



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	15 8046	CRASH SEVERITY	3 1- FATAL 2- INJURY 3- PDO	HIT/SKIP	1- SOLVED 2- UNSOLVED
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LOCAL INFORMATION	150-15-8046
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PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
			05214	Medina Township Police Department	1	98 98 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
Medina	Medina	11/10/2015	0615	Tue

DEGREES/MINUTES/SECONDS	DECIMAL DEGREES
LATITUDE ::	LONGITUDE 41.174883
LATITUDE ::	LONGITUDE 81.814933

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND	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 NUMBER	LOC PREFIX	LOCATION ROAD NAME	LOCATION ROAD TYPE	ROUTE TYPES
SR 3				IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE CR - NUMBERED COUNTY ROUTE SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE
3	E, W	3718			

REFERENCE POINT USED	CRASH LOCATION	INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT
3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	01 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	<input type="checkbox"/>	1 1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNKNOWN 4 - ON ROADSIDE

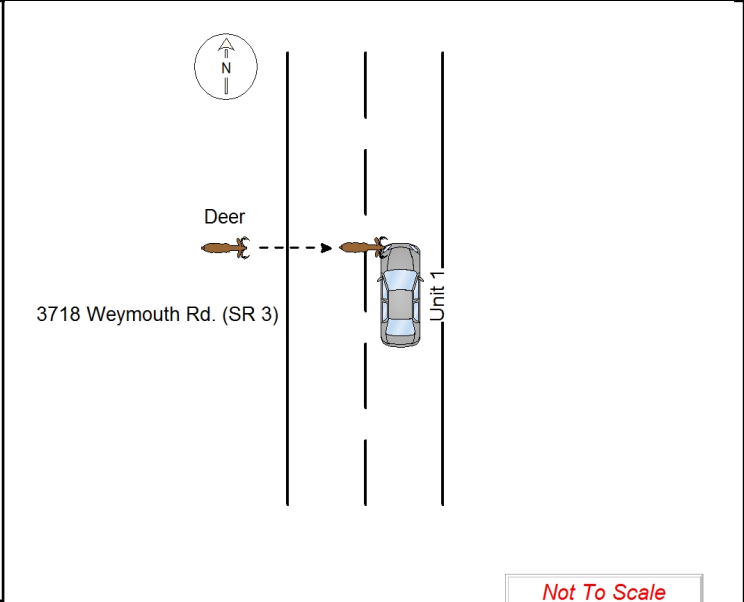
ROAD CONTOUR	ROAD CONDITIONS	WEATHER
1 1 - STRAIGHT LEVEL 4 - CURVE GRADE 2 - STRAIGHT GRADE 9 - UNKNOWN 3 - CURVE LEVEL	02 PRIMARY SECONDARY 01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 02 - WET 06 - WATER (STANDING, MOVING) 03 - SNOW 07 - SLUSH 04 - ICE 08 - DEBRIS*	4 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN

MANNER OF CRASH COLLISION/IMPACT	WEATHER
1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSITE DIRECTION 3 - HEAD-ON 6 - ANGLE 9 - UNKNOWN 4 - REAR-TO-REAR 7 - SIDESWIPE, -SAME DIRECTION	4 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE 2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT 3 - BRICK/BLOCK 6 - OTHER	5 PRIMARY SECONDAR 1 - DAYLIGHT 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN 2 - DAWN 6 - DARK - UNKNOWN ROADWAY LIGHTING 3 - DUSK 7 - GLARE* 4 - DARK - LIGHTED ROADWAY 8 - OTHER	<input type="checkbox"/>

WORK ZONE RELATED	WORKERS PRESENT	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/>	<input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	3 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	3 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE
Unit # 1 was traveling north on SR 3. (Weymouth Rd.) when it was struck in the left front by a deer that was attempting to cross the road.



Not To Scale

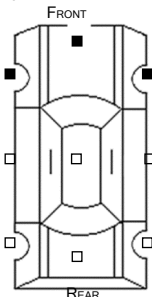
REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
Police Agency <input checked="" type="checkbox"/> Motorist <input type="checkbox"/>		11/10/2015	0615	0616	0622	0650	30	64
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY						
Oyler, Mike	1511	1508						



UNIT

LOCAL REPORT NUMBER

15 8046

UNIT NUMBER 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Waschtschenko, Kathryn, M	OWNER PHONE NUMBER 440-479-0333	DAMAGE SCALE 3	DAMAGE AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 5199 Hanover Dr., Medina, OH, 44256			1 - NONE		
LP STATE OH	LICENSE PLATE NUMBER GDN8298	VEHICLE IDENTIFICATION NUMBER JTHKD5BH7E2176339	# OCCUPANTS 1	2 - MINOR	
VEHICLE YEAR 2014	VEHICLE MAKE Lexus	VEHICLE MODEL CT 200H - CT2	VEHICLE COLOR GRY	3 - FUNCTIONAL	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Metro. Prop. & Casul	POLICY NUMBER 3224708630	TOWED BY	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE	
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K 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 CHASIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - T WO-WAY, NOT DIVIDED 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT		
HM PLACARD ID NO.	HAZARDOUS MATERIAL RELATED <input type="checkbox"/>	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE /REFUSE 99 - OTHER/UNKNOWN			
HM CLASS NUMBER	NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 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 - DRIVE WAY 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		
NON-MOTORIST LOCATION PRIOR TO IMPACT		UNIT TYPE 02 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 VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE		
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.		MOST DAMAGED AREA 09 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	
PRE-CRASH ACTIONS 01 99 - UNKNOWN		17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)		ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN	
CONTRIBUTING CIRCUMSTANCE PRIMARY 01 99 - UNKNOWN		NON-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		VEHICLE DEFECTS <input type="checkbox"/> 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 18 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 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 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	
UNIT SPEED 40 <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED 45	TRAFFIC CONTROL 01 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		
UNIT DIRECTION FROM 2 TO 1		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN			



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

15 8046

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER		
1	Gubanich, Gary, R					11/26/1981			33	<input checked="" type="checkbox"/> M F - FEMALE <input type="checkbox"/> M - MALE		
ADDRESS, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE				
5199 Hanover Dr., Medina, OH, 44256								440-263-7684				
INJURIES	INJURED 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	<input checked="" type="checkbox"/>	01	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OL CLASS	No VALID DL	M/C END	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	RT675945		4	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1	1		1	1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)			OFFENSE DESCRIPTION				CITATION NUMBER		HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY		
									<input type="checkbox"/>	1		
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER		
										<input type="checkbox"/> F - FEMALE <input type="checkbox"/> 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 MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
								<input type="checkbox"/>				
OL STATE	OPERATOR LICENSE NUMBER		OL CLASS	No VALID DL	M/C END	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
				<input type="checkbox"/>	<input type="checkbox"/>							
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)			OFFENSE DESCRIPTION				CITATION NUMBER		HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY		
									<input type="checkbox"/>			
INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED			99 - UNKNOWN SAFETY EQUIPMENT							
1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED / TREATED AT SCENE	MOTORIST			NON-MOTORIST							
2 - POSSIBLE	2 - EMS	01 - NONE USED - VEHICLE OCCUPANT			05 - CHILD RESTRAINT SYSTEM-FORWARD FACING		09 - NONE USED		12 - REFLECTIVE COATING			
3 - NON-INCAPACITATING	3 - POLICE	02 - SHOULDER BELT ONLY USED			06 - CHILD RESTRAINT SYSTEM-REAR FACING		10 - HELMET USED		13 - LIGHTING			
4 - INCAPACITATING	4 - OTHER	03 - LAP BELT ONLY USED			07 - BOOSTER SEAT		11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)		14 - OTHER			
5 - FATAL	9 - UNKNOWN	04 - SHOULDER AND LAP BELT ONLY USED			08 - HELMET USED							
SEATING POSITION												
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)			07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			12 - PASSENGER IN UNENCLOSED CARGO AREA			AIR BAG USAGE			
02 - FRONT - MIDDLE			08 - THIRD - MIDDLE			13 - TRAILING UNIT			1 - NOT DEPLOYED			
03 - FRONT - RIGHT SIDE			09 - THIRD - RIGHT SIDE			14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			2 - DEPLOYED FRONT			
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)			10 - SLEEPER SECTION OF CAB (TRUCK)			15 - NON-MOTORIST			3 - DEPLOYED SIDE			
05 - SECOND - MIDDLE			11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP)			16 - OTHER			4 - DEPLOYED BOTH FRONT/SIDE			
06 - SECOND - RIGHT SIDE						99 - UNKNOWN			5 - NOT APPLICABLE			
									9 - DEPLOYMENT UNKNOWN			
EJECTION	TRAPPED	OPERATOR LICENSE CLASS			CONDITION			ALCOHOL/DRUG SUSPECTED				
1 - NOT EJECTED	1 - NOT TRAPPED	1 - CLASS A			1 - APPARENTLY NORMAL			5 - FELL ASLEEP, FAINTED, FATIGUE		1 - NONE		
2 - TOTALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS	2 - CLASS B			2 - PHYSICAL IMPAIRMENT			6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL		2 - YES - ALCOHOL SUSPECTED		
3 - PARTIALLY EJECTED	3 - EXTRICATED BY NON-MECHANICAL MEANS	3 - CLASS C			3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBE)			7 - OTHER		3 - YES - HBD NOT IMPAIRED		
4 - NOT APPLICABLE		4 - REGULAR CLASS (OHIO IS "D")			4 - ILLNESS					4 - YES - DRUGS SUSPECTED		
		5 - MC/MOPED ONLY								5 - YES - ALCOHOL AND DRUGS SUSPECTED		
ALCOHOL TEST STATUS			ALCOHOL TEST TYPE	DRUG TEST STATUS			DRUG TEST TYPE	DRIVER DISTRACTED BY				
1 - NONE GIVEN			1 - NONE	1 - NONE GIVEN			1 - NONE	1 - NO DISTRACTION REPORTED		6 - OTHER INSIDE THE VEHICLE		
2 - TEST REFUSED			2 - BLOOD	2 - TEST REFUSED			2 - BLOOD	2 - PHONE		7 - EXTERNAL DISTRACTION		
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE			3 - URINE	3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE			3 - URINE	3 - TEXTING /EMAILING				
4 - TEST GIVEN, RESULTS KNOWN			4 - BREATH	4 - TEST GIVEN, RESULTS KNOWN			4 - OTHER	4 - ELECTRONIC COMMUNICATION DEVICE (NAVIGATION DEVICE, RADIO, DVD)				
5 - TEST GIVEN, RESULTS UNKNOWN			5 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN								
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER		
										<input type="checkbox"/> F - FEMALE <input type="checkbox"/> 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 MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
								<input type="checkbox"/>				
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER		
										<input type="checkbox"/> F - FEMALE <input type="checkbox"/> 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 MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
								<input type="checkbox"/>				