TRAFFIC CRASH REPORT

OHIO Department of Public Safety — Education · Service · Protection

Local Information	Local Report Number *	Crash Severity	Hit/Skip
	153267	2 (1 - Fatal, 2 - Injury, 3 - PDO)	(1 - Solved, 2 - Unsolved)

Photos Taken	PDO Under State Reportable Dollar Amount	Private Property	Reporting Agency NCIC*	Reporting Agency Name *	Number of Units	Unit In Error
OH-2, OH-1P, OH-3, Other			02506	Grove City Division of Police	2	1 (98 Animal, 99 Unknown)

County *	City * / Village * / Township *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
25	City *	GROVE CITY	08/19/2015	10:46	WED

Degrees/Minutes/Seconds Latitude	Longitude	OR	Decimal Degrees Latitude	Longitude
			39.878737	83.047264

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes
Divided / Undivided	W (N - Northbound, S - Southbound, E - Eastbound, W - Westbound)	2

Road Types Or Milepost2: AL - Alley, AV - Avenue, BL - Boulevard, CR - Circle, CT - Court, DR - Drive, HE - Heights, HW - Highway, LA - Lane, MP - Milepost, PK - Parkway, PI - Pike, PL - Place, RD - Road, SQ - Square, ST - Street, TE - Terrace, TL - Trail, WA - Way

Location Route Type[1]	Location Route Number	Loc Prefix	Location Road Name	Location Road Type[2]
		N,S / E,W	STRINGTOWN	RD

Route Types1: 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	OF	Reference Route Type[1]	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type[2]
0 (Miles / Feet / Yards)	N,S / E,W				N,S / E,W	I71N ON RAMP	

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
1 (1 - Intersection, 2 - Mile Post, 3 - House Number)	02 (01 - Not an Intersection, 02 - Four-Way Intersection, 03 - T-Intersection, 04 - Y-Intersection, 05 - Traffic Circle/Roundabout, 06 - Five-Point, Or More, 07 - On Ramp, 08 - Off Ramp, 09 - Crossover, 10 - Driveway/Alley Access, 11 - Railway Grade Crossing, 12 - Shared-Use Paths or Trails, 99 - Unknown)	Intersection Related	1 (1 - On Roadway, 2 - On Shoulder, 3 - In Median, 4 - Roadside, 5 - On Gore, 6 - Outside Trafficway, 9 - Unknown)

Road Contour	Road Conditions Primary	Secondary
2 (1 - Straight Level, 2 - Straight Grade, 3 - Curve Level, 4 - Curve Grade, 9 - UNKNOWN)	01 (01 - Dry, 02 - Wet, 03 - Snow, 04 - Ice, 05 - San, 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	Weather
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)	1 (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 Primary	Secondary	School Zone Related	School Bus Related
2 (1 - Concrete, 2 - Blacktop, Bituminous, Asphalt, 3 - Brick/Block, 4 - Slag, Gravel, Stone, 5 - Dirt, 6 - Other)	1 (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)			Yes, School Bus Directly Involved; Yes, School Bus Indirectly Involved

*Secondary Condition Only

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

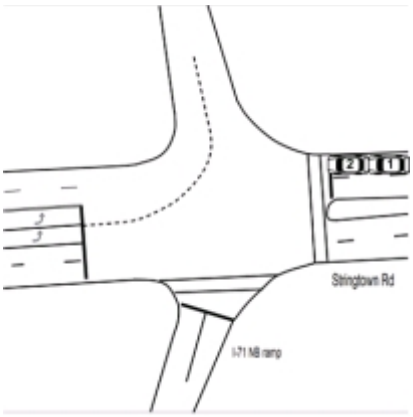
Crash Report Narrative

Narrative

UNIT 1 WAS TRAVELING FROM EAST TO WEST ON STRINGTOWN ROAD AT THE I71 N ENTRANCE RAMP. UNIT 2 WAS TRAVELING FROM EAST TO WEST ON STRINGTOWN ROAD A THE I71 N ENTRANCE RAMP, AT THE TRAFFIC LIGHT IN FRONT OF UNIT 1. UNIT 1 FAILED TO HAVE AN ASSURED CLEAR DISTANCE AHEAD AND STRUCK UNIT 2.

Diagram

Write an "N" on the compass diagram to indicate the direction of north.



Report Taken By: Police Agency / Motorist

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
08/19/2015	10:46	10:48	10:55	11:46	0	51

Officer's Name*	Officer's Badge Number	Checked By	
ROSE CARRIE A	B14	S10	SCOTT ERIC M

HSY7001 OH1(Rev 01/12)

UNIT

Local Report Number: 153267

Unit Number	Owner's Name: Last, First, Middle (■ same as Driver)	Owner's Phone Number - Inc. Area Code (■ same as Driver)	Damage Scale
01	LATORRE CONCRETE CONSTRUCTION INC	614-257-1401	3

Damage Scale: 1 - None; 2 - Minor; 3 - Functional; 4 - Disabling; 9 - Unknown

Damage Area: Front 09 03 08 10 04 07 06 05 Rear

Owner Address: City, State, Zip (■ same as Driver)
850 N CASSIDY AVE COLUMBUS OH 43219-

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	PIZ7819	1FTEX1CP7FFB47096	1

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2015	FORD	F150	GREY

Proof Of Insurance Shown	Insurance Company	Policy Number	Towed By
■	OHIO SECURITY INS CO	BAS56534331	

Carrier Name Address: City, State, Zip

Carrier Phone: Inc. Area Code

US DOT

HM Placard ID No.

HM Class Number

Vehicle Weight GVWR/GCWR
1 - less than or equal to 10K lbs.
2 - 10,001 to 26,000 lbs.
3 - more than 26,000 lbs.

Hazardous Materials Released ■

Cargo Body Type
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: 4
1 - Two-Way, Not Divided
2 - Two-Way, Not Divided, Continuous Left 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

■ Hit / Skip Unit

NON-MOTORIST LOCATION PRIOR TO IMPACT
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: 2
1 - Personal
2 - Commercial
3 - Government

In Emergency Response ■

Unit Type: 07
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 Van
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

☐ **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: 02
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 - Udnercarriage
12 - Load/Trailer
13 - Total(All Areas)
14 - Other
99 - Unknown

Impact Area: 02

Action: 3
1 - Non-Contact
2 - Non-Collision
3 - Striking
4 - Struck
5 - Striking/Struck
9 - Unknown

Pre-Crash Actions: 01
99 - Unknown

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: 09
Secondary:
99 - Unknown

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 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
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 3 4 5 6
99 - Unknown

First Harmful Event: 1
Most Harmful Event: 1

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 - Aanimal - 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

Collision with Fixed 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: 2
■ Stated
■ Estimated

Posted Speed: 35

Traffic Control: 04
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

HSY8306 OH1M (Rev 01/12)

UNIT

Local Report Number: 153267

Unit Number	Owner's Name: Last, First, Middle	Owner's Phone Number - Inc. Area Code
02	ALTERRA (■ same as Driver)	513-520-0092 (■ same as Driver)

Owner Address: City, State, Zip (■ same as Driver)
5132 N 300 W STE 150 PROVO UT 84604-

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	PIY4290	1GCNCPEH5FZ245773	1

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2015	CHEVY	SILVERADO	WHITE

Proof Of Insurance Shown	Insurance Company	Policy Number	Towed By
☒	IMPERIUM INS CO	IICCA0011702	

Damage Scale: 3
1 - None
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3 - Functional
4 - Disabling
9 - Unknown

Damage Area: Front 02, 09, 03, 08, 10, 04, 07, 05, Rear

Carrier Name Address: City, State, Zip

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■ Hit / Skip Unit

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Impact Area: 06

Action: 4
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Pre-Crash Actions: 01
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Sequence of Events
1: 20 2: 3: 4: 5: 6:

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Most Harmful Event: 1
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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: 0
☒ Stated
■ Estimated

Posted Speed: 35

Traffic Control: 04
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

HSY8306 OH1M (Rev 01/12)

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO Department of Public Safety — Education · Service · Protection

Local Report Number: 153267

Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	CAPOCCIA NICHOLAS	04/09/1980	35	M (F - Female, M - Male)

Address, City, State, Zip	Contact Phone - Include Area Code
6251 STEINBECK WAY WESTERVILLE OH 43082-	614-206-0600

Injuries	Injuries 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	☐	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	RU658941	4	☐	☐	1	1	1	1	.	1	1

Offense Charged (☒ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
333.03(A)	ACDA	GC118756	☐	1

Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	KENNEY THOMAS	11/01/1959	55	M (F - Female, M - Male)

Address, City, State, Zip	Contact Phone - Include Area Code
11651 NORBOURE DR 408 FOREST PARK OH 45240-	513-638-0961

Injuries	Injuries 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	☐	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
TX	36467389	3	☐	☐	1	1	1	1	.	1	

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
			☐	1

Injuries
1 - No Injury / None Reported
2 - Possible
3 - Non-Incapacitating
4 - Incapacitating
5 - Fatal

Injured Taken By
1 - Not Transported/ Treated At Scene
2 - EMS
3 - Police
4 - Other
9 - Unknown

Safety Equipment Used

Motorist
01 - None Used-Vehicle Occupant
02 - Shoulder Belt Only Used
03 - Lap Belt Only Used
04 - Shoulder and Lap Belt Used
05 - Child Restraint System-Forward Facing
06 - Child Restraint System-Rear Facing
07 - Booster Seat
08 - Helmet Used
99 - Unknown Safety Equipment

Non-Motorist
09 - None Used
10 - Helmet Used
11 - Protective Pads Used (Elbows, Knees, Etc.)
12 - Reflective Clothing
13 - Lighting
14 - Other

Seating Position
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 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
16 - Other
99 - Unknown

Airbag Usage
1 - Not Deployed
2 - Deployed Front
3 - Deployed Side
4 - Deployed Both Front/Side
5 - Not Applicable
9 - Deployment Unknown

Ejection
1 - Not Ejected
2 - Totally Ejected
3 - Partially Ejected
4 - Not Applicable

Trapped
1 - Not Trapped
2 - Extricated By Mechanical Means
3 - Extricated By Non-Mechanical Means

Operator License Class
1 - Class A
2 - Class B
3 - Class C
4 - Regular Class (Ohio IS "D")
5 - MC/MOPED Only

Condition
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

Alcohol/Drug Suspected
1 - None
2 - Yes - Alcohol Suspected
3 - Yes - HBD Not Impaired
4 - Yes - Drugs Suspected
5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

Alcohol Test Type
1 - None
2 - Blood
3 - Urine
4 - Breath
5 - Other

Drug Test Status
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

Drug Test Type
1 - None
2 - Blood
3 - Urine
4 - Illness

Driver Distracted BY
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	Name: Last, First, Middle	Date of Birth	Age	Gender
				(F - Female, M - Male)

Address, City, State, Zip	Contact Phone - Include Area Code

Injuries	Injuries Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					☐				

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