



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
2 0 1 8 1 5 7 4	2 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	0 1 8 2 0	GARFIELD HEIGHTS	0 2	0 2 98 - Animal 99 - Unknown

County *	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
1 8		GARFIELD HTS	0 5 0 9 2 0 1 8	1 2 4 2	W E D

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		4 1 . 4 2 6 8 8 4	- 8 1 . 6 1 2 8 0 8

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"/> S - Southbound	0 2	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
		N.S. E,W	TURNEY	RD	IR - Interstate Route (inc. turnpike) US - US Route SR - State Route CR - Numbered County Route TR - Numbered Township Route

Distance From Reference	Dir From Ref	Reference Route Type ¹	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type ²
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	N.S. E,W			N.S. E,W	4923	

Reference Point Used	Crash Location	01 - Not an intersection	06 - Five-point, or more	11 - Railway Grade Crossing	<input type="checkbox"/> Intersection Related	Location of First Harmful Event
3 - 1 - Intersection 2 - Mile Post 3 - House Number	0 1	02 - Four-way Intersection	07 - On Ramp	12 - Shared-Use Paths or Trails		1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	01 - Dry	05 - Sand, Mud, Dirt, Oil, gravel	09 - Rut, Holes, Bumps, Uneven Pavement*
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Primary Secondary	02 - Wet 03 - Snow 04 - Ice	06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	10 - Other 99 - Unknown

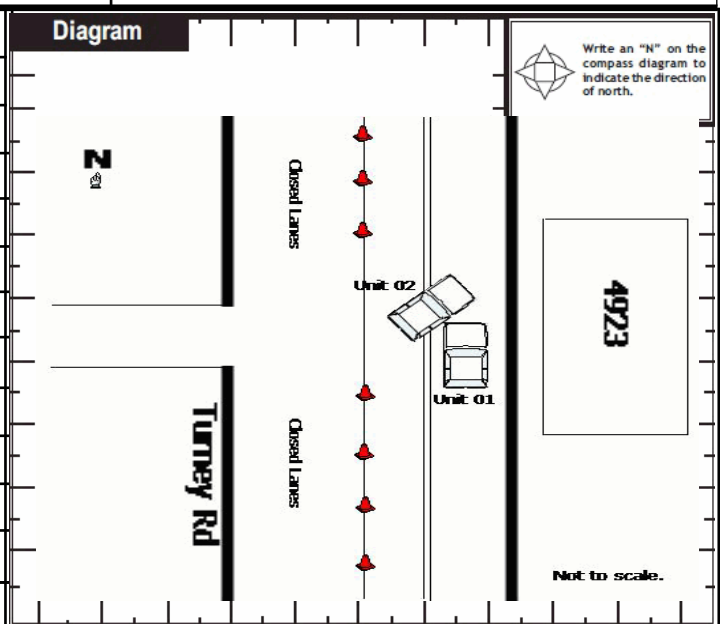
Manner of Crash Collision/Impact	Weather
6 - 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Road Surface	Light conditions	5 - Dark - Roadway Not Lighted	9 - Unknown	<input type="checkbox"/> School Bus Related
2 - 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Primary Secondary	6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other		<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

<input checked="" type="checkbox"/> Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	4 - 1 - Before the first Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative

UNIT 01 WAS TRAVELING NORTH ON TURNEY IN FRONT OF 4923. UNIT 02 WAS TRAVELING EAST THROUGH A BACK ALLEY WAY BEHIND A SHOPPING CENTER. THE TRAFFIC TRAVELING SOUTH ON TURNEY WAS BACKED UP AND STOPPED, AND THE DRIVER OF UNIT 02 STATED ANOTHER MOTORIST WAVED TO HER TO GO AHEAD AND PULL OUT OF THE ALLEY DRIVEWAY. UNIT 02 THEN MADE A LEFT/NORTH TURN ONTO TURNEY RD IN FRONT OF THE ONCOMING UNIT 01 DURING WHICH TIME THE FRONT LEFT CORNER OF UNIT 01 STRUCK THE RIGHT SIDE OF UNIT 02. THE FRONT RIGHT OF UNIT 01 THEN STRUCK THE CURB AFTER THE COLLISION WITH UNIT 02.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPSS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>	0 5 0 9 2 0 1 8	1 2 4 2	1 2 4 6	1 2 4 8	1 3 1 0	4 0	6 2
Officer's Name *	Officer's Badge Number	Checked By	Page of					
B. Regovich	041	S14 M. Berdysz						



Unit

Local Report Number *

2 0 1 8 1 5 7 4

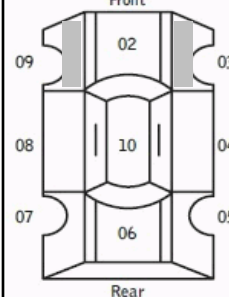
Unit Number 02		Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) HARVEY ELICIA MONAY		Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) 216-258-6837		Damage Scale 2		Damaged Area 			
Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 10108 S HIGHLAND GARFIELD HTS OH 44125											
LP State OH		License Plate Number HAP8805		Vehicle Identification Number 1FADP3E21GL403279				# Occupants 01			
Vehicle Year 2016		Vehicle Make FORD Ford		Vehicle Model FOC Focus		Vehicle Color BLK Black					
<input type="checkbox"/> Proof of Insurance Shown		Insurance Company		Policy Number		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 Trafficway <input type="checkbox"/> Hit / Skip Unit			
HM Placard ID No.		<input type="checkbox"/> Hazardous Material Released		HM Class Number		<input type="checkbox"/> Has HM Placard					
Non-Motorist Location Prior to Impact 01 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 Vehicle (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sports 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/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist	
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 04 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 06 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 99 - Unknown 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn		Motorist 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 02 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 99 - Unknown		Secondary 02 09 - Followed Too Closely/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 02 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 99 - Unknown		Non-Collision Events 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					
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport		Collision With Fixed Object 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		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 5		Posted Speed 25		Traffic Control 12 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 4 To 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	



Unit

Local Report Number *

2 0 1 8 1 5 7 4

Unit Number 01		Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) SMITH LATREECE		Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) 216-507-2141		Damage Scale 2		Damaged Area 			
Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 10516 S HIGHLAND AVE GARFIELD HTS OH 44125											
LP State OH		License Plate Number GIA7185		Vehicle Identification Number 1G2HX54K814236045				# Occupants 01			
Vehicle Year 2001		Vehicle Make PONT Pontiac		Vehicle Model BON Bonneville		Vehicle Color GRY Gray					
<input checked="" type="checkbox"/> Proof of Insurance Shown		Insurance Company STATE FARM		Policy Number 9630308F1435		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 Trafficway <input type="checkbox"/> Hit / Skip Unit			
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Motorist / Non-Motorist / Occupant

Local Report Number *

2	0	1	8	1	5	7	4												
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Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle HARVEY ELICIA M	Date of Birth 07211996	Age 21	Gender F F - Female M - Male							
Address, City, State, Zip 10108 S HIGHLAND GARFIELD HTS OH 44125			Contact Phone - include area code 216-258-6837								
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number UK881147	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value 1	Drug Test Status 1	Drug Test Type 1
Offense Charged (<input checked="" type="checkbox"/> Local Code) 331.17	Offense Description FAIL TO YIELD LEFT			Citation Number G20182445		Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1				

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle SMITH LATREECE	Date of Birth 07151976	Age 41	Gender F F - Female M - Male							
Address, City, State, Zip 10516 S HIGHLAND AVE GARFIELD HTS OH 44125			Contact Phone - include area code 216-507-2141								
Injuries 2	Injured Taken By 1	EMS Agency GHFD	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number SR646837	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value 1	Drug Test Status 1	Drug Test Type 1
Offense Charged (<input type="checkbox"/> Local Code)	Offense Description			Citation Number		Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1				

Injuries	Injured Taken By	Safety Equipment Used	Motorist	Non-Motorist
1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used	99 - Unknown Safety Equipment 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used	09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other

Seating Position	Air Bag Usage
01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown

Ejection	Trapped	Operator License Class	Condition	Alcohol/Drug Suspected
1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped <u>Only</u>	1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness 5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other	1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status	Alcohol Test Type	Drug Test Status	Drug Test Type	Driver Distracted By
1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Other	1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction

Occupant

Unit Number 00	Name: Last, First, Middle	Date of Birth	Age	Gender <input type="checkbox"/>	F - Female M - Male				
Address, City, State, Zip			Contact Phone - include area code						
Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>

Occupant

Unit Number 00	Name: Last, First, Middle	Date of Birth	Age	Gender <input type="checkbox"/>	F - Female M - Male				
Address, City, State, Zip			Contact Phone - include area code						
Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>