



Traffic Crash Report

Local Information
201807088

Local Report Number *
SO-201807088

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 *
02000

Reporting Agency Name *
DEFIANCE COUNTY SHERIFF'S OFFICE

2 Number of Units

Unit In Error
1 98 - Animal
99 - Unknown

County *

20

City *

☐ Village *

☒ Township *

City, Village, Township *
NOBLE (TOWNSHIP OF)

Crash Date *

9/18/2018

Time of Crash

14:24

Day of Week

TUE

Degrees/Minutes/Seconds

Latitude

Longitude

OR

Decimal Degrees

Latitude

Longitude

41.308290

-84.398207

Roadway Division
☐ Divided
☒ Undivided

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

Number of Thru Lanes
2

Road Type or Milepost

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
SR 18

Loc Prefix
☐ N, S, E, W

Location Road Name

Location road type

Route Types
IR - Interstate Route (inc. turnpike)
US - US Route
SR - State Route

CR - Numbered County Route
TR - Numbered Township Route

Distance From Miles

Dir From Ref
I, S, E, W

SR

Reference Route Type

Reference Route Number
15

Ref Prefix
☐ N, S, E, W

Reference Name (Road, Milepost, House #)

Reference ad je

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

☐ 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
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

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

Weather

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 Bus Related

☐ School Zone 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

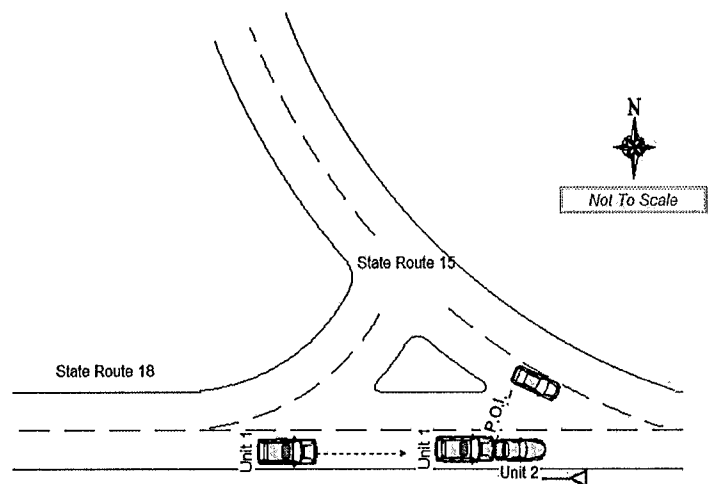
4 - Activity Area
5 - Termination Area

Narrative

On 09/18/2018, Unit 2 was stopped at a yield sign on State Route 18 at State Route 15 waiting for oncoming traffic to pass. Unit 1 was behind Unit 2 and stated that she looked for oncoming traffic and stated that all vehicles had passed and thought she saw Unit 2 proceed onto State Route 15. Unit 1 then moved forward hitting the rear end of Unit 2 causing Unit 2 and Unit 1 minor damage. Unit 1 was cited for ACDA.

Erb
2018

DIAGRAM PLACEHOLDER



Report Taken By

☒ Police Agency ☐ Motorist

☐ Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported

9/18/2018

Time Crash Reported

14:24

Dispatch Time

14:26

Arrival Time

14:30

Time Cleared

14:50

Other Investigation time

30

Total Minutes

54

Officer's Name *

Erb, Zachary

Officer's Badge Number

2018

Checked By

2005



Unit

Local Report Number

SO-201807088

Unit Number 1	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) WESTBROOK, DOROTHY JEAN	Owner Phone Number - inc, area code (<input type="checkbox"/> Same As Driver)	Damage Scale 2	Damage Area Front Rear
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 8070 SCOTT RD, PLYMOUTH, OH 44865				
LP State OH	License Plate Number EIP3180	Vehicle Identification Number JN8AT2MV0HW265933	# Occupants 1	
Vehicle Year 2017	Vehicle Make Nissan	Vehicle Model Rouge	Vehicle Color Red	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company State Farm	Policy Number 9105242-D14-35A	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 26,000k 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 Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chlps, 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				
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 - 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 04 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 99 - Unknown or Hit/Skip	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2 axle, 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 <input type="checkbox"/> 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 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other 99 - Unknown
Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown				
Pre-Crash Actions 01 Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown 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 Circumstance Primary 09 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 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road				
Secondary 99 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 <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 20 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				
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 - Workzone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object				
Unit Speed 5 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 55	Traffic Control 03 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 4 To 3 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	



Unit

Local Report Number

SO-201807088

Unit Number 2	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) BODENBENDER, JOEY ALLAN	Owner Phone Number - Inc, area code (<input type="checkbox"/> Same As Driver) (419) 658-2328	Damage Scale 2	Damage Area 				
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 21116 ST RT 34, STRYKER, OH 43557			1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown					
LP State OH	License Plate Number HMT7999	Vehicle Identification Number WDDGF8BB8AR090818	# Occupants 2					
Vehicle Year 2010	Vehicle Make Mercedes Benz	Vehicle Model C320	Vehicle Color Black					
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Progressive	Policy Number 922454783	Towed By					
Carrier Name, Address, City, State, Zip				Carrier Phone - Include area code				
US DOT 01	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 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"/> Hi/Skip Unit				
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Motorist / Non-Motorist / Occupant

Local Report Number

SO-201807088

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 1	Name: Last, First, Middle GIESIGE, LISA JANE	Date of Birth 1984-05-22	Age 34	Gender <input checked="" type="checkbox"/> F - Female <input type="checkbox"/> M - Male								
Address, City, State, Zip 337 LACOMBE DR, MAUMEE, OH 43537			Contact Phone - Include Area Code (576) 224-1061									
Injuries <input checked="" type="checkbox"/> 1	Injured Taken By <input checked="" type="checkbox"/> 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input checked="" type="checkbox"/> 04	DOT Compliant <input type="checkbox"/> Motorcycle <input type="checkbox"/> Helmet	Seating Position <input checked="" type="checkbox"/> 01	Air Bag Usage <input checked="" type="checkbox"/> 1	Ejection <input checked="" type="checkbox"/> 1	Trapped <input checked="" type="checkbox"/> 1			
OL State OH	OL Class <input checked="" type="checkbox"/> 4	No Valid DL <input type="checkbox"/>	M/C End <input type="checkbox"/>	Condition <input checked="" type="checkbox"/> 1	Alcohol/Drug Suspected <input checked="" type="checkbox"/> 1	Alcohol Test Status <input checked="" type="checkbox"/> 1	Alcohol Test Type <input checked="" type="checkbox"/> 1	Alcohol Test Value <input checked="" type="checkbox"/> 1	Drug Test Status <input checked="" type="checkbox"/> 1	Drug Test Type <input checked="" type="checkbox"/> 1		
Offense Charged (<input checked="" type="checkbox"/> Local Code) 4511.21A		Offense Description ACDA			Citation Number 95693		Hands-Free Device Used <input type="checkbox"/>		Driver Distracted By <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 1			
Unit Number 2	Name: Last, First, Middle GARCIA, ALEXANDRA MARI	Date of Birth 1985-09-18	Age 33	Gender <input checked="" type="checkbox"/> F - Female <input type="checkbox"/> M - Male								
Address, City, State, Zip 1051 RALSTON AVE STE C-1, DEFIANCE, OH 43512			Contact Phone - Include Area Code (419) 782-0714									
Injuries <input checked="" type="checkbox"/> 1	Injured Taken By <input checked="" type="checkbox"/> 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input checked="" type="checkbox"/> 04	DOT Compliant <input type="checkbox"/> Motorcycle <input type="checkbox"/> Helmet	Seating Position <input checked="" type="checkbox"/> 01	Air Bag Usage <input checked="" type="checkbox"/> 1	Ejection <input checked="" type="checkbox"/> 1	Trapped <input checked="" type="checkbox"/> 1			
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Offense Charged (<input type="checkbox"/> Local Code)		Offense Description			Citation Number		Hands-Free Device Used <input type="checkbox"/>		Driver Distracted By <input type="checkbox"/> <input type="checkbox"/>			
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 5 - 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 Only 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 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Coating 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 Cap (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as 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											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, Fatigue 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/Emailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside The Vehicle 7 - External Distraction				
Unit Number 2	Name: Last, First, Middle BODENBENDER, JOEY ALLAN	Date of Birth 1990-08-25	Age 28	Gender <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female								
Address, City, State, Zip 21116 ST RT 34, STRYKER, OH 43557			Contact Phone - Include Area Code (419) 658-2328									
Injuries <input checked="" type="checkbox"/> 1	Injured Taken By <input checked="" type="checkbox"/> 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input checked="" type="checkbox"/> 04	DOT Compliant <input type="checkbox"/> Motorcycle <input type="checkbox"/> Helmet	Seating Position <input checked="" type="checkbox"/> 03	Air Bag Usage <input checked="" type="checkbox"/> 1	Ejection <input checked="" type="checkbox"/> 1	Trapped <input checked="" 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 <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant <input type="checkbox"/> Motorcycle <input type="checkbox"/> Helmet	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>			