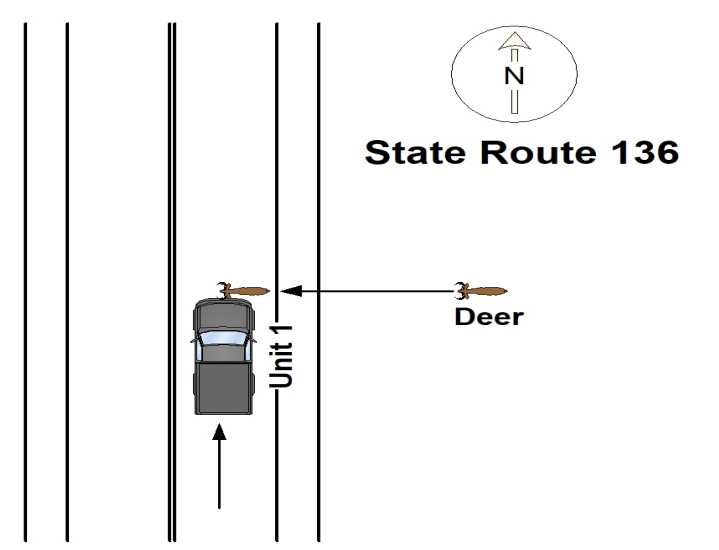


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

08-0079-01

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH -2 <input checked="" type="checkbox"/> OH -3		LOCAL INFORMATION P23013000000287		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 1		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		REPORTING AGENCY NAME * Ohio State Highway Patrol		NCIC * OHP08		CRASH DATE / TIME* 01/30/2023 05:30		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
COUNTY* 1		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3		LOCATION: CITY, VILLAGE, TOWNSHIP* Liberty (Township of)		CRASH DATE / TIME*		CRASH SEVERITY			
ROUTE TYPE SR		ROUTE NUMBER 136		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME		ROAD TYPE		LATITUDE DECIMAL DEGREES 38.801997	
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 9		ROAD TYPE MP		LONGITUDE DECIMAL DEGREES -83.603487	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 2		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		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 <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE 0.40		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 1						ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT 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 1		DIRECTION FROM REFERENCE 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		MANNER OF CRASH COLLISION/IMPACT 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		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - 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		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 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 4		WEATHER 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 2									
NARRATIVE Unit #1 was traveling northbound on State Route 136 and struck a deer attempting to cross the roadway.											
CRASH REPORTED DATE / TIME 01/30/2023 05:34		DISPATCH DATE / TIME 01/30/2023 05:34		ARRIVAL DATE / TIME 01/30/2023 07:08		SCENE CLEARED DATE / TIME 01/30/2023 07:29		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 115		OFFICER'S NAME* Timberlake, Nathan		CHECKED BY OFFICER'S NAME* Fox, Anthony		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	
						OFFICER'S BADGE NUMBER* 0490		CHECKED BY OFFICER'S BADGE NUMBER* 1235			

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)		
	1	FLINDERS, LARRY		740-285-2912		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 814 JERSEY RIDGE RD, MAYSVILLE, KY, 41056					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE
	KY	2802GB	3C6UR5FL6MG630586		2021	RAM
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY		INSURANCE POLICY #	COLOR	VEHICLE MODEL
		KENTUCKY FARM BUREAU		0020617408	BLK	2500
	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE					
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR		HAZARDOUS MATERIAL	
		1	1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.		CLASS # PLACARD ID #	
	UNIT TYPE		4			
1 - PASSENGER CAR		6 - VAN (9-15 SEATS)				
2 - PASSENGER VAN (MINIVAN)		7 - MOTORCYCLE 2-WHEELED				
3 - SPORT UTILITY VEHICLE		8 - MOTORCYCLE 3-WHEELED				
4 - PICK UP		9 - AUTOCYCLE				
5 - CARGO VAN		10 - MOPED OR MOTORIZED BICYCLE				
		11 - ALL TERRAIN VEHICLE (ATV/UTV)				
# OF TRAILING UNITS		1				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0				
1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL				
2		0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN				
1		1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION				
SPECIAL FUNCTION		1				
1 - NONE		6 - BUS - CHARTER/TOUR				
2 - TAXI		7 - BUS - INTERCITY				
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE				
4 - SCHOOL TRANSPORT		9 - BUS - OTHER				
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE				
1		CARGO BODY TYPE				
1 - NO CARGO BODY TYPE / NOT APPLICABLE		4 - LOGGING				
2 - BUS		5 - INTERMODAL CONTAINER CHASSIS				
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		6 - CARGOVAN /ENCLOSED BOX				
1		VEHICLE DEFECTS				
1 - TURN SIGNALS		4 - BRAKES				
2 - HEAD LAMPS		5 - STEERING				
3 - TAIL LAMPS		6 - TIRE BLOWOUT				
1		NON-MOTORIST LOCATION				
1 - INTERSECTION - MARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK				
2 - INTERSECTION - UNMARKED CROSSWALK		5 - TRAVEL LANE - OTHER LOCATION				
3 - INTERSECTION - OTHER		6 - BICYCLE LANE				
3		ACTION				
1 - NON-CONTACT		1 - STRAIGHT AHEAD				
2 - NON-COLLISION		2 - BACKING				
3 - STRIKING		3 - CHANGING LANES				
4 - STRUCK		4 - OVERTAKING/PASSING				
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN				
9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN				
1		PRE-CRASH ACTIONS				
1 - NONE		7 - MAKING U-TURN				
2 - FAILURE TO YIELD		8 - ENTERING TRAFFIC LANE				
3 - RAN RED LIGHT		9 - LEAVING TRAFFIC LANE				
4 - RAN STOP SIGN		10 - PARKED				
5 - UNSAFE SPEED		11 - SLOWING OR STOPPED IN TRAFFIC				
6 - IMPROPER TURN		12 - DRIVERLESS				
7 - LEFT OF CENTER		13 - NEGOTIATING A CURVE				
		14 - ENTERING OR CROSSING SPECIFIED LOCATION				
1		CONTRIBUTING CIRCUMSTANCES				
1 - NONE		8 - FOLLOWING TOO CLOSE /ACDA				
2 - FAILURE TO YIELD		9 - IMPROPER LANE CHANGE				
3 - RAN RED LIGHT		10 - IMPROPER PASSING				
4 - RAN STOP SIGN		11 - DROVE OFF ROAD				
5 - UNSAFE SPEED		12 - IMPROPER BACKING				
6 - IMPROPER TURN		13 - IMPROPER START FROM A PARKED POSITION				
7 - LEFT OF CENTER		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 DISCERNIBLE				
		23 - OPENING DOOR INTO ROADWAY				
		99 - OTHER IMPROPER ACTION				
		21 - STANDING OUTSIDE DISABLED VEHICLE				
		99 - OTHER / UNKNOWN				
		15 - WALKING, RUNNING, JOGGING, PLAYING				
		16 - WORKING				
		17 - PUSHING VEHICLE				
		18 - APPROACHING OR LEAVING VEHICLE				
		19 - STANDING				
		20 - OTHER NON-MOTORIST				
		21 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE				
		24 - OTHER MOVABLE OBJECT				
		22 - WORK ZONE MAINTENANCE EQUIPMENT				
		51 - WALL				
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		35 - MEDIAN CONCRETE				

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER 08-0079-01		
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MOTORIST / NON-MOTORIST	UNIT # 1	NAME: LAST, FIRST, MIDDLE 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 checked="" 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				
MOTORIST / NON-MOTORIST	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 TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4 1 1		
	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 checked="" type="checkbox"/> MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
MOTORIST / NON-MOTORIST	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 TYPE VALUE		DRUG TEST(S) STATUS TYPE 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						
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT <input checked="" 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 TYPE VALUE		DRUG TEST(S) STATUS TYPE 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							
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT <input checked="" 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 TYPE VALUE		DRUG TEST(S) STATUS TYPE 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		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 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		2 - TEST REFUSED	
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CDL INTRASTATE ONLY		3 - TALKING ON HANDS-FREE 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)		3 - CORRECTIVE LENSES		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		4 - FARM WAIVER		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		5 - EXCEPT CLASS A BUS & CLASS B BUS		6 - PASSENGER			
		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)						6 - EXCEPT CLASS A		7 - OTHER DISTRACTION INSIDE THE VEHICLE			
		8 - THIRD - MIDDLE						7 - EXCEPT TRACTOR-TRAILER		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE			
		9 - THIRD - RIGHT SIDE						8 - INTERMEDIATE LICENSE RESTRICTIONS		9 - OTHER / UNKNOWN			
		10 - SLEEPER SECTION OF TRUCK CAB						9 - LEARNER'S PERMIT RESTRICTIONS					
		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)						10 - LIMITED TO DAYLIGHT ONLY					
		12 - PASSENGER IN UNENCLOSED CARGO AREA						11 - LIMITED TO EMPLOYMENT					
		13 - TRAILING UNIT						12 - LIMITED - OTHER					
		14 - RIDING ON VEHICLE EXTERIOR						13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)					
		15 - NON-MOTORIST						14 - MILITARY VEHICLES ONLY					
		99 - OTHER / UNKNOWN						15 - MOTOR VEHICLES WITHOUT AIR BRAKES					
								16 - OUTSIDE MIRROR					
								17 - PROSTHETIC AID					
								18 - OTHER					
INJURIES TAKEN BY				EJECTION		OL ENDORSEMENT				CONDITION		DRUG TEST TYPE	
1 - NOT TRANSPORTED /TREATED AT SCENE				1 - NOT EJECTED		H - HAZMAT				1 - APPARENTLY NORMAL		1 - NONE	
2 - EMS				2 - PARTIALLY EJECTED		M - MOTORCYCLE				2 - PHYSICAL IMPAIRMENT		2 - BLOOD	
3 - POLICE				3 - TOTALLY EJECTED		P - PASSENGER				3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - URINE	
9 - OTHER / UNKNOWN				4 - NOT APPLICABLE		N - TANKER				4 - ILLNESS		4 - OTHER	
						Q - MOTOR SCOOTER				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			
						R - THREE-WHEEL MOTORCYCLE				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			
						S - SCHOOL BUS				9 - OTHER / UNKNOWN			
						T - DOUBLE & TRIPLE TRAILERS							
						X - TANKER / HAZMAT							
SAFETY EQUIPMENT				TRAPPED				GENDER				DRUG TEST RESULT(S)	
1 - NONE USED				1 - NOT TRAPPED				F - FEMALE				1 - AMPHETAMINES	
2 - SHOULDER BELT ONLY USED				2 - EXTRICATED BY MECHANICAL MEANS				M - MALE				2 - BARBITURATES	
3 - LAP BELT ONLY USED				3 - FREED BY NON-MECHANICAL MEANS				U - OTHER / UNKNOWN				3 - BENZODIAZEPINES	
4 - SHOULDER & LAP BELT USED												4 - CANNABINOIDS	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING												5 - COCAINE	
6 - CHILD RESTRAINT SYSTEM - REAR FACING												6 - OPIATES / OPIOIDS	
7 - BOOSTER SEAT												7 - OTHER	
8 - HELMET USED												8 - NEGATIVE RESULTS	
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)													
10 - REFLECTIVE CLOTHING													
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY													
99 - OTHER / UNKNOWN													

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

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				