# OHIO DEPARTMENT OF PUBLIC SAFETY — TRAFFIC CRASH REPORT

Local Report Number: 13-402

Crash Severity: 3 (1 - Fatal, 2 - Injury, 3 - PDO)

Hit/Skip: 1 - Solved, 2 - Unsolved

Photos Taken: OH-2, OH-1P, OH-3, Other

PDO Under State Reportable Dollar Amount

Private Property

Reporting Agency NCIC: 08303

Reporting Agency Name: Lebanon P.D.

Number of Units: 2

Unit in Error: 01 (98 - Animal, 99 - Unknown)

County: 83

City / Village / Township: Lebanon

Crash Date: 12/24/2013

Time of Crash: 1430

Day of Week: Tues

Degrees / Minutes / Seconds — Latitude: 39.433619 — Longitude: -84.205314

Roadway Division: Divided / Undivided

Divided Lane Direction of Travel: N - Northbound, E - Eastbound, S - Southbound, W - Westbound

Number of Thru Lanes: 2

Road Types or Milepost: 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: S (N, S, E, W)

Location Road Name: Cherry

Location Road Type: ST

Route Types: IR - Interstate Route (inc. turnpike), US - US Route, SR - State Route, CR - Numbered County Route, TR - Numbered Township Route

Distance From Reference: Miles / Feet / Yards

Dir From Ref: N, S, E, W

Reference Route Type 1

Reference Route Number

Ref Prefix: S (N, S, E, W)

Reference Name (Road, Milepost, House #): 13 S Cherry

Reference Road Type: ST

Reference Point Used: 3 (1 - Intersection, 2 - Mile Post, 3 - House Number)

Crash Location: 10
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

Location of First Harmful Event: 1 (1 - On Roadway, 2 - On Shoulder, 3 - In Median, 4 - On Roadside, 5 - On Gore, 6 - Outside Trafficway, 9 - Unknown)

Road Contour: 1 (1 - Straight Level, 2 - Straight Grade, 3 - Curve Level, 4 - Curve Grade, 9 - Unknown)

Road Conditions — Primary: 01 (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
* Secondary Condition Only

Manner of Crash Collision/Impact: 5 (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)

Weather: 9 (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: 2 (1 - 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
* Secondary Condition Only

School Zone Related

School Bus Related: Yes, School Bus Directly Involved / Yes, School Bus Indirectly Involved

Work Zone Related: Workers Present / Law Enforcement Present (Officer/Vehicle) / Law Enforcement Present (Vehicle Only)

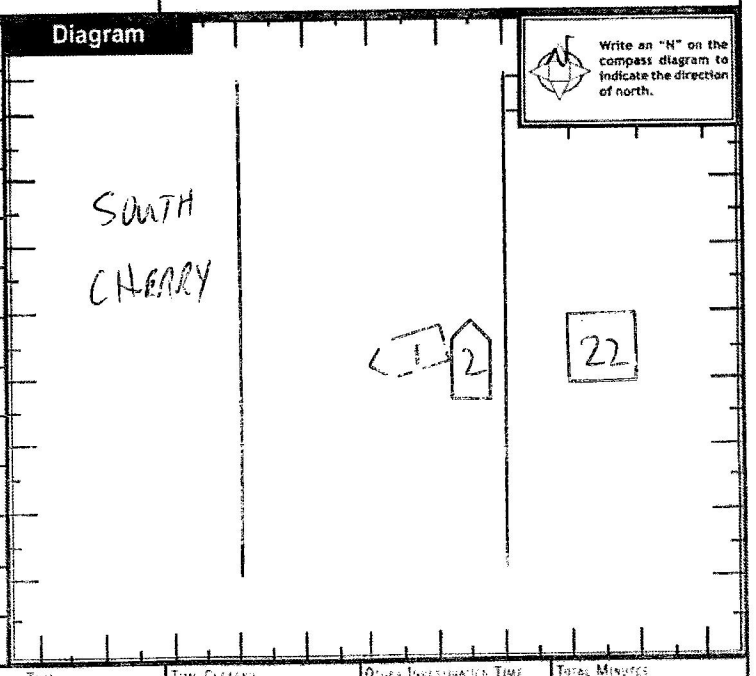
Type of Work Zone: 1 - Lane Closure, 2 - Lane Shift/Crossover, 3 - Work on Shoulder or Median, 4 - Intermittent or Moving Work, 5 - Other

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 parked curbside on the east side of S. Cherry St. across from 13 S. Cherry St. Unit # 1 was attempting to back out of a driveway at 13 S. Cherry St. Unit # 1 backed into Unit # 2.

Diagram




Report Taken By: Police Agency / Motorist / Supplement (Correction or Addition to Original Report Sent to ODPS)

Date Crash Reported: 12/26/2013

Time Crash Reported: 1233

Dispatch Time: 1235

Arrival Time: 1257

Time Cleared: 1314

Other Investigation Time:

Total Minutes: 17

Officer's Name: J. Oehler

Officer's Badge Number: 124

Checked By:

Page of

HSY7001 OH1 (Rev 01/12)

# UNIT

Local Report Number: 13-402

Unit Number: 01

Owner Name: Last, First, Middle (☐ Same As Driver): Burns Jr., Robert C.

Owner Phone Number - Inc. Area Code (☐ Same As Driver): (513) 886-6030

Damage Scale: 2 (1 - None; 2 - Minor; 3 - Functional; 4 - Disabled; 9 - Unknown)

Damaged Area: Front 02; 03; 08; 10; 04; 07; 05; Rear

Owner Address: City, State, Zip (☐ Same As Driver): 7253 Haverford Dr., Hamilton, OH 45011

LP State: OH

License Plate Number: FZM9596

Vehicle Identification Number: 1G1AK15F87740433

# Occupants: 01

Vehicle Year: 2007

Vehicle Make: Chevy

Vehicle Model: Cobalt

Vehicle Color: white

☑ Proof of Insurance Shown

Insurance Company: Selective Ins.

Policy Number: S2034854

Towed By:

Carrier Name, Address, City, State, Zip

Carrier Phone - Include 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 Material Released

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

☐ 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: 1

1 - Personal
2 - Commercial
3 - Government

☐ In Emergency Response

Unit Type: 03

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

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

☐ 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: 06

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

Impact Area: 06

Action: 3

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

Pre-Crash Actions: 02

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: 11

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 21; 2; 3; 4; 5; 6

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
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

☐ Stated
☐ Estimated

Posted Speed

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
13 - Crosswalk Lines
14 - Walk/Don't Walk
15 - Other
16 - Not Reported

Unit Direction

From: 4 To: 3

1 - North
2 - South
3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown



HSY8304 OHTU (Rev 01/12)

# UNIT

Ohio Department of Public Safety — Education · Courage · Professionals

Log & Report Number: 13-402

| Unit Number | Driver Name: Last, First, Middle (☐ Same As Driver) | Owner Phone Number - Inc. Area Code (☐ Same As Driver) | Damage Scale |
|---|---|---|---|
| 02 | Mayne, Calvin | (937) 681-5902 | 2 |

1 - None
2 - Minor
3 - Functional
4 - Disabling
9 - Unknown

Owner Address: City, State, Zip (☐ Same As Driver)
8208 Red Lion 5 Points, Springboro, OH 45066

| LP State | License Plate Number | Vehicle Identification Number | # Occupants |
|---|---|---|---|
| OH | FZM2612 | WBA3B5C7DF599202 | 00 |

| Vehicle Year | Vehicle Make | Vehicle Model | Vehicle Color |
|---|---|---|---|
| 2013 | BMW | 328i | grey |

| ☑ Proof of Insurance Shown | Insurance Company | Policy Number | Towed By |
|---|---|---|---|
| | Cincinnati Ins. | A010216711 | |

Carrier Name, Address, City, State, Zip

Carrier Phone - Include Area Code

Damaged Area: Front 02; 03; 04; 05; Rear 06; 07; 08; 09; 10 (X)

USDOT

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.

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12 - Non-Trafficway Area
99 - Other/Unknown

Type of Use: 1
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Unit Type: 03
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19 - Motorhome
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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

Impact Area: 08

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

Pre-Crash Actions: 10
99 - Unknown

Motorist
01 - Straight Ahead
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Sequence of Events: 1 - 21; 2; 3; 4; 5; 6
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Most Harmful Event: 1

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40 - Utility Pole
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42 - Culvert
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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
☐ Stated
☐ Estimated

Posted Speed

Traffic Control: 01
01 - No Controls
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06 - School Zone
07 - Railroad Crossbucks
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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 2 To 1
1 - North
2 - South
3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown



HSY8304 OH1U (Rev 01/12)

# Motorist / Non-Motorist / Occupant

13-402

| Unit Number | Name Last, First, Middle | Date of Birth | Age | Gender |
|---|---|---|---|---|
| 01 | Burns, Sandra F. | 01261946 | 67 | F |

Address, City, State, Zip: 22 S. Cherry St., Lebanon, Oh 45036

Phone Number: (513) 228-1772

| Injuries | Injuries Taken By | EMS Agency | Medical Facility Injuries Taken To | Safety Equipment Used | DOT Commercial Motor Vehicle Driver | Seating Position | Air Bag Usage | Ejection | Trapped |
|---|---|---|---|---|---|---|---|---|---|
| 1 | / | | | 04 | ☐ | 01 | 1 | 1 | 1 |

| OL State | Operator License Number | OL Class | No Valid OL | MC Endorsement | Condition | Alcohol Test Status | Alcohol Test Type | Alcohol Test Value | Drug Test Status | Drug Test Type |
|---|---|---|---|---|---|---|---|---|---|---|
| OH | QB442870 | 4 | ☐ | ☐ | 1 | 1 | 1 | 1 | 1 | 1 |

Driver Charged: ☐ Local Court

Offense Description

Citation Number

☐ Hands-Free Device Used

Driver Distracted By: / ☐

Injuries: 1 - No Injuries/Minor Injuries; 2 - Fatalities; 3 - Non-Fatal Serious Injuries; 4 - Unknown; 5 - None

Injuries Taken By: 1 - Self Transported/Taken to Scene; 2 - EMS; 3 - Police; 4 - Other; 5 - Unknown

Safety Equipment Used

Motorist: 01 - Lap Belt Only; 02 - Shoulder Belt Only; 03 - Lap Belt & Shoulder Belt; 04 - Helmet Only; 05 - Helmet & Other; 06 - Protective Pads/Other Protective Equipment; 07 - Child Restraint Forward Facing; 08 - Child Restraint Rear Facing; 09 - Booster Seat; 10 - Infant Carrier

Non-Motorist: 07 - None Used; 08 - Helmet Only; 11 - Protective Pads/Other Protective Equipment; 12 - Reflective Clothing; 13 - Lighting; 14 - Other

Seating Position

01 - Front - Left Side (Motorcycle Operator); 02 - Front - Middle; 03 - Front - Right Side; 04 - Second - Left Side (Motorcycle Passenger); 05 - Second - Middle; 06 - Second - Right Side; 07 - Third - Left Side; 08 - Third - Middle; 09 - Third - Right Side; 10 - Sleeper Section of Cab; 11 - Other Area Not in Primary Motor Vehicle; 12 - Passenger Compartment (Cargo Area); 13 - Trunk or Tailgate; 14 - Outside of Vehicle Enclosed Body Type 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; 7 - Deployed Other Location

Ejection

1 - Not Ejected; 2 - Partially Ejected; 3 - Completely Ejected; 4 - Not Applicable

Trapped

1 - Not Trapped; 2 - Extricated, Mechanical Means; 3 - Extricated, Non Mechanical Means

Operator License Class

1 - Class A; 2 - Class B; 3 - Class C; 4 - Motorcycle Class Only; 5 - MC/Motor Cycle

Conditions

A - Apparently Normal; B - Ill/Sick/Fainting; C - Fatigued (Operator Asleep, Drowsy); D - Taken; E - Medical Condition; F - Other

Alcohol/Drug Suspected

1 - None; 2 - Alcohol Suspected; 3 - Alcohol Suspected, HBD Authorized; 4 - Yes - Blood Drawn; 5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status

1 - Must Submit; 2 - Test Refused; 3 - Test Given, Contaminated/Insufficient Sample; 4 - Test Given, Results Pending; 5 - Not Given, Results Unknown

Alcohol Test Type

1 - Breath; 2 - Blood; 3 - Urine; 4 - Breath/Blood; 5 - Other

Drug Test Status

1 - None Given; 2 - Test Refused; 3 - Test Given, Contaminated/Insufficient Sample; 4 - Test Given, Results Pending; 5 - Test Given, Results Unknown

Drug Test Type

1 - Blood; 2 - Urine; 3 - Other; 4 - Blood/Urine

Driver Distracted By

1 - Not Distracted; 2 - Phone; 3 - Texting; 4 - Electronic Communication Device; 5 - Other Electronic Device (Navigation Device, Music Player, etc.); 6 - Other Distraction; 7 - Inattention (Daydreaming)

## Motorist/Non-Motorist

| Unit Number | Name Last, First, Middle | Date of Birth | Age | Gender |
|---|---|---|---|---|
| | | | | |

Address, City, State, Zip

Contact Phone Number - Include Area Code

| Injuries | Injuries Taken By | EMS Agency | Medical Facility Injuries Taken To | Safety Equipment Used | DOT Commercial Motor Vehicle Driver | Seating Position | Air Bag Usage | Ejection | Trapped |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | ☐ | | | | |

## Occupant

| Unit Number | Name Last, First, Middle | Date of Birth | Age | Gender |
|---|---|---|---|---|
| | | | | |

Address, City, State, Zip

Contact Phone Number - Include Area Code

| Injuries | Injuries Taken By | EMS Agency | Medical Facility Injuries Taken To | Safety Equipment Used | DOT Commercial Motor Vehicle Driver | Seating Position | Air Bag Usage | Ejection | Trapped |
|---|---|---|---|---|---|---|---|---|---|
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Page of