С	Dhio Department of OCCUPANT / WITNESS ADDENDUM								LOCAL REPORT NUMBER				
	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH			GENDER	
OCCUPANT	ADDRESS:	STREET, CIT	/, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
00	INJURIES	URIES INJURED TAKEN BY			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQ		SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED	
Ī	UNIT #	INIT # NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER	
OCCUPANT	ADDRESS:	DRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCILIDE AREA CODE				
000	INJURIES	INJURED TAKEN BY	D EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT	DOT-COMPLIANT POSITION AIR BAG I		AIR BAG USA	GE EJECTION	I TRAPPED	
	UNIT #	IIT # NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER	
OCCUPANT	ADDRESS:	STREET, CIT	/, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
Ö	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facility (NA	AME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED	
	UNIT #	JNIT # NAME: LAST, FIRST, MIDDLE						DA	TE OF BIRTH		AGE	GENDER	
OCCUPANT	ADDRESS:	PRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
Ö	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	AME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED	
8		IN	URIES	SAFFT	Y EQUIPMENT USED	1	SEATING POS	ITION		AIR BAG	JSAGE		
	1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 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 - 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		(MOTORCYCLE DRIVE) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSEN 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE C/ 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF 11 - PASSENGER IN OTHE CARGO AREA (NON-TR SUCH AS A BUS, PICK-UP 12 - PASSENGER IN UNEI CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		NGER) E CAR) F TRUCK CAB ER ENCLOSED RAILING UNIT P WITH CAP) ENCLOSED	3 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN R) EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE WITH CAP) CLOSED 1 - NOT TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED RY				
ESS	NAME: LAS	IAME: LAST, FIRST, MIDDLE							DATE OF BIRTH			GENDER	
WITNESS	ADDRESS:	DDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				
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WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					