - CULVERT	48 - TREE 49 - FIRE HYDRANT	99 - OTHER / UNKNOWN		2 - CALCULATED / EDR			
c	- WEDING OTHER DARKIEK				POSTED SPEED	3 - UNDETERMINED			
^р					PUSTED SPEED				
1	4				2 5				
	MOS	ST HARMFUL EVENT				DAGE OF			
ISY8304 OH1U 1/19 [760-0820]						PAGE OF			



OHIO DEPARTMENT						LOCAL	REPORT NUMBER
OF PUBLIC SAFETY SAFETY · SERVICE · PROTECTION	MOTORIST / NO	UN-MUTURIST			2	2 0 2 3 3	2 7 5
M UNIT # NAME: LAST, FIR	ST, MIDDLE					DATE OF BIRTH	AGE GENDER
	LINNELL	_		1 0 5 1 9	<u> 7 1 [5 2 M</u>		
ADDRESS: STREET, CITY, STATE, ZIP						ACT PHONE - INCLUDE AREA CODE	
13206 Woodv Injuries Injured e		INJURED TAKEN TO: MEDICAL FAC		DH 44125 SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE EJECTION TRAPPED
BY	GHFD / Clinic	Cleveland C	linic	USED 9			2 1 1
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE CHARGE		LOCAL OFFENSE DE CODE	ESCRIPTION		CITATION NUMBER
OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		ON ALC STATUS TYPE	OHOLITEST VALUE STAT	TUS TYPE RESULT SELECT UP TO 4
			OTHER DRUG	4			
UNIT # NAME: LAST, FIR	ST, MIDDLE					DATE OF BIRTH	AGE GENDER
ADDRESS: STREET, CITY, STATE, ZIP					CONTA	CT PHONE - INCLUDE AREA CODE	
INJURIES INJURED TAKEN	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT USED		SEATING POSITION	AIR BAG USAGE EJECTION TRAPPEI
BY					DOT-COMP MC HELM		
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE CHARGED		OCAL OFFENSE DE	SCRIPTION		CITATION NUMBER
OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		N ALC STATUS TYPE	VALUE STATU	US TYPE RESULT SELECT UP TO 4
			OTHER DRUG				
UNIT # NAME: LAST, FIR	ST, MIDDLE					DATE OF BIRTH	AGE GENDER
ADDRESS: STREET, CITY, STATE, ZIP					CONTA	CT PHONE - INCLUDE AREA CODE	
INJURIES INJURED TAKEN I	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE EJECTION TRAPPEI
BY					DOT-COMP MC HELM		
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE CHARGED		OCAL OFFENSE DE	ESCRIPTION		CITATION NUMBER
		DRIVER					
D OL CLASS ENDORSEMENT R SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		STATUS TYPE	VALUE STATI	DRUG TEST(S) US TYPE RESULT SELECT UP TO 4
			OTHER DRUG				
INJURIES	SEATING POSITION 1 - FRONT - LEFT SIDE	AIR BAG 1 - NOT DEPLOYED	OL CLASS 1 - CLASS A	1 - AL	OL RESTRICTION(S) COHOL INTERLOCK	DRIVER DISTRACTION 1 - NOT DISTRACTED	TEST STATUS 1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		VICE L INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION	2 - TEST REFUSED
8 - SUSPECTED MINOR INJURY - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CO	RRECTIVE LENSES	DEVICE (TEXTING, TYPING,	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
- POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO =		RM WAIVER CEPT CLASS A BUS	DIALING) 3 - TALKING ON HANDS-FREE	4 - TEST GIVEN, RESULTS KNOWN
	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY 6 - NO VALID OL		CEPT CLASS A CLASS B BUS	COMMUNICATION DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	7 - THIRD - LEFT SIDE	9 - DEPLOYMENT UNKNOWN	6-NO VALID OL		CEPT TRACTOR-TRAILER	4 - TALKING ON HAND-HELD	
- NOT TRANSPORTED	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE				ERMEDIATE LICENSE STRICTIONS	COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN	
/TREATED AT SCENE - EMS	9 - THIRD - RIGHT SIDE	EJECTION	OL ENDORSEM	9-LE/	ARNER'S PERMIT	ELECTRONIC DEVICE	ALCOHOL TEST TYPE
- POLICE	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT EJECTED	H - HAZMAT	RE	STRICTIONS MITED TO DAYLIGHT	6 - PASSENGER 7 - OTHER DISTRACTION INSIDE	1 - NONE
- OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	2 - PARTIALLY EJECTED	M - MOTORCYCLE	01	NLY	THE VEHICLE 8 - OTHER DISTRACTIONS OUTSIDE	2 - BLOOD
	(NON-TRAILING UNIT, BUS,	3 - TOTALLY EJECTED	P - PASSENGER		MITED TO EMPLOYMENT MITED - OTHER	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	3 - URINE
SAFETY EQUIPMENT	PICK-UP WITH CAP) 12 - PASSENGER IN	4 - NOT APPLICABLE	N - TANKER		ECHANICAL DEVICES PECIAL BRAKES, HAND	9 - OTHER / UNKNOWN	4 - BREATH 5 - OTHER
- NONE USED - SHOULDER BELT ONLY USED	UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCY	CC	ONTROLS, OR OTHER		5- UTHEK
- SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	S - SCHOOL BUS	AU	APTIVE DEVICES) ILITARY VEHICLES ONLY		
- SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR	2 - EXTRICATED BY	T - DOUBLE & TRIPLE TRAILE	-PS 15 - M	OTOR VEHICLES		DRUG TEST TYPE 1 - NONE
FORWARD FACING	(NON-TRAILING UNIT)	MECHANICAL MEANS 3 - FREED BY	X - TANKER / HAZMAT	W	ITHOUT AIR BRAKES UTSIDE MIRROR		2 - BLOOD
- CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST 99 - OTHER / UNKNOWN	NON-MECHANICAL MEANS			ROSTHETIC AID	CONDITION 1 - APPARENTLY NORMAL	3 - URINE
- BOOSTER SEAT				18 - 0	IHEK	2 - PHYSICAL IMPAIRMENT	4 - OTHER
						3 - EMOTIONAL (E.G. DEPRESSED,	
			GENDER			ANGRY, DISTURBED) 4 - ILLNESS	DRUG TEST RESULT(S) 1 - AMPHETAMINES
- PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			F - FEMALE			5 - FELL ASLEEP, FAINTED,	2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING							
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			M - MALE			FATIGUED, ETC.	3 - BENZODIAZEPINES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			M - MALE U - OTHER/UNKNOWN			6 - UNDER THE INFLUENCE OF	3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY							4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS
10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN						6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS	4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER

OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER									
	UNIT#	NAME: LAST, FIRST, MIDDLE Cooper Preeya						DATE OF BIRTH AGE							
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address: street, city, state, zip 13206 Woodward GARFIELD HTS OH 44125								CONTACT PHONE - INCLUDE AREA CODE							
0	INJURIES	INJURED	RED EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG U	JSAGE	EJECTION	TRAPPED			
	4		GHFD				DOT-COMPLIANT MC HELMET	0 6		1	1	1 1			
	UNIT #	NAME: LAST, FIF				DAT	E OF BIRTH			AGE	GENDER				
PANT	ADDRESS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
occu															
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED		DOT-COMPLIANT	SEATING POSITION	AIR BAG L	JSAGE	EJECTION	TRAPPED			
							MC HELMET								
	UNIT #	NAME: LAST, FIF	RST, MIDDLE				DAT	E OF BIRTH			AGE	GENDER			
OCCUPANT	ADDRESS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUE	E AREA CODE							
000															
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG U	JSAGE	EJECTION	TRAPPED			
	UNIT #	NAME: LAST, FIF	RST, MIDDLE				DAT	E OF BIRTH			AGE	GENDER			
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CUPAN	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
ŏ	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG U	JSAGE	EJECTION	TRAPPED			
		TAKEN BY	. ,			USED	DOT-COMPLIANT MC HELMET								
			JURIES		SAFETY EQUIPMENT USED	SEA	TING POSITION			AIR BAG U	SAGE				
	1 - FATAL 2 - SUSPECTED SERIOUS INURY 3 - SUSPECTED MINOR INURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN		VEHICLE OCCUPANT 2 - FRONT - MIDDLE 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SECOMD - MIDDLE 5 - SECOMD - MIDDLE 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - 8 - HEIMET USED 7 - BOOSTER SEAT (NONSTRAILING UNT 8 - HEIMET USED 1 - PASSENGER IN O' 9 - PROTECTIVE PAOS USED 1 - REAR FACING 1 - LEFT SIDS 1 - RAULING UNT 1 - LIGHTING 1 - LIGHTING 1 - LIGHTING 9 - OTHER / UNKNOWN 2 - ROWL - A - SHOLD - A - A - A - A - A - A - A - A - A -			CLE SIDE CAR) K CAB OSED CARGO AREA UP WITH CAP) D CARGO AREA	3 - DE 4 - DE 5 - NO 9 - DE 1 - NC 2 - PA 3 - TO 4 - NC 2 - EX	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS							
NESS	ADDRESS: STREET									AGE		GENDER			
Ś	ADDRESS: street, city, state, zip														
	NAME: LAST, FIRST, MIDDLE					DAT	E OF BIRTH		AGE		GENDER				
WIINESS															
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE									
5	ADDRESS: STREET	, GITT, STATE, ZIP								1					
							<u> </u>		<u> </u>	405		GENDED			
,	ADDRESS: STREET						<u> </u>	E OF BIRTH		AGE		GENDER			
NE00		MIDDLE					<u> </u>	e of Birth		 AGE 		GENDER			
,	AME: LAST, FIRST,	MIDDLE					DA1	e of Birth		AGE		GENDER			