



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

2017-00011976

CRASH SEVERITY

2 1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

☒ PHOTOS TAKEN
☐ OH-2
☐ OH-1P
☐ OH-3
☐ OTHER☐ PDO UNDER STATE REPORTABLE DOLLAR AMOUNT☐ PRIVATE PROPERTYREPORTING AGENCY NCIC *
04501REPORTING AGENCY NAME *
Newark Police DepartmentNUMBER OF UNITS
02UNIT IN ERROR
02 98 - ANIMAL
99 - UNKNOWNCOUNTY *
45☒ CITY *
☐ VILLAGE *
☐ TOWNSHIP *CITY, VILLAGE, TOWNSHIP *
NEWARKCRASH DATE *
05072017TIME OF CRASH
1636DAY OF WEEK
Sun

DEGREES / MINUTES / SECONDS

LATITUDE 0 0 0
LONGITUDE 0 0 0

DECIMAL DEGREES

LATITUDE 40.080981
LONGITUDE -82.42799ROADWAY DIVISION
☐ DIVIDED
☒ UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL
☐ N - NORTHBOUND
☐ E - EASTBOUND
☐ S - SOUTHBOUND
☐ W - WESTBOUNDNUMBER OF THRU LANES
02ROAD TYPES 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 TYPE 1

LOCATION ROUTE NUMBER

LOC PREFIX N, S, E, W

LOCATION ROAD NAME
PIERSONLOCATION ROAD TYPE 2
DRROUTE TYPES 1
IR - INTERSTATE ROUTE (INC. TURNPIKE)
US - US ROUTE
SR - STATE ROUTECR - NUMBERED COUNTY ROUTE
TR - NUMBERED TOWNSHIP ROUTEDISTANCE FROM REFERENCE
100☐ MILES
☒ FEET
☐ YARDSDIR FROM REF N, S, E, W
3

REFERENCE ROUTE TYPE 1

REFERENCE ROUTE NUMBER

REF PREFIX N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)
21stREFERENCE ROAD TYPE 2
STREFERENCE POINT USED
1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER
1CRASH LOCATION
1001 - NOT AN INTERSECTION
02 - FOUR-WAY INTERSECTION
03 - T-INTERSECTION
04 - Y-INTERSECTION
05 - TRAFFIC CIRCLE/ROUNDOUT
06 - FIVE-POINT, OR MORE
07 - ON RAMP
08 - OFF RAMP
09 - CROSSOVER
10 - DRIVEWAY/ALLEY ACCESS11 - RAILWAY GRADE CROSSING
12 - SHARED-USE PATHS OR TRAILS
99 - UNKNOWN☒ INTERSECTION RELATEDLOCATION OF FIRST HARMFUL EVENT
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE5 - ON GORE
6 - OUTSIDE TRAFFICWAY
9 - UNKNOWNROAD CONTOUR
21 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - UNKNOWNROAD CONDITIONS
PRIMARY
01

SECONDARY

01 - DRY
02 - WET
03 - SNOW
04 - ICE05 - 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
61 - 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 - UNKNOWNWEATHER
11 - 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/UNKNOWNROAD SURFACE
21 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
6 - OTHERLIGHT CONDITIONS
PRIMARY
1

SECONDARY

1 - DAYLIGHT
2 - DAWN
3 - DUSK
4 - DARK - LIGHTED ROADWAY5 - DARK - ROADWAY NOT LIGHTED
6 - DARK - UNKNOWN ROADWAY LIGHTING
7 - GLARE*
8 - OTHER
9 - UNKNOWN

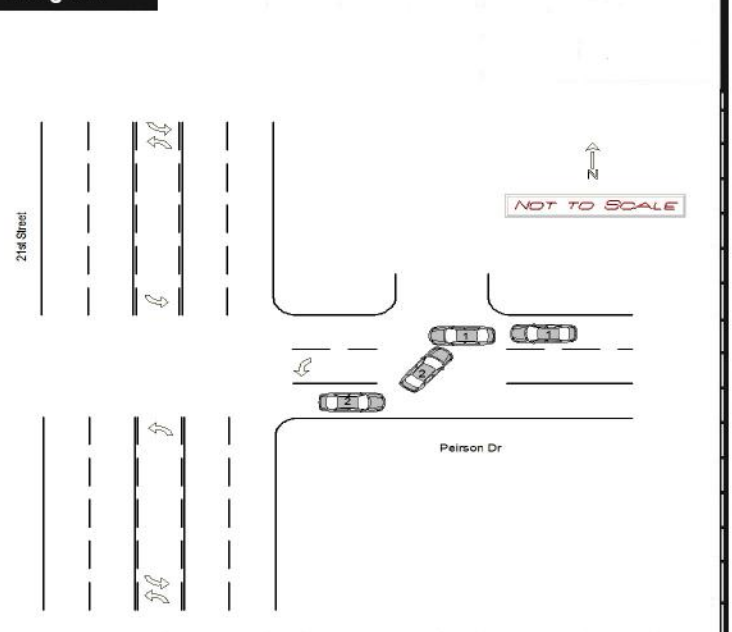
* SECONDARY CONDITION ONLY

☐ SCHOOL ZONE RELATEDSCHOOL 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 MEDIAN4 - INTERMITTENT OR MOVING WORK
5 - OTHERLOCATION OF CRASH IN WORK ZONE
1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA4 - ACTIVITY AREA
5 - TERMINATION AREA

NARRATIVE

Unit 2 was east on Peirson Dr and attempted to turn left. Unit 2 stated that she did not see Unit 1 who was west bound. Unit 2 struck Unit 1 and was cited. Both Units were towed from scene.

Diagram

REPORT TAKEN BY
☒ POLICE AGENCY
☐ MOTORIST☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)

DATE CRASH REPORTED

05072017

TIME CRASH REPORTED

1641

DISPATCH TIME

1641

ARRIVAL TIME

1651

TIME CLEARED

1800

OTHER INVESTIGATION TIME

TOTAL MINUTES

69

OFFICER'S NAME *

Purtee, Jon Marc

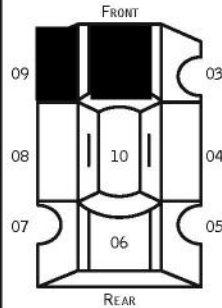
OFFICER'S BADGE NUMBER

45NPD-333

CHECKED BY

PAGE 1 OF 4

2017-00011976

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER) CASEY, EMILEE, ALEXIS	OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER) 614-517-5524	DAMAGE SCALE 4	DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER) 95 SLETZER DR, ZANESVILLE, OH			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN		
LP STATE OH	LICENSE PLATE NUMBER GZM5643	VEHICLE IDENTIFICATION NUMBER 1C3CDZBG6EN166893	# OCCUPANTS 02		
VEHICLE YEAR 2014	VEHICLE MAKE Dodge	VEHICLE MODEL AVENGER	VEHICLE COLOR		
☒ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY General	POLICY NUMBER	TOWED BY A1 Towing		
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE- INCLUDE AREA CODE	
US DOT	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.	CARGO BODY TYPE 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	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		
HM PLACARD ID NO. 0000	☐ HAZARDOUS MATERIAL RELEASED		☐ HIT / SKIP UNIT		
HM CLASS NUMBER 00					
Non-Motorist Location Prior to Impact 00 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/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
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 09 IMPACT AREA 09 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 4 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 - EXCEEDED SPEED LIMIT 06 - 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
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2017-00011976

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER) STEPHENS, KATHY, L	OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER) 614-619-2734	DAMAGE SCALE 4	DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER) 194 CHERRY BEND DR, OH 43055			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN		
LP STATE OH	LICENSE PLATE NUMBER AU23ZJ	VEHICLE IDENTIFICATION NUMBER KMH D H 4 A E 0 F U 2 3 7 4 0 4	# OCCUPANTS 1		
VEHICLE YEAR 2015	VEHICLE MAKE Hyundai	VEHICLE MODEL ELANTRA	VEHICLE COLOR		
☐ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY progressive ins.	POLICY NUMBER	TOWED BY Porky's Towing		
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE - INCLUDE AREA CODE	
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UNIT SPEED 005 ☒ STATED ☐ ESTIMATED	POSTED SPEED 25	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 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

2017-00011976

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE CASEY, EMILEE, ALEXIS				DATE OF BIRTH 01/31/1996				AGE 021	GENDER F F - FEMALE M - MALE			
ADDRESS, CITY, STATE, ZIP 95 SLETZER DR ,ZANESVILLE ,OH								CONTACT PHONE- INCLUDE AREA CODE 614-517-5524					
INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED 04	☐ DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER TY907234		OL CLASS 4	☐ No VALID OL	☐ M/C END.	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 (☐ LOCAL CODE)			OFFENSE DESCRIPTION				CITATION NUMBER		☐ HANDS-FREE DEVICE USED		☐ DRIVER DISTRACTED BY		
UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE STEPHENS, KATHY, L				DATE OF BIRTH 12/28/1954				AGE 062	GENDER F F - FEMALE M - MALE			
ADDRESS, CITY, STATE, ZIP 194 CHERRY BEND DR ,OH 43055								CONTACT PHONE- INCLUDE AREA CODE 614-619-2734					
INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED 04	☐ DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RT435120		OL CLASS 4	☐ No VALID OL	☐ M/C END.	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 (☐ LOCAL CODE) 4511.41			OFFENSE DESCRIPTION Right-of-Way at Intersections				CITATION NUMBER 17-11976-1		☐ HANDS-FREE DEVICE USED		☐ DRIVER DISTRACTED BY		
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		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, 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 "CD") 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 01	NAME: LAST, FIRST, MIDDLE Wray, Conner, J				DATE OF BIRTH 05/24/2006				AGE 010	GENDER M F - FEMALE M - MALE			
ADDRESS, CITY, STATE, ZIP 9919 PURITY RD NE ,OH 43071								CONTACT PHONE- INCLUDE AREA CODE 740-281-6272					
INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED 04	☐ DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 05	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Swick, Jaelyn, r				DATE OF BIRTH 01/14/2011				AGE 006	GENDER F F - FEMALE M - MALE			
ADDRESS, CITY, STATE, ZIP 9919 PURITY RD NE ,OH 43071								CONTACT PHONE- INCLUDE AREA CODE 740-877-8969					
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED 05	☐ DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 04	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		