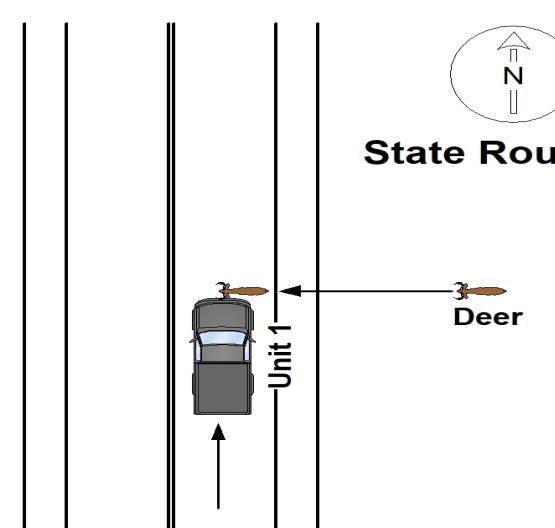


**TRAFFIC CRASH REPORT**

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION P23013000000287 <b>REPORTING AGENCY NAME *</b> Ohio State Highway Patrol				<b>NCIC *</b> OHP08			<b>LOCAL REPORT NUMBER *</b> 08-0079-01		
<b>COUNTY*</b>	<b>LOCALITY*</b> 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	<b>LOCATION:</b> CITY, VILLAGE, TOWNSHIP*  Liberty (Township of)				<b>CRASH DATE / TIME*</b>		<b>CRASH SEVERITY</b>					
						01/30/2023 05:30		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY					
<b>LOCATION</b>	<b>ROUTE TYPE</b> SR	<b>ROUTE NUMBER</b> 136	<b>PREFIX</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<b>LOCATION ROAD NAME</b>			<b>ROAD TYPE</b> MP	<b>LATITUDE DECIMAL DEGREES</b>		98 - ANIMAL 99 - UNKNOWN			
								38.801997					
<b>REFERENCE</b>	<b>ROUTE TYPE</b>	<b>ROUTE NUMBER</b>	<b>PREFIX</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b>			<b>ROAD TYPE</b> MP	<b>LONGITUDE DECIMAL DEGREES</b>					
				9				-83.603487					
<b>REFERENCE POINT</b>		<b>DIRECTION FROM REFERENCE</b> 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	<b>ROUTE TYPE</b>		<b>ROAD TYPE</b>		<b>INTERSECTION RELATED</b>						
2			1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	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	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA					
<b>DISTANCE FROM REFERENCE</b>		<b>DISTANCE UNIT OF MEASURE</b> 1 - MILES 2 - FEET 3 - YARDS					<b>NUMBER OF APPROACHES</b>						
0.40			1										
<b>LOCATION OF FIRST HARMFUL EVENT</b>				<b>MANNER OF CRASH COLLISION/IMPACT</b>				<b>DIRECTION OF TRAVEL</b>		<b>MEDIAN TYPE</b>			
1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN				1 - NOT COLLISION 2 - BACKING 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON		4 - REAR-TO-REAR 5 - ANGLE 6 - SIDESWIPE, SAME DIRECTION 7 - SIDESWIPE, OPPOSITE DIRECTION 8 - OTHER / UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT  <input type="checkbox"/> ACTIVE SCHOOL ZONE				<b>WORK ZONE TYPE</b> 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER				<b>LOCATION OF CRASH IN WORK ZONE</b> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA					
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				<b>WEATHER</b> 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL				<b>CONDITIONS</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN					
4				2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL				<b>SURFACE</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG , GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN					
<b>NARRATIVE</b> Unit #1 was traveling northbound on State Route 136 and struck a deer attempting to cross the roadway.										 <p style="text-align: center;"><b>State Route 136</b></p>			
<b>CRASH REPORTED DATE / TIME</b>		<b>DISPATCH DATE / TIME</b>			<b>ARRIVAL DATE / TIME</b>			<b>SCENE CLEARED DATE / TIME</b>		<b>REPORT TAKEN BY</b>			
01/30/2023 05:34		01/30/2023 05:34			01/30/2023 07:08			01/30/2023 07:29		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST  <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
<b>TOTAL TIME ROADWAY CLOSED</b>		<b>OTHER INVESTIGATION TIME</b>		<b>TOTAL MINUTES</b>	<b>OFFICER'S NAME*</b>			<b>CHECKED BY OFFICER'S NAME*</b>					
					Timberlake, Nathan			Fox, Anthony					
				<b>OFFICER'S BADGE NUMBER*</b>	0490			<b>CHECKED BY OFFICER'S BADGE NUMBER*</b>			1235		

<b>OWNER</b>	<b>UNIT #</b> <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) 1 FLINDERS, LARRY			<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER) 740-285-2912		
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER) 814 JERSEY RIDGE RD, MAYSVILLE, KY, 41056						
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP			<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE			
<b>LP STATE</b>	<b>LICENSE PLATE #</b> KY 2802GB	<b>VEHICLE IDENTIFICATION #</b> 3C6UR5FL6MG630586			<b>VEHICLE YEAR</b> 2021	
<b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> KENTUCKY FARM BUREAU	<b>INSURANCE POLICY #</b> 0020617408			<b>VEHICLE MAKE</b> RAM	
<b>TYPE OF USE</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>US DOT #</b>		<b>TOWED BY:</b> COMPANY NAME		
<b>INTERLOCK DEVICE EQUIPPED</b>	<b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 1	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.		<b>HAZARDOUS MATERIAL CLASS #</b> <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
<b>UNIT TYPE</b> 4 VEHICLE	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-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	
<b># OF TRAILING UNITS</b> 1 WAS VEHICLE OPERATING IN <b>AUTONOMOUS MODE</b> WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN						
<b>AUTONOMOUS MODE LEVEL</b> 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION						
<b>SPECIAL FUNCTION</b>	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
<b>CARGO BODY TYPE</b>	1 - NO CARGO BODY TYPE / NOT APPlicable 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE					6 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN /ENCLOSED BOX
<b>VEHICLE DEFECTS</b>	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS					7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED
<b>NON-MOTORIST LOCATION</b>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER					11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP.
<b>ACTION</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 1 PRE-CRASH 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN					11 - DUMP 12 - FARM 13 - SNOW REMOVAL 14 - TOWING 21 - MAIL CARRIER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - CYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
<b>CONTRIBUTING CIRCUMSTANCES</b>	1 - FOLLOWING TOO CLOSE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER					16 - FARMING 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
<b>SEQUENCE OF EVENTS</b>						<b>EVENTS</b>
1 18	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
2	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
3	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 MOBILE OBJECT
4	18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCRIMINABLE					23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
5	15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION					24 - OTHER MOBILE OBJECT
6	18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCRIMINABLE					23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>						<b>EVENTS</b>
4	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
5	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE OR SUPPORT 41 - OTHER POST, POLE 42 - CULVERT 43 - CURB 44 - DITCH					45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL
6	45 - EMBANKMENT 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN					52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
<b>FIRST HARMFUL EVENT</b>						<b>MOST HARMFUL EVENT</b>

LOCAL REPORT NUMBER

08-0079-01

**D A M A G E**

**D A M A G E S C A L E**

1 - NONE

3 - FUNCTIONAL DAMAGE

2 - MINOR DAMAGE

4 - DISABLING DAMAGE

9 - UNKNOWN

**D A M A G E D A R E A ( S )**

INDICATE ALL THAT APPLY

- NO DAMAGE [ 0 ]

- UNDERCARRIAGE [ 14 ]

- TOP [ 13 ]

- ALL AREAS [ 15 ]

- UNIT NOT AT SCENE [ 16 ]

**I N I T I A L P O I N T O F C O N T A C T**

0 - NO DAMAGE

14 - UNDERCARRIAGE

12 - REFER TO UNIT  
DIAGRAM

15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN

13 - TOP

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**MOTORIST / Non-MOTORIST**

LOCAL REPORT NUMBER

08-0079-01

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 1 FLINDERS, JENNIFER, A					DATE OF BIRTH 07/24/1972			AGE 50	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 814 JERSEY RIDGE RD, MAYSVILLE, KY, 41056						CONTACT PHONE - INCLUDE AREA CODE 740-285-2912				
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE KY	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER			
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE . .		DRUG TEST(S) STATUS 1 TYPE 1 RESULTS SELECT UP TO 4			
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 <input type="checkbox"/> MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1 TYPE 1 VALUE . .		DRUG TEST(S) STATUS 1 TYPE 1 RESULTS SELECT UP TO 4			
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 <input type="checkbox"/> MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1 TYPE 1 VALUE . .		DRUG TEST(S) STATUS 1 TYPE 1 RESULTS SELECT UP TO 4			
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS					
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN					
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE	2 - TEST REFUSED					
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - DIALING COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - EXCEPT CLASS A BUS	4 - TEST GIVEN, RESULTS KNOWN					
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A & CLASS B BUS	5 - EXCEPT TRACTOR-TRAILER INTERMEDIATE LICENSE RESTRICTIONS	5 - TEST GIVEN, RESULTS UNKNOWN					
6 - SECOND - RIGHT SIDE	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - LEARNER'S PERMIT RESTRICTIONS	6 - LIMITED TO DAYLIGHT ONLY	6 - ALCOHOL TEST TYPE					
7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - MIDDLE	8 - THIRD - RIGHT SIDE	EJECTION	7 - LIMITED TO EMPLOYMENT	7 - LIMITED - OTHER	1 - NONE					
8 - THIRD - MIDDLE	9 - THIRD - RIGHT SIDE	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT EJECTED	8 - LIMITED - OTHER ONLY	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD					
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	3 - URINE					
SAFETY EQUIPMENT	12 - PASSENGER IN UNENCLOSED CARGO AREA	13 - TRAILING UNIT	3 - TOTALLY EJECTED	11 - APPARENTLY NORMAL	11 - ILLNESS	4 - BREATH					
1 - NONE USED	14 - RIDING ON VEHICLE EXTERIOR	15 - NON-MOTORIST	4 - NOT APPLICABLE	12 - PHYSICAL IMPAIRMENT	12 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - OTHER					
2 - SHOULDER BELT ONLY USED	15 - NON-MOTORIST	99 - OTHER / UNKNOWN	TRAPPED	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	6 - DRUG TEST TYPE					
3 - LAP BELT ONLY USED	16 - OTHER / UNKNOWN	3 - FREED BY MECHANICAL MEANS	NON-MECHANICAL MEANS	14 - MILITARY VEHICLES ONLY	14 - PROSTHETIC AID	7 - DRUG TEST RESULT(S)					
4 - SHOULDER & LAP BELT USED	17 - OTHER / UNKNOWN	18 - OTHER / UNKNOWN	GENDER	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - OTHER	1 - AMPHETAMINES					
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	18 - OTHER / UNKNOWN	F - FEMALE	M - MALE	16 - OUTSIDE MIRROR	16 - OTHER	2 - BARBITURATES					
6 - CHILD RESTRAINT SYSTEM - REAR FACING	19 - OTHER / UNKNOWN	M - MALE	U - OTHER / UNKNOWN	17 - PROSTHETIC AID	17 - OTHER	3 - BENZODIAZEPINES					
7 - BOOSTER SEAT	20 - OTHER / UNKNOWN	GENDER	F - FEMALE	18 - OTHER	18 - OTHER	4 - CANNABINOIDS					
8 - HELMET USED	21 - OTHER / UNKNOWN	M - MALE	M - MALE	19 - OTHER / UNKNOWN	19 - OTHER / UNKNOWN	5 - COCAINE					
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	22 - OTHER / UNKNOWN	U - OTHER / UNKNOWN	U - OTHER / UNKNOWN	20 - OTHER / UNKNOWN	20 - OTHER / UNKNOWN	6 - OPIATES / OPIOIDS					
10 - REFLECTIVE CLOTHING	23 - OTHER / UNKNOWN	GENDER	F - FEMALE	21 - OTHER / UNKNOWN	21 - OTHER / UNKNOWN	7 - OTHER					
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	24 - OTHER / UNKNOWN	M - MALE	M - MALE	22 - OTHER / UNKNOWN	22 - OTHER / UNKNOWN	8 - NEGATIVE RESULTS					
99 - OTHER / UNKNOWN	25 - OTHER / UNKNOWN	U - OTHER / UNKNOWN	U - OTHER / UNKNOWN	23 - OTHER / UNKNOWN	23 - OTHER / UNKNOWN						

**OCCUPANT / WITNESS ADDENDUM**

LOCAL REPORT NUMBER

08-0079-01

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