

Traffic Crash Report

Local Information				Local Report Number *				Crash Severity		Hit/Skip					
				1 7 0 9 1 5 0 8				3		1 - Fatal 2 - Injury 3 - PDO					
<input checked="" type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other		<input type="checkbox"/> PDO Under State Reportable Dollar Amount		<input type="checkbox"/> Private Property		Reporting Agency NCIC *		Reporting Agency Name *		Number of Units Unit in error					
		0 8 0 0 1		MARYSVILLE DIVISION OF POLICE		0 2		0 2		98 - Animal 99 - Unknown					
County *		City *		City, Village, Township *		Crash Date *		Time of Crash		Day of Week					
8 0		<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township		MARYSVILLE		1 2 0 1 5 2 0 1 7		0 7 1 3 2		T U E					
Degrees / Minutes / Seconds Latitude				Longitude				Decimal Degrees Latitude				Longitude			
0				0				4 0 . 2 4 6 1 5 1 2				- 7 8 3 . 3 7 4 4 6 1 5			
Roadway Division		Divided Lane Direction of Travel		Number of Thru Lanes		Road Types or Milepost ²									
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided		<input type="checkbox"/> N - Northbound <input type="checkbox"/> E - Eastbound <input type="checkbox"/> S - Southbound <input type="checkbox"/> W - Westbound		2 3		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 Type 1		Location Route Number		Loc Prefix		Location Road Name		Location Road Type 2		Route Types ¹					
				W		AMRINE MILL		RD		IR - Interstate Route (inc. turnpike) US - US Route SR - State Route					
Distance From Reference		Dir From Ref		Reference Route Type 1		Reference Route Number		Ref Prefix		Reference Name (Road, Milepost, House #)					
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards		<input type="checkbox"/> N, S <input type="checkbox"/> E, W		F				E, W		833 N. MAPLE					
Reference Point Used		Crash Location		Reference Route Type 1		Reference Route Number		Ref Prefix		Reference Name (Road, Milepost, House #)					
3 1 - Intersection 2 - Mile Post 3 - House Number		0 1 01 - Not an Intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout								11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown					
										<input type="checkbox"/> Intersection Related					
										Location of First Harmful Event 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown					
Road Contour		Road Contour		Road Contour		Road Contour		Road Contour		Road Contour					
1 - Straight Level 2 - Straight Grade 3 - Curve Level		4 - Curve Grade 9 - Unknown		0 2 Primary Secondary		01 - Dry 02 - Wet 03 - Snow 04 - Ice		05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*		09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown					
										* Secondary Condition Only					
Manner of Crash Collision/Impact		Manner of Crash Collision/Impact		Manner of Crash Collision/Impact		Manner of Crash Collision/Impact		Manner of Crash Collision/Impact		Manner of Crash Collision/Impact					
2 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		Weather 2 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 - Other/Unknown					
Road Surface		Road Surface		Road Surface		Road Surface		Road Surface		Road Surface					
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block		4 - Slag, Gravel, Stone 5 - Dirt 6 - Other		Light Conditions 2 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		9 - Unknown School Bus Related <input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved					
										* Secondary Condition Only					
Work Zone Related		Work Zone Related		Work Zone Related		Work Zone Related		Work Zone Related		Work Zone Related					
<input type="checkbox"/> Work Zone Related		<input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)		Type of Work Zone <input type="checkbox"/> 1 - Lane Closure <input type="checkbox"/> 2 - Lane Shift/Crossover <input type="checkbox"/> 3 - Work on Shoulder or Median		4 - Intermittent or Moving Work 5 - Other		Location of Crash in Work Zone <input type="checkbox"/> 1 - Before the First Work Zone Warning Sign <input type="checkbox"/> 2 - Advance Warning Area <input type="checkbox"/> 3 - Transition Area		4 - Activity Area 5 - Termination Area					

Narrative Unit 01 and Unit 02 traveling west on Amrine Mill passing STEMS School. Unit 01 began to slow down when did not and Unit 02 struck Unit 01. Unit 02 was cited for ACDA				Diagram 									
Report Taken By <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist				<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPS)									
Date Crash Reported		Time Crash Reported		Dispatch Time		Arrival Time		Time Cleared		Other Investigation Time		Total Minutes	
1 2 0 1 5 2 0 1 7		0 7 3 2		0 7 3 2		0 7 3 9		0 7 1 5 7		4 5		6 3	
Officer's Name				Officer's Badge Number		Checked By				Page 1 of 4			
MITCHELL E. COLLIER				90		N. T. SACHS							



Unit

Local Report Number

11709508

Unit Number 01	Owner Name: Last, First, Middle LOWE, BRIAN K <input type="checkbox"/> Same As Driver)	Owner Phone Number - Inc. area code (937) 243-7571 <input type="checkbox"/> Same As Driver)	Damage Scale 2 1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown	Damaged Area
Owner Address: City, State, Zip 13868 FAIRWAY DR MARYSVILLE OH 43040 <input type="checkbox"/> Same As Driver)				
LP State OH	License Plate Number HBU9994	Vehicle Identification Number JJNKICV511FX5M308757	# Occupants 01	
Vehicle Year 2015	Vehicle Make INFINITI	Vehicle Model 4-DOOR	Vehicle Color WHI	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company PROGRESSIVE	Policy Number 40861296	Towed By	
Carrier Name, Address, City, State, Zip				Carrier Phone - include area code
US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More than 26,000 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 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	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 >4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Transport <input type="checkbox"/> Hit / Skip Unit	
HM Placard ID No. 0000	HM Class Number <input type="checkbox"/>	<input type="checkbox"/> Hazardous Material Released		
Non-Motorist Location Prior to Impact 00 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown		Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 03 99 - Unknown or Hit / Skip Passenger Vehicles (less than 9 passengers) 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 Med/Heavy Trucks or Combo Units > 10k lbs 13 - 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/Triples 20 - Other Med/Heavy Vehicle Bus/Van/Limo (9 or More Including Driver) 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 <input type="checkbox"/> Has HM Placard	
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. 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 06 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other 99 - Unknown		Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown	
Pre-Crash Actions 01 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 Non-Motorist 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 Circumstances 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 Close/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 - Swerving 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 00 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 00 3 00 4 00 5 00 6 00 First Harmful Event 1 Most Harmful Event 1 <u>Collision with Person, Vehicle or Object Not Fixed</u> 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 <u>Non-Collision Events</u> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 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 <u>Collision with Fixed Object</u> 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 112 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 25	Traffic Control 01 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 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 3 To 4 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	



Unit

Local Report Number

11709508

Unit Number 02	Owner Name: Last, First, Middle GLASS, LAWSON <input type="checkbox"/> Same As Driver)	Owner Phone Number - Inc. area code (937) 537-2544 <input type="checkbox"/> Same As Driver)	Damage Scale 2 1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown	Damaged Area
Owner Address: City, State, Zip 127 E 8TH ST MARYSVILLE OH 43040 <input type="checkbox"/> Same As Driver)				
LP State OH	License Plate Number HCR5707	Vehicle Identification Number 1HIGCIP21F34BA0617113	# Occupants 02	
Vehicle Year 2011	Vehicle Make HONDA	Vehicle Model 4-DOOR	Vehicle Color GRY	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company STATE AUTO	Policy Number A0H0023988	Towed By	
Carrier Name, Address, City, State, Zip				Carrier Phone - include area code
US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More than 26,000 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 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	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 >4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Transport <input type="checkbox"/> Hit / Skip Unit	
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Motorist / Non-Motorist / Occupant

Local Report Number
11709508

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender							
011	LOWE, ZACHARY R	11230120000	16	M F - Female M - Male							
Address: City, State, Zip		Contact Phone Number - Inc. area code									
13868 FAIRWAY DR, MARYSVILLE, OH 43040		(937) 243-7571									
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		
1	1			04	<input type="checkbox"/>	01	1	1	1		
OL State	Operator License Number	OL Class	No Valid OL	M/C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	UQ491905	D	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1	1		1	1
Offense Charged <input type="checkbox"/> Local Code)		Offense Description		Citation Number		Hands-Free Device Used		Driver Distracted By			
				37435		<input type="checkbox"/>		1			

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender							
012	BEVINS, LUKE E	013015120000	17	M F - Female M - Male							
Address: City, State, Zip		Contact Phone Number - Inc. area code									
18924 SMOKEY RD, MARYSVILLE, OH 43040		(937) 707-7302									
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		
1	1			04	<input type="checkbox"/>	01	1	1	1		
OL State	Operator License Number	OL Class	No Valid OL	M/C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	UL974443	D	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1	1		1	1
Offense Charged <input checked="" type="checkbox"/> Local Code)		Offense Description		Citation Number		Hands-Free Device Used		Driver Distracted By			
333.03A		ACDA		37435		<input type="checkbox"/>		1			

Injuries	Injured Taken By	Safety Equipment Used	99 - Unknown Safety Equipment	Non-Motorist	12 - Reflective Clothing
1 - No Injury / None Reported	1 - Not Transported / Treated at Scene	Motorist	05 - Child Restraint System-Forward Facing	09 - None Used	13 - Lighting
2 - Possible	2 - EMS	01 - None Used - Vehicle Occupant	06 - Child Restraint System-Rear Facing	10 - Helmet Used	14 - Other
3 - Non-Incapacitating	3 - Police	02 - Shoulder Belt Only Used	07 - Booster Seat	11 - Protective Pads Used (Elbows, Knees, Etc)	
4 - Incapacitating	4 - Other	03 - Lap Belt Only Used	08 - Helmet Used		
5 - Fatal	9 - Unknown	04 - Shoulder and Lap Belt Used			
Seating Position	07 - Third - Left Side (Motorcycle Side Car)	12 - Passenger in Unenclosed Cargo Area	Air Bag Usage		
01 - Front - Left Side (Motorcycle Driver)	08 - Third - Middle	13 - Trailing Unit	1 - Not Deployed		
02 - Front - Middle	09 - Third - Right Side	14 - Riding on Vehicle Exterior (Non-Trailing Unit)	2 - Deployed Front		
03 - Front - Right Side	10 - Sleeper Section of Cab	15 - Non-Motorist	3 - Deployed Side		
04 - Second - Left Side (Motorcycle Passenger)	11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap)	16 - Other	4 - Deployed Both Front/Side		
05 - Second - Middle		99 - Unknown	5 - Not Applicable		
06 - Second - Right Side			9 - Deployment Unknown		
Ejection	Trapped	Operator License Class	Condition	Alcohol/Drug Suspected	
1 - Not Ejected	1 - Not Trapped	1 - Class A	1 - Apparently Normal	1 - None	
2 - Totally Ejected	2 - Extricated by Mechanical Means	2 - Class B	2 - Physical Impairment	2 - Yes - Alcohol Suspected	
3 - Partially Ejected	3 - Extricated by Non-Mechanical Means	3 - Class C	3 - Emotional (Depressed, Angry, Disturbed)	3 - Yes - HBD Not Impaired	
4 - Not Applicable		4 - Regular Class (Ohio is "D")	4 - Illness	4 - Yes - Drugs Suspected	
		5 - MC/Moped Only		5 - Yes - Alcohol and Drugs Suspected	
Alcohol Test Status	Alcohol Test Type	Drug Test Status	Drug Test Type	Driver Distracted By	
1 - None Given	1 - None	1 - None	1 - None	1 - No Distraction Reported	
2 - Test Refused	2 - Blood	2 - Test Refused	2 - Blood	2 - Phone	
3 - Test Given, Contaminated Sample/Unusable	3 - Urine	3 - Test Given, Contaminated Sample/Unusable	3 - Urine	3 - Texting/E-mailing	
4 - Test Given, Results Known	4 - Breath	4 - Test Given, Results Known	4 - Other	4 - Electronic Communication Device	
5 - Test Given, Results Unknown	5 - Other	5 - Test Given, Results Unknown		5 - Other Electronic Device (Navigation Device, Radio, DVD)	
				6 - Other Inside the Vehicle	
				7 - External Distraction	

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender					
012	GLASS, MICKAYLA D	011015119999	18	F F - Female M - Male					
Address: City, State, Zip		Contact Phone Number - Inc. area code							
127 E. 8TH ST, MARYSVILLE, OH 43040		(937) 537-2544							
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
1				04	<input type="checkbox"/>	03	1	4	1

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender					
				F F - Female M - Male					
Address: City, State, Zip		Contact Phone Number - Inc. 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
					<input type="checkbox"/>				