



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

2017-00028071

CRASH SEVERITY

3 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 PROPERTY

REPORTING AGENCY NCIC *

04501

REPORTING AGENCY NAME *

Newark Police Department

NUMBER OF UNITS

02

UNIT IN ERROR

98 - ANIMAL
99 - UNKNOWN

02

COUNTY *

45

☒ CITY *

NEWARK

CITY, VILLAGE, TOWNSHIP *

CRASH DATE *

10082017

TIME OF CRASH

1200

DAY OF WEEK

Sun

DEGREES / MINUTES / SECONDS

LATITUDE 0 / ' " LONGITUDE 0 / ' "

DECIMAL DEGREES

LATITUDE 40.055793 LONGITUDE -81.240379

ROADWAY DIVISION

☐ DIVIDED
☐ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

N - NORTHBOUND E - EASTBOUND
S - SOUTHBOUND W - WESTBOUND

NUMBER OF THRU LANES

ROAD TYPES OR MILEPOST 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 TYPE 1

LOCATION ROUTE NUMBER

LOC PREFIX N, S, E, W

S

LOCATION ROAD NAME

4

ST LOCATION ROUTE TYPE 2

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
SR - STATE ROUTE

DISTANCE FROM REFERENCE

☐ MILES
☐ FEET
☐ YARDS

DIR FROM REF N, S, E, W

REFERENCE ROUTE TYPE 1

REFERENCE ROUTE NUMBER

REF PREFIX N, S, E, W

39

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

REFERENCE ROAD TYPE 2

REFERENCE POINT USED

1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER

CRASH LOCATION

01

01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE 11 - RAILWAY GRADE CROSSING
02 - FOUR-WAY INTERSECTION 07 - ON RAMP 12 - SHARED-USE PATHS OR TRAILS
03 - T-INTERSECTION 08 - OFF RAMP 99 - UNKNOWN
04 - Y-INTERSECTION 09 - CROSSOVER
05 - TRAFFIC CIRCLE/ROUNDBOUT 10 - DRIVEWAY/ALLEY ACCESS☐ INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

1 - ON ROADWAY 5 - ON GORE
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY
3 - IN MEDIAN 9 - UNKNOWN
4 - ON ROADSIDE

ROAD CONTOUR

1 - STRAIGHT LEVEL 4 - CURVE GRADE
2 - STRAIGHT GRADE 9 - UNKNOWN
3 - CURVE LEVEL

ROAD CONDITIONS

PRIMARY

SECONDARY

01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER
03 - SNOW 07 - SLUSH 99 - UNKNOWN
04 - ICE 08 - DEBRIS*
* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

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

WEATHER

2 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

2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE
2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT
3 - BRICK/BLOCK 6 - OTHER

LIGHT CONDITIONS

PRIMARY

SECONDARY

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
* 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 4 - INTERMITTENT OR MOVING WORK
2 - LANE SHIFT/CROSSOVER 5 - OTHER
3 - WORK ON SHOULDER OR MEDIAN

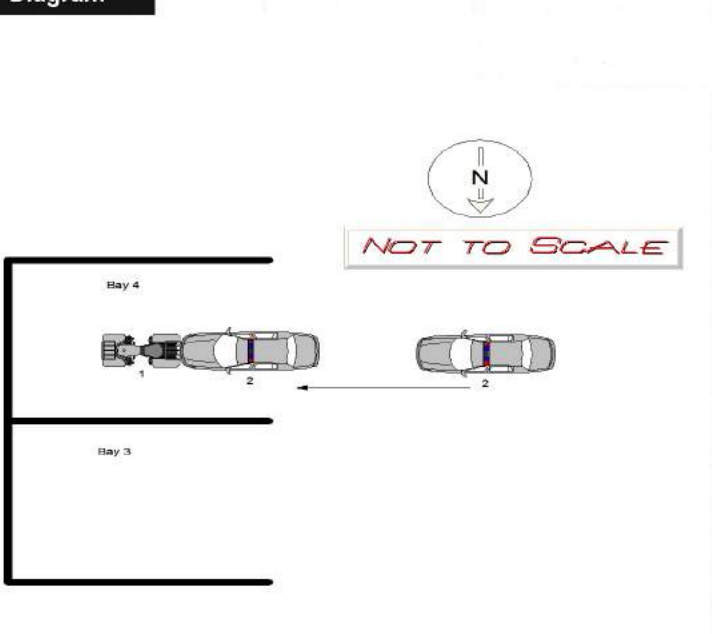
LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA
2 - ADVANCE WARNING AREA 5 - TERMINATION AREA
3 - TRANSITION AREA

NARRATIVE

Unit 2 was pulled up to garage bay #4 and the driver exited without putting the vehicle in park. Unit #2 drove forward driverless and struck Unit #1. Photos were taken of the damage.

Diagram



REPORT TAKEN BY

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

DATE CRASH REPORTED

10082017

TIME CRASH REPORTED

1207

DISPATCH TIME

1207

ARRIVAL TIME

1207

TIME CLEARED

1237

OTHER INVESTIGATION TIME

TOTAL MINUTES

30

OFFICER'S NAME *

Eskins, Clint

OFFICER'S BADGE NUMBER

45NPD-S8

CHECKED BY

Eskins, Clint

PAGE 1 OF 4



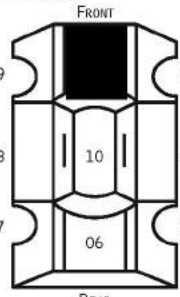
UNIT

LOCAL REPORT NUMBER

2017-00028071

UNIT NUMBER 01		OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) Newark Police Dept B		OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER) 740-670-7205		DAMAGE SCALE 2		DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER) 39 4 ST, OH 43055									
LP STATE OH		LICENSE PLATE NUMBER 		VEHICLE IDENTIFICATION NUMBER 				# OCCUPANTS 1	
VEHICLE YEAR 2017		VEHICLE MAKE Kawasaki		VEHICLE MODEL KRF750N		VEHICLE COLOR 			
☒ PROOF OF INSURANCE SHOWN		INSURANCE COMPANY Self insured		POLICY NUMBER 		TOWED BY 		9 - UNKNOWN	
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 - 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	
HM PLACARD ID NO. 		HM CLASS NUMBER 		HAZARDOUS MATERIAL RELEASED ☐					
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 3 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT ☐ IN EMERGENCY RESPONSE		UNIT TYPE 11 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 (BOAT/AIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	
SPECIAL FUNCTION 13 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 - TRAM 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	
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2017-00028071

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) Newark Police Dept B	OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER) 740-670-7205	DAMAGE SCALE 2	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER) 39 4 ST, OH 43055				
LP STATE OH	LICENSE PLATE NUMBER 2 F A B P 7 B V 1 B X 1 6 9 0 2 4	VEHICLE IDENTIFICATION NUMBER 2 F A B P 7 B V 1 B X 1 6 9 0 2 4	# OCCUPANTS 01	
VEHICLE YEAR 2011	VEHICLE MAKE Ford	VEHICLE MODEL CROWN VICTORIA	VEHICLE COLOR	
☒ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Self insured	POLICY NUMBER	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE	
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UNIT SPEED 03 ☐ STATED ☒ ESTIMATED	POSTED SPEED 00	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	

MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2017-00028071

UNIT NUMBER 01		NAME: LAST, FIRST, MIDDLE PARKED, 2017-00028071				DATE OF BIRTH ____/____/____		AGE ____		GENDER ☐ F - FEMALE ☐ 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 ☐					
OL STATE ☐		OPERATOR LICENSE NUMBER ____		OL CLASS ☐		No VALID OL ☐		M/C END. ☐		CONDITION ☐	
ALCOHOL/DRUG SUSPECTED ☐		ALCOHOL TEST STATUS ☐		ALCOHOL TEST TYPE ☐		ALCOHOL TEST VALUE ____		DRUG TEST STATUS ☐		DRUG TEST TYPE ☐	
OFFENSE CHARGED (☐ LOCAL CODE) ____				OFFENSE DESCRIPTION ____				CITATION NUMBER ____		HANDS-FREE DEVICE USED ☐	
DRIVER DISTRACTED BY ☐											

UNIT NUMBER 02		NAME: LAST, FIRST, MIDDLE Beach, Derrick				DATE OF BIRTH 12/26/1993		AGE 023		GENDER M F - FEMALE M - MALE	
ADDRESS, CITY, STATE, ZIP 39 S 4 ST, OH 43055								CONTACT PHONE - INCLUDE AREA CODE 740-670-7201			
INJURIES 1		INJURED TAKEN BY ☐		EMS AGENCY ____		MEDICAL FACILITY INJURED TAKEN TO ____		SAFETY EQUIPMENT USED ☐		DOT COMPLIANT MOTORCYCLE HELMET ☐	
SEATING POSITION 16		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1					
OL STATE OH		OPERATOR LICENSE NUMBER TR492230		OL CLASS 4		No VALID OL ☐		M/C END. ☐		CONDITION 1	
ALCOHOL/DRUG SUSPECTED 1		ALCOHOL TEST STATUS ☐		ALCOHOL TEST TYPE ☐		ALCOHOL TEST VALUE ____		DRUG TEST STATUS ☐		DRUG TEST TYPE ☐	
OFFENSE CHARGED (☐ LOCAL CODE) ____				OFFENSE DESCRIPTION ____				CITATION NUMBER ____		HANDS-FREE DEVICE USED ☐	
DRIVER DISTRACTED BY 1											

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 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			
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, 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 ____		NAME: LAST, FIRST, MIDDLE ____				DATE OF BIRTH ____/____/____		AGE ____		GENDER ☐ F - FEMALE ☐ 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 ☐					
OL STATE ☐		OPERATOR LICENSE NUMBER ____		OL CLASS ☐		No VALID OL ☐		M/C END. ☐		CONDITION ☐	
ALCOHOL/DRUG SUSPECTED ☐		ALCOHOL TEST STATUS ☐		ALCOHOL TEST TYPE ☐		ALCOHOL TEST VALUE ____		DRUG TEST STATUS ☐		DRUG TEST TYPE ☐	
OFFENSE CHARGED (☐ LOCAL CODE) ____				OFFENSE DESCRIPTION ____				CITATION NUMBER ____		HANDS-FREE DEVICE USED ☐	
DRIVER DISTRACTED BY ☐											

UNIT NUMBER ____		NAME: LAST, FIRST, MIDDLE ____				DATE OF BIRTH ____/____/____		AGE ____		GENDER ☐ F - FEMALE ☐ 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 ☐					