



TRAFFIC CRASH REPORT

Document #: 20193018416

☐ PHOTOS TAKEN		☐ OH-2	☐ OH-3	LOCAL INFORMATION		Local Report #: 2019000000517	
☐ SECONDARY CRASH		☐ OH-1P	☐ OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP
☐ PRIVATE PROPERTY				OAKWOOD POLICE		05710	2 1 - SOLVED 2 - UNSOLVED
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		ODPS FIPS		CRASH DATE / TIME*	
57	1 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	OAKWOOD		57764		2/7/2019 5:19:00 AM	
ROUTE TYPE	ROUTE NUMBER	PREFIX	N - NORTH S - SOUTH E - EAST W - WEST	LOCATION ROAD NAME	ROAD TYPE	ODPS LATITUDE	
				OAKWOOD	AV	39.728525	
ROUTE TYPE	ROUTE NUMBER	PREFIX	N - NORTH S - SOUTH E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE#)	ROAD TYPE	ODOT LATITUDE	
				FAR HILLS	AV	39.728180	
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE		ODOT GOOGLE MAP LINK	
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER		N - NORTH S - SOUTH E - EAST W - WEST		IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		https://www.google.com/maps?q=39.728180,-84.178825	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE		ROAD TYPE		INTERSECTION RELATED	
40.000		3 1 - MILES 2 - FEET 3 - YARDS		AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PI - PIKE PK - PARKWAY PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	
						ROADWAY	
						☐ ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE	
1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOOL BOOTH 99 - OTHER / UNKNOWN		1 - NOT COLLISION BETWEEN TWO 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 - OTHER/UNKNOWN		N - NORTH S - SOUTH E - EAST W - WEST		1 - DIVIDED FLUSH MEDIAN (LESS THAN 4 FEET) 2 - DIVIDED FLUSH MEDIAN (4 FEET AND GREATER) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ ACTIVE SCHOOL ZONE		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR	
		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		2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	
LIGHT CONDITION		WEATHER		CONDITIONS		SURFACE	
3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN		3 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 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER/UNKNOWN		2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
NARRATIVE							
UNIT 1 WAS ATTEMPTING TO ELUDE POLICE OFFICERS WHEN IT LOST CONTROL, DROVE ONTO A GRASSY AREA AND STRUCK A TREE. THE DRIVER THEN RAN FROM THE SCENE, LEAVING BEHIND TWO INJURED PASSENGERS. DRIVER WAS NEVER LOCATED. VEHICLE HAD BEEN REPORTED STOLEN.							
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
2/7/2019 5:19:00 AM		2/7/2019 5:19:00 AM		2/7/2019 5:22:10 AM		2/7/2019 6:45:00 AM	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*	
0		0		86		RUMP, RYAN	
						OFFICER'S BADGE NUMBER*	
						36	
						CHECKED BY OFFICER'S NAME*	
						BENSON, KEITH	
						CHECKED BY OFFICER'S BADGE NUMBER*	
						7	
						REPORT TAKEN BY	
						☒ POLICE AGENCY ☐ MOTORIST	
						☐ SUPPLEMENT CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs	

CONFIDENTIALITY NOTICE: This report is intended for authorized users only and may contain confidential and/or privileged material. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not an authorized user, please contact the ODOT Help Desk immediately.

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER		OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER						
OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER									
COMMERCIAL CARRIER: STREET, CITY, STATE, ZIP () SAME AS DRIVER			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE						
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION # 2G4WC582461220027	VEHICLE YEAR 2006	VEHICLE MAKE BUICK					
☐ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR COM	VEHICLE MODEL LACROSSE					
TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME SANDY'S TOWING						
☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		#OCCUPANTS 3	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD CLASS # PLACARD ID #						
VEHICLE WEIGHT GVWR/GCWR ☐ 1 - ≤10K LBS. ☐ 2 - 10,001 - 26K LBS. ☐ 3 - > 26K LBS.									
<table border="0" style="width:100%;"> <tr> <td style="width:20%; vertical-align: top;"> 1 UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) </td> <td style="width:20%; vertical-align: top;"> 7 - MOTORCYCLE 2 WHEELED 8 - MOTORCYCLE 3 WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) </td> <td style="width:20%; vertical-align: top;"> 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME </td> <td style="width:20%; vertical-align: top;"> 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL DRAWN VEHICLE </td> <td style="width:20%; vertical-align: top;"> 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP </td> </tr> </table>					1 UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2 WHEELED 8 - MOTORCYCLE 3 WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL DRAWN VEHICLE	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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SEQUENCE OF EVENTS									
NON-COLLISION									
1	48	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT							
2		6 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN							
3		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE							
4		16 - RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE							
5		22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CAR, OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT COLLISION WITH FIXED OBJECT STRUCK							
6		25 - IMPACT ATTENUATOR/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE							
COLLISION WITH FIXED OBJECT - STRUCK									
1		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER							
2		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT							
3		43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT							
4		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN							
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DAMAGE	
DAMAGE SCALE	
4 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
DAMAGED AREAS INDICATE ALL THAT APPLY	
2	
☐ NO DAMAGE [0] ☐ UNDERCARRIAGE [14] ☐ TOP [13] ☐ ALL AREAS [15] ☐ UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
2 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 2	TO ☐
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN	
UNIT SPEED 55	DETECTED SPEED ☐ 1 - STATED/ESTIMATED SPEED ☐ 2 - CALCULATED/EDR ☐ 3 - UNDETERMINED
POSTED SPEED 25	



MOTORIST / NON-MOTORIST

Document #: 20193018416

Local Report #: 20190000000517

Motorist/Non-Motorist

UNIT # 1	PERSON TYPE D	NAME: LAST, FIRST, MIDDLE ,			DATE OF BIRTH		AGE 0	GENDER U					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME) ☐	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) ☐		SAFETY EQUIPMENT USED 99	☐ DOT-COMPLIANT MC HELMET	SEATING POSTION 1	AIR BAG USAGE 9	EJECTION 1	TRAPPED 1			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED ☐		LOCAL CODE ☐	OFFENSE DESCRIPTION ☐			CITATION NUMBER ☐				
OL CLASS	ENDORSEMENTS SELECT UP TO 2 ☐ ☐	RESTRICTION: SELECT UP TO 3 ☐ ☐ ☐		DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 9	ALCOHOL TEST STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 1 1 1 1 1 ☐ ☐ ☐ ☐		DRUG TEST(S)			
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTON(S)		DRIVER DISTRACTION		TEST STATUS	
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - FRONT SEAT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT SEAT - MIDDLE 3 - FRONT SEAT - RIGHT SIDE 4 - SECOND SEAT - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND SEAT - MIDDLE 6 - SECOND SEAT - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON TRAILING UNIT, 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 99 - OTHER/UNKNOWN		1 - NOT-DEPLOYED 2 - DEPLOYED-FRONT 3 - DEPLOYED-SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS 'D') 5 - M/C MOPEO ONLY 6 - NO VALID OL		1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A AND CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER		1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TESTING, TYPING, DIALING) 3 - TALKING ON HANDS FRE COMMUNICATION DEVICE 4 - TALKING ON HAND HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER/UNKNOWN		1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKE BY 1 - NOT TRANSPORTED/ TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER/UNKNOWN				EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE AND TRIPLE TRAILERS X - TANKER / HAZMAT				ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER			
SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER AND LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN/ BICYCLE ONLY 99 - OTHER/UNKNOWN				TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN				CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS/ DRUGS/ ALCOHOL 9 - OTHER/UNKNOWN		DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	
												DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS	

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OCCUPANT/WITNESS ADDENDUM

Document #: 20193018416

Local Report #: 20190000000517

OCCUPANT	UNIT # 1	PERSON TYPE 0	NAME: LAST, FIRST, MIDDLE ,		DATE OF BIRTH		AGE 20	GENDER M																		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE																					
	INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY (NAME) OAKWOOD	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) MIAMI VALLEY HOSPITAL	SAFETY EQUIPMENT USED 1	☐ DOT-COMPLIANT MC HELMET	SEATING POSTION 3	AIR BAG USAGE 2	EJECTION 1	TRAPPED 3																
OCCUPANT	UNIT # 1	PERSON TYPE 0	NAME: LAST, FIRST, MIDDLE ,		DATE OF BIRTH		AGE 21	GENDER M																		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE																					
	INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY (NAME) DAYTON FIRE DEPT	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) MIAMI VALLEY HOSPITAL	SAFETY EQUIPMENT USED 1	☐ DOT-COMPLIANT MC HELMET	SEATING POSTION 4	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1																
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