

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

26-27809

PHOTOS TAKEN
 SECONDARY CRASH
 OH-2
 OH-1P
 PRIVATE PROPERTY
 OTHER

LOCAL INFORMATION I-71 NB near MM215
 REPORTING AGENCY NAME * Montville Police Department
 NCIC * 05213

HIT/SKIP 1 - SOLVED 2 - UNSOLVED
 NUMBER OF UNITS 1
 UNIT IN ERROR 99 - ANIMAL 99 - UNKNOWN

COUNTY* 52 LOCALITY* 3
 LOCATION: CITY, VILLAGE, TOWNSHIP*
 Montville (Township of)

CRASH DATE / TIME* 05/09/2026 07:10
 CRASH SEVERITY 5
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE IR ROUTE NUMBER 71
 PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST

LATITUDE DECIMAL DEGREES 41.098490

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 215
 ROAD TYPE MP

LONGITUDE DECIMAL DEGREES -81.822790

REFERENCE POINT 2 - MILE POST
 DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
 ROUTE TYPE IR - INTERSTATE ROUTE (TP)
 ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA
 NUMBER OF APPROACHES

LOCATION OF FIRST HARMFUL EVENT 2 - ON SHOULDER
 MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
 DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
 MEDIAN TYPE 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)

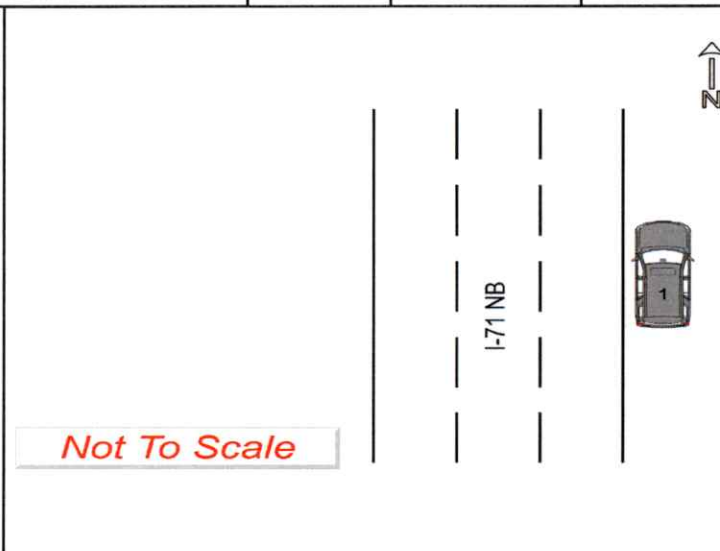
ROADWAY
 ROADWAY DIVIDED

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE
 WORK ZONE TYPE 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 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN
 CONDITIONS 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN
 SURFACE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN

LIGHT CONDITION 1 - DAYLIGHT
 WEATHER 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

NARRATIVE
 Unit #1 was traveling north bound on I-71 and observed fire coming from the rear of her vehicle. She pulled over onto the shoulder and exited the vehicle to contact emergency services. The vehicle then engulfed into flames. There was no collision and it was unknown how the fire started. Lloyd's towed the vehicle from scene after the fire was put out.



CRASH REPORTED DATE / TIME 05/09/2026 07:10
 DISPATCH DATE / TIME 05/09/2026 07:10
 ARRIVAL DATE / TIME 05/09/2026 07:32
 SCENE CLEARED DATE / TIME 05/09/2026 09:04
 REPORT TAKEN BY POLICE AGENCY MOTORIST
 TOTAL TIME ROADWAY CLOSED OTHER INVESTIGATION TIME TOTAL MINUTES 114
 OFFICER'S NAME* Bennett, Justin OFFICER'S BADGE NUMBER* 1612
 CHECKED BY OFFICER'S NAME* Gaede, Seth CHECKED BY OFFICER'S BADGE NUMBER* 1608
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

LOCAL REPORT NUMBER

26-27809

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
	1	GLANCY, ROBERT	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		
406 BANK ST, LODI, OH, 44254-1008			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			

DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE

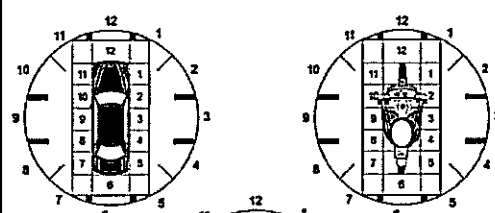
4 - MINOR DAMAGE 4 - DISABLING DAMAGE

9 - UNKNOWN

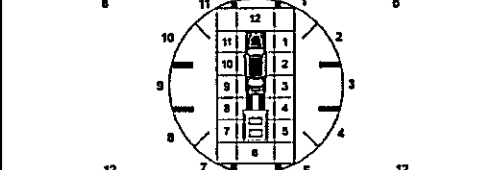
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
OH	HSG5871	1J4HR48N96C234350	2006	JEEP

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

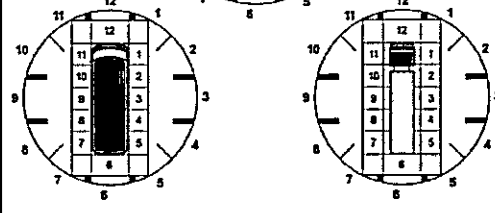
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	STATE FARM	2416710-SFP-35	BRO	GRAND CHEROKEE
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	HAZARDOUS MATERIAL CLASS # PLACARD ID #	
		1	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	



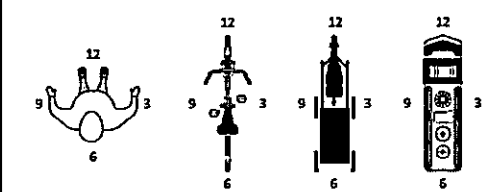
UNIT TYPE	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL CLASS # PLACARD ID #
3	1 - < 10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.	



WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - OTHER/UNKNOWN
2	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	



SPECIAL FUNCTION	1 - NONE	2 - TAXI	3 - ELECTRONIC RIDE SHARING	4 - SCHOOL TRANSPORT	5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR	7 - BUS - INTERCITY	8 - BUS - SHUTTLE	9 - BUS - OTHER	10 - AMBULANCE	11 - FIRE	12 - MILITARY	13 - POLICE	14 - PUBLIC UTILITY	15 - CONSTRUCTION EQUIP.	16 - FARM	17 - MOWING	18 - SNOW REMOVAL	19 - TOWING	20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER	99 - OTHER / UNKNOWN	
1																							



CARGO BODY TYPE	1 - NONE /NOT APPLICABLE	2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS	6 - CARGOVAN /ENCLOSED BOX	7 - GRAIN/CHIPS/GRAVEL	8 - POLE	9 - CARGO TANK	10 - FLAT BED	11 - DUMP	12 - CONCRETE MIXER	13 - AUTO TRANSPORTER	14 - GARBAGE/REFUSE	99 - OTHER / UNKNOWN
1															

NO DAMAGE [0] UNDERCARRIAGE [14]

TOP [13] ALL AREAS [15]

UNIT NOT AT SCENE [16]

VEHICLE DEFECTS	1 - TURN SIGNALS	2 - HEAD LAMPS	3 - TAIL LAMPS	4 - BRAKES	5 - STEERING	6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES	8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE	10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION	1 - INTERSECTION - MARKED CROSSWALK	2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER	4 - MIDDLEBLOCK - MARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE	7 - SHOULDER/ROADSIDE	8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND	10 - DRIVEWAY ACCESS	11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE	99 - OTHER / UNKNOWN

ACTION	1 - NON-CONTACT	2 - NON-COLLISION	3 - STRIKING	4 - STRUCK	5 - BOTH STRIKING & STRUCK	9 - OTHER / UNKNOWN	PRE-CRASH ACTIONS	1 - STRAIGHT AHEAD	2 - BACKING	3 - CHANGING LANES	4 - OVERTAKING/PASSING	5 - MAKING RIGHT TURN	6 - MAKING LEFT TURN	7 - MAKING U-TURN	8 - ENTERING TRAFFIC LANE	9 - LEAVING TRAFFIC LANE	10 - PARKED	11 - SLOWING OR STOPPED IN TRAFFIC	12 - DRIVERLESS	13 - NEGOTIATING A CURVE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	15 - WALKING, RUNNING, JOGGING, PLAYING	16 - WORKING	17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE	19 - STANDING	20 - OTHER NON-MOTORIST	21 - STANDING OUTSIDE DISABLED VEHICLE	99 - OTHER / UNKNOWN	
2							1																							

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE

1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE

99 - UNKNOWN

13 - TOP

CONTRIBUTING CIRCUMSTANCES	1 - NONE	2 - FAILURE TO YIELD	3 - RAN RED LIGHT	4 - RAN STOP SIGN	5 - UNSAFE SPEED	6 - IMPROPER TURN	7 - LEFT OF CENTER	8 - FOLLOWING TOO CLOSE /ACDA	9 - IMPROPER LANE CHANGE	10 - IMPROPER PASSING	11 - DROVE OFF ROAD	12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION	14 - STOPPED OR PARKED ILLEGALLY	15 - SWERVING TO AVOID	16 - WRONG WAY	17 - VISION OBSTRUCTION	18 - OPERATING DEFECTIVE EQUIPMENT	19 - LOAD SHIFTING /FALLING/SPILLING	20 - IMPROPER CROSSING	21 - LYING IN ROADWAY	22 - NOT DISCERNIBLE	23 - OPENING DOOR INTO ROADWAY	99 - OTHER IMPROPER ACTION
22																								

TRAFFIC

TRAFFICWAY FLOW	1 - ONE-WAY	2 - TWO-WAY	6			
TRAFFIC CONTROL	1 - ROUNDABOUT	2 - SIGNAL	3 - FLASHER	4 - STOP SIGN	5 - YIELD SIGN	6 - NO CONTROL

SEQUENCE OF EVENTS	1 - OVERTURN/ROLLOVER	2 - FIRE/EXPLOSION	3 - IMMERSION	4 - JACKKNIFE	5 - CARGO /EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE	7 - SEPARATION OF UNITS	8 - RAN OFF ROAD RIGHT	9 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	12 - DOWNHILL RUNAWAY	13 - OTHER NON-COLLISION	14 - PEDESTRIAN	15 - PEDALCYCLE	16 - RAILWAY VEHICLE	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
1	2																							

# OF THROUGH LANES ON ROAD	3		
RAIL GRADE CROSSING	1 - NOT INVOLVED	2 - INVOLVED-ACTIVE CROSSING	3 - INVOLVED-PASSIVE CROSSING

COLLISION WITH FIXED OBJECT - STRUCK																									
25 - IMPACT ATTENUATOR / CRASH CUSHION	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	52 - BUILDING	53 - TUNNEL	54 - OTHER FIXED OBJECT	99 - OTHER / UNKNOWN
4																									

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

1 - NORTH 5 - NORTHEAST

2 - SOUTH 6 - NORTHWEST

3 - EAST 7 - SOUTHEAST

4 - WEST 8 - SOUTHWEST

9 - OTHER / UNKNOWN

UNIT SPEED	70	DETECTED SPEED	1 - STATED / ESTIMATED SPEED
POSTED SPEED	70	2 - CALCULATED / EDR	3 - UNDETERMINED

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

26-27809

UNIT # 1	NAME: LAST, FIRST, MIDDLE GLANCY, LYDIA, J	DATE OF BIRTH 12/02/1995	AGE 30	GENDER F
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ADDRESS: STREET, CITY, STATE, ZIP 406 BANK ST, LODI, OH, 44254-1008	CONTACT PHONE - INCLUDE AREA CODE [REDACTED]
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INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST			DRUG TEST(S)		
STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	RESULTS SELECT UP TO 4						

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST			DRUG TEST(S)		
STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4						

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST			DRUG TEST(S)		
STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4						

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - 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 EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C/MORED ONLY 6 - NO VALID OL OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS & CLASS B BUS 6 - EXCEPT CLASS A & 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 TO 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 (TEXTING, TYPING, EMAILING) 3 - TALKING ON HANDS-FREE 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 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	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 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

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & 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 (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - 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 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 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY			EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE
GENDER			TRAPPED
F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			