



Traffic Crash Report

Local Report Number *

13-330

Crash Severity

3
1 - Fatal
2 - Injury
3 - PDO

Hit/Skip

1 - Solved
2 - Unsolved

Local Information

<input 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"/> PDD Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	Reporting Agency NCIC * 0813103	Reporting Agency Name * Lebanon PD	Number of Units 024	Unit in error 01 98 - Animal 99 - Unknown
---	---	---	------------------------------------	---------------------------------------	------------------------	--

County * 83	City * <input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * Lebanon	Crash Date * 110312013	Time of Crash 11307	Day of Week THU
----------------	---	--------------------------------------	---------------------------	------------------------	--------------------

Degrees / Minutes / Seconds Latitude 39 12 10 N Longitude 78 41 13 W	Decimal Degrees Latitude 39.20278 Longitude -78.68722
--	---

Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	Divided Lane Direction of Travel W - Northbound E - Eastbound S - Southbound W - Westbound	Number of Thru Lanes 02	Road Types or Milepost ² AL - Alley CR - Circle HE - Heights MP - Milepost AV - Avenue CT - Court HW - Highway PK - Parkway PL - Place BL - Boulevard DR - Drive LA - Lane PI - Pike RD - Road ST - Street WA - Way TE - Terrace TL - Trail
---	--	----------------------------	--

Location Route Type ¹ SR	Location Route Number 63	Loc Prefix W N,S E,W	Location Road Name Main	Location Road Type ² ST	Route Types ³ IR - Interstate Route (Inc. Turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route
--	-----------------------------	----------------------------	----------------------------	---------------------------------------	--

Distance From Reference 263 <input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Yards	Dir From Ref W N,S E,W	Reference Route Type ¹	Reference Route Number	Ref Prefix E,W	Reference Name (Road, Milepost, House #) Glosser	Reference Road Type ² RD
--	------------------------------	-----------------------------------	------------------------	-------------------	---	--

Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number	Crash Location 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	<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
---	--	---	--	---	--

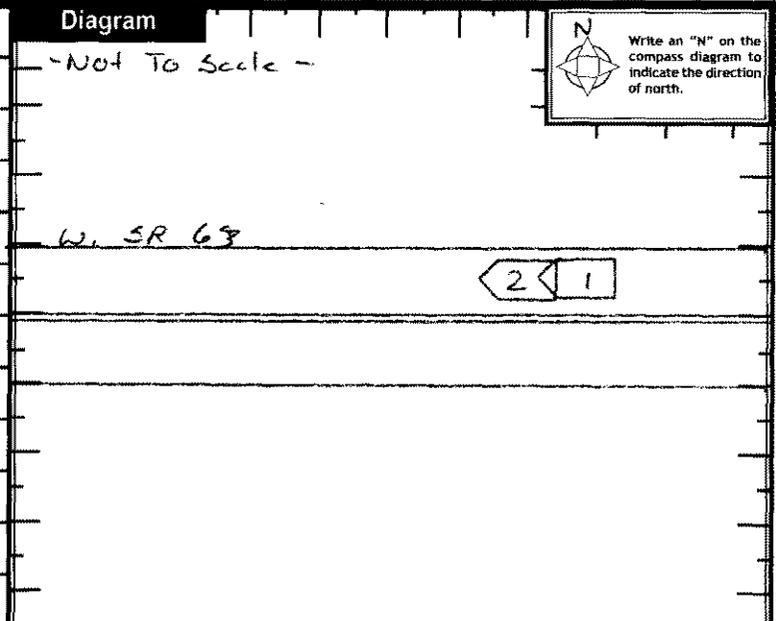
Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level	4 - Curve Grade 9 - Unknown	Road Conditions Primary 02	Secondary	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10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

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

Road Surface 2 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block	4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light Conditions Primary 1	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	<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved
--	--	----------------------------------	-----------	--	-------------	---

<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 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 First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area
--	---	---	---

Narrative
Unit # 2 was traveling west on West SR 63 and began to stop for traffic. Unit # 1 was traveling west on SR 63 behind unit # 2. Unit # 1 failed to maintain assumed clear distance ahead and struck Unit # 2 in a rear end collision.



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 110312013	Time Crash Reported 11307	Dispatch Time 11308	Arrival Time 11309	Time Cleared 11321	Other Investigation Time 15	Total Minutes 129
Officer's Name * Sgt. R. Buchanan	Officer's Badge Number 104	Checked By RCM 131	Page 1 of 4					



Unit

Local Report Number
1/31-31310

Unit Number 1011	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver)	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)			1 - None	
LP State OH	License Plate Number FKE 4324	Vehicle Identification Number 11T141E1A141931316171211161711	2 - Minor	
Vehicle Year 2014	Vehicle Make JEEP	Vehicle Model SW	3 - Functional	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Progressive	Policy Number 38588148	4 - Disabling	
Carrier Name, Address, City, State, Zip			9 - Unknown	
			Carrier Phone- include area code	
			Towed By Orange	
			N/A	

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	Trafficway Description 1
HM Placard ID No.			
HM Class Number	<input type="checkbox"/> Hazardous Material Released		
			<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 06	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)
01 - Intersection - Marked Crosswalk	1 - Personal	01 - Sub-Compact	01 - No Cargo Body Type/Not Applicable	13 - Single Unit Truck or Van 2axle, 6 tires	21 - Bus/Van (9-15 Seats, Inc Driver)
02 - Intersection - No Crosswalk	2 - Commercial	02 - Compact	02 - Bus/Van (9-15 Seats, Inc Driver)	14 - Single Unit Truck; 3+ axles	22 - Bus (16+ Seats, Inc Driver)
03 - Intersection - Other	3 - Government	03 - Mid Size	03 - Bus (16+ Seats, Inc Driver)	15 - Single Unit Truck / Trailer	Non-Motorist
04 - Midblock - Marked Crosswalk	<input checked="" type="checkbox"/> In Emergency Response	04 - Full Size	04 - Vehicle Towing Another Vehicle	16 - Truck/Tractor (Bobtail)	23 - Animal with Rider
05 - Travel Lane - Other Location		05 - Minivan	05 - Logging	17 - Tractor/Semi-Trailer	24 - Animal with Buggy, Wagon, Surrey
06 - Bicycle Lane		06 - Sport Utility Vehicle	06 - Intermodal Container Chassis	18 - Tractor/Double	25 - Bicycle/Pedacyclist
07 - Shoulder/Roadside		07 - Pickup	07 - Cargo Van/Enclosed Box	19 - Tractor/Triples	26 - Pedestrian/Skater
08 - Sidewalk		08 - Van	08 - Grain, Chns, Gravel	20 - Other Med/Heavy Vehicle	27 - Other Non-Motorist
09 - Median/Crossing Island		09 - Motorcycle	09 - Pole		
10 - Driveway Access		10 - Motorized Bicycle	10 - Cargo Tank		
11 - Shared-Use Path or Trail		11 - Snowmobile/ATV	11 - Flat Bed		
12 - Non-Trafficway Area		12 - Other Passenger Vehicle	12 - Dump		
99 - Other/Unknown			13 - Concrete Mixer		
			14 - Auto Transporter		
			15 - Garbage/Refuse		
			99 - Other/Unknown		

Special Function 01	01 - None	09 - Ambulance	17 - Farm Vehicle	Most Damaged Area 02	01 - None	08 - Left Side	99 - Unknown	Action 3	1 - Non-Contact
02 - Taxi	10 - Fire	18 - Farm Equipment	18 - Farm Equipment	02 - Center Front	02 - Center Front	09 - Left Front		2 - Non-Collision	
03 - Rental Truck (over 10k Lbs)	11 - Highway/Maintenance	19 - Motorhome	19 - Motorhome	03 - Right Front	03 - Right Front	10 - Top and Windows		3 - Striking	
04 - Bus - School (Public or Private)	12 - Military	20 - Golf Cart	20 - Golf Cart	04 - Right Side	04 - Right Side	11 - Undercarriage		4 - Struck	
05 - Bus - Transit	13 - Police	21 - Train	21 - Train	05 - Right Rear	05 - Right Rear	12 - Load/Trailer		5 - Striking/Struck	
06 - Bus - Charter	14 - Public Utility	22 - Other (Explain in Narrative)	22 - Other (Explain in Narrative)	06 - Rear Center	06 - Rear Center	13 - Total(All Areas)		9 - Unknown	
07 - Bus - Shuttle	15 - Other Government			07 - Left Rear	07 - Left Rear	14 - Other			
08 - Bus - Other	16 - Construction Equip.								

Pre-Crash Actions 01	Motorist	Non-Motorist
01 - Straight Ahead	01 - Straight Ahead	01 - Entering or Crossing Specified Location
02 - Backing	02 - Backing	15 - Entering or Crossing Specified Location
03 - Changing Lanes	03 - Changing Lanes	16 - Walking, Running, Jogging, Playing, Cycling
04 - Overtaking/Passing	04 - Overtaking/Passing	17 - Working
05 - Making Right Turn	05 - Making Right Turn	18 - Pushing Vehicle
06 - Making Left Turn	06 - Making Left Turn	19 - Approaching or Leaving Vehicle
	07 - Making U-Turn	20 - Standing
	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	

Contributing Circumstances	Vehicle Defects
Primary	01 - Turn Signals
01 - None	02 - Head Lamps
02 - Failure to Yield	03 - Tail Lamps
03 - Ran Red Light	04 - Brakes
04 - Ran Stop Sign	05 - Steering
05 - Exceeded Speed Limit	06 - Tire Blowout
06 - Unsafe Speed	07 - Worn or Slick tires
07 - Improper Turn	08 - Trailer Equipment Defective
08 - Left of Center	09 - Motor Trouble
09 - Followed Too Closely/ACDA	10 - Disabled From Prior Accident
10 - Improper Lane Change /Passing/Off Road	11 - Other Defects
Secondary	
01 - Improper Backing	
02 - Improper Start From Parked Position	
03 - Stopped or Parked Illegally	
04 - Operating Vehicle in Negligent Manner	
05 - Swerving to Avoid (Due to External Conditions)	
06 - Wrong Side/Wrong Way	
07 - Failure to Control	
08 - Vision Obstruction	
09 - Operating Defective Equipment	
10 - Load Shifting/Falling/Spilling	
11 - Other Improper Action	

Sequence of Events	Non-Collision Events
1 20	01 - Overturn/Rollover
2	02 - Fire/Explosion
3	03 - Immersion
4	04 - Jackknife
5	05 - Cargo/Equipment Loss or Shift
6	06 - Equipment Failure (Blown Tire, Brake Failure, etc)
7	07 - Separation of Units
8	08 - Ran Off Road Right
9	09 - Ran Off Road Left
10	10 - Cross Median
11	11 - Cross Center Line
12	12 - Downhill Runaway
13	13 - Other Non-Collision
Collision with Person, Vehicle or Object Not Fixed	Collision With Fixed Object
14 - Pedestrian	25 - Impact Attenuator/Crash Cushion
15 - Pedalcycle	26 - Bridge Overhead Structure
16 - Railway Vehicle (Train, Engine)	27 - Bridge Pier or Abutment
17 - Animal - Farm	28 - Bridge Parapet
18 - Animal - Deer	29 - Bridge Rail
19 - Animal - Other	30 - Guardrail Face
20 - Motor Vehicle in Transport	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	Posted Speed	Traffic Control	Unit Direction
	150	01 - No Controls	From 3 To 4
<input type="checkbox"/> Stated		02 - Stop Sign	1 - North
<input type="checkbox"/> Estimated		03 - Yield Sign	2 - South
		04 - Traffic Signal	3 - East
		05 - Traffic Flashers	4 - West
		06 - School Zone	5 - Northeast
		07 - Railroad Crossbucks	6 - Northwest
		08 - Railroad Flashers	7 - Southeast
		09 - Railroad Gates	8 - Southwest
		10 - Construction Barricade	9 - Unknown
		11 - Person (Flagger, Officer)	
		12 - Pavement Markings	
		13 - Crosswalk Lines	
		14 - Walk/Don't Walk	
		15 - Other	
		16 - Not Reported	



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
13-330

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE Krabbe, Cory Wilson	DATE OF BIRTH 04/15/1988	AGE 25	GENDER M F - FEMALE M - MALE
---------------------------	---	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP 3025 ST RT 72, Sabina OH 45169	CONTACT PHONE- INCLUDE AREA CODE (937) 725-0394
--	---

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY NIA	MEDICAL FACILITY INJURED TAKEN TO NIA	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
----------------------	------------------------------	--------------------------	---	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

OL STATE OH	OPERATOR LICENSE NUMBER SU361449	OL CLASS D	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 <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
--	---------------------	-----------------	--	----------------------------------

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Sprague, John W.	DATE OF BIRTH 05/09/1927	AGE 86	GENDER M F - FEMALE M - MALE
--------------------------	--	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP 4079 Cardinal Ct. Lebanon, OH 45036	CONTACT PHONE- INCLUDE AREA CODE (513) 932-3979
---	---

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY NIA	MEDICAL FACILITY INJURED TAKEN TO NIA	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
----------------------	------------------------------	--------------------------	---	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

OL STATE OH	OPERATOR LICENSE NUMBER RN142211	OL CLASS D	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 <input type="checkbox"/> 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 99 - UNKNOWN SAFETY EQUIPMENT Non-MOTORIST: 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 AS A BUS, PICKUP 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	AIR BAG 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 - OTHER	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
---	--	--	---	---

UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE Sprague, Ruth	DATE OF BIRTH 03/11/1929	AGE 84	GENDER F F - FEMALE M - MALE
---------------------------	---	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP 4079 Cardinal Ct Lebanon OH 45036	CONTACT PHONE- INCLUDE AREA CODE (513) 932-3979
---	---

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY NIA	MEDICAL FACILITY INJURED TAKEN TO NIA	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
----------------------	------------------------------	--------------------------	---	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

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	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------