



# TRAFFIC CRASH REPORT

Local Report # \* **10-008**

Crash Severity **3**  
1 Fatal 3 PDO  
2 Injury 4 Unknown

Private Property 'X'   
If Yes

Hit / Skip **1**  
1 Not Hit / Skip  
2 Solved  
3 Unsolved

Photos Taken 'X'   
If Yes

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # \* **08301**

Reporting Agency \* **Franklin Police Department**

# Units **02**

Unit Error  
98 = Animal  
99 = Unknown

Date of Crash \* **01062010**

Time of Crash **1609** Day of Week **WED** City \* **X** Village \* TWP \* Name (Of City, Village or Township) \* County # \* **83** Latitude Longitude

**CRASH OCCURRED ON**  
Prefix Crash Location **E 2ND** Type Loc **ST** Type Location Point Used  
1 Named Street 3 Numbered Route  
2 Numbered Street

**AT / REFERENCE**  
Dist Reference DR Prefix Reference Ref Point Reference Point Used  
**Herold** **02**  
01 State Line 04 House Number 08 Place Name W/O Reference  
02 Intersection 2 Streets 06 Mile Post 09 Driveway  
03 County Line 07 Corporation Limit 10 Street or Route W/O Reference

**A** Unit # **01** # of Occ. **02** Name (Last, First, Middle) **RANDOLPH JOSHUA L**  
Address (Street, City, State, Zip Code) **3916 KENNY LN SPRINGBORO OH 45066**

Social Security Number Date of Birth **01041989** Age **21** Sex **M** Home Phone # **(937) 514-7906** Work Phone #

DL State **OH** DL # **SY274076** LP State **OH** LP # **ENR2148** Injured Taken By **1** 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured/Taken To

Owner Name (if same, write "SAME") **BRUCK JULIE N** Address (Street, City, State, Zip Code) **615 BRIDGE ST FRANKLIN OH 45005**

Year **1997** Make **STRN** Model **SL1** Color **RED** Insurance Company **Pogressive** Towing Service **Steves** Owner Phone # **(937) 743-2785**

Offense Charged **331.16** Offense Description **Failure To Yield-intersections** Citation # **53776** Local Code? 'X' if Yes **X**

**B** Unit # **02** # of Occ. **02** Name (Last, First, Middle) **HENSLEY RICHARD D**  
Address (Street, City, State, Zip Code) **25 CARNOUSTIE LN SPRINGBORO OH 45066**

Social Security Number Date of Birth **03121937** Age **72** Sex **M** Home Phone # Work Phone #

DL State **OH** DL # **RQ550749** LP State **OH** LP # **DOT7960** Injured Taken By **1** 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured/Taken To

Owner Name (if same, write "SAME") **HENSLEY RICHARD D** Address (Street, City, State, Zip Code) **25 CARNOUSTIE LN SPRINGBORO OH 45066**

Year Make **MERZ** Model Color **SIL** Insurance Company **State Auto** Towing Service Owner Phone #

Offense Charged Offense Description Citation # Local Code? 'X' if Yes

**C** Unit # **01** Name (Last, First, Middle) **GRIFFIN KRYSTAL L** Home Phone # **10191991** Age **18** Sex **F**  
Address (Street, City, State, Zip Code) **615 BRIDGE ST FRANKLIN OH 45005**

Injured Taken By **1** 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured/Taken To

**D** Unit # **02** Name (Last, First, Middle) **HENSLEY SANDRA J** Home Phone # **12281935** Age **74** Sex **F**  
Address (Street, City, State, Zip Code) **25 CARNOUSTIE LN SPRINGBORO OH 45066**

Injured Taken By **1** 1 None 4 Other 2 EMS 5 Unknown 3 Police Transported By Injured/Taken To

**01** Seating Position  
01 Front - Left ( MC Driver)  
02 Front - Middle  
03 Front - Right  
**01** 04 Second - Left ( MC Pass)  
05 Second - Middle  
06 Second - Right  
**06** 07 Third - Left  
08 Third - Middle  
09 Third - Right  
10 Sleeper Section Of Cab  
**06** 11 Enclosed Cargo Area  
12 Unenclosed Cargo Area  
13 Trailing Unit  
14 Exterior  
15 Other  
16 Non-Motorist  
17 Unknown

**04** Safety Equipment Motorist  
01 None Used  
02 Shoulder Belt Only  
03 Lap Belt Only  
**04** 04 Shoulder /Lap Belt  
05 Child Safety Seat  
**04** 06 MC Helmet Used  
07 Use Unknown  
**04** Non-Motorist  
08 Non Used  
09 Helmet Used  
10 Protective Pads  
11 Reflective Clothing  
12 Lighting  
13 Other  
14 Unknown

**1** Air Bag  
1 Not Deployed  
2 Deployed-Front  
3 Deployed-Side  
**1** 4 Deployed Both Front/Side  
5 Not Applicable  
**1** 6 Unknown

**1** Air Bag Switch  
1 Not Present  
2 In On Position  
3 In Off Position  
**1** 4 Unknown

**1** Ejection  
1 Not Ejected  
2 Totally Ejected  
3 Partially Ejected  
**1** 4 Not Applicable  
5 Unknown

**1** Trapped  
1 Not Trapped  
2 Extricated By Mechanical Means  
**1** 3 Freed BY Non-Mechanical Means  
4 Unknown

**1** Injuries  
1 No Injury  
2 Possible  
3 Non-Incapacitating  
**1** 4 Incapacitating  
5 Fatal Injury  
**1** 6 Unknown

Supplement \* 'X' if Yes

<b>Unit Numbers</b> 	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> 	<b>Sequence Of Events</b> 	<b>Posted Speed</b> 	<b>Drug Test Status</b> 
<b>Non-Motorist Location</b> <p>01 Marked Crosswalk At Intersection  02 Intersection/ No Crosswalk  03 Non-Intersection Crosswalk  04 Driveway Access Crosswalk  05 In Roadway  06 Not In Roadway  07 Median (But Not Shoulder)  08 Island  09 Shoulder  10 Sidewalk  11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)  12 Beyond 10 Feet Of Roadway (Within Trafficway)  13 Outside Trafficway  14 Shared Use Paths Or Trails  15 Unknown</p>	<b>Most Damaged Area</b> <p>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  15 Unknown</p>	<b>Motorist</b> 01 Movements Essentially Straight Ahead 02 Backing 03 Changing Lanes 04 Overtaking/Passing 05 Turning Right 06 Turning Left 07 Making U-Turn 08 Entering Traffic Lane 09 Leaving Traffic Lane 10 Parked 11 Slowing/Stopped In Traffic 12 Driverless 13 Other 14 Unknown <b>Non-Motorist</b> 15 Entering/Crossing In Specified Location 16 Walking, Running, Jogging, Playing, Cycling 17 Working 18 Pushing Vehicle 19 Approaching/Leaving Vehicle 20 Playing/Working On Vehicle 21 Standing 22 Other 23 Unknown	<b>Non-Collision</b> 01 Overtum/Rollover 02 Fire/Explosion 03 Immersion 04 Jackknife 05 Cargo/Equipment Loss/Shift 06 Equipment Failure 07 Separation Of Units 08 Ran Off Road Right 09 Ran Off Road Left 10 Cross Median/Centerline 11 Downhill Runaway 12 Other Non-Collision 13 Unknown Non-Collision <b>Collision w/ Person, Vehicle, Or Object Not Fixed</b> 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 Other Movable Object 24 Unknown Movable Object <b>Collision with Fixed Object</b> 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 Median Barrier 33 Highway Traffic Sign Post 34 Overhead Sign Post 35 Light/Luminaries Support 36 Utility Pole 37 Other Post, Pole Or Support 38 Culvert 39 Curb 40 Ditch 41 Embankment 42 Fence 43 Mailbox 44 Tree 45 Other Fixed Object 46 Work Zone Maintenance Equipment 47 Unknown Fixed Object 48 Other 49 Unknown	<b>Traffic Control</b> <p>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 Police Officer  12 Pavement Markings  13 Crosswalk Lines  14 Walk/Don't Walk Signal  15 Traffic Control Device Inoperative, Missing, Obscured  16 Other</p>	<b>Drug Test Type</b> <p>1 None  2 Test Refused  3 Test Given, Contaminated Sample/Unusable  4 Test Given, Results Known  5 Test Given, Results Unknown  6 Unknown</p> <b>Drug Test 1&amp;2 Result</b> <p>1 None  2 Marijuana  3 Cocaine  4 Opiates  5 Amphetamines  6 PCP  7 Other  8 Unknown at Time Of Reporting</p>
<b>Type Of Unit</b> <p><b>Motorist</b>  01 Sub-Compact  02 Compact  03 Mid Size  04 Full Size  05 Minivan  06 Sport Utility Vehicle  07 Pickup  08 Panel/Van  09 Single Unit Truck; 2 Axles, 6 Tires  10 Single Unit Truck; 3+ Axles  11 Truck/Trailer  12 Truck Tractor (Bobtail)  13 Tractor/Semi-Trailer  14 Tractor/Double Short  15 Tractor/Double Long  16 Fifth Wheel Or Converter Dolly  17 Tractor/Triples  18 Motorcycle  19 Motorized Bicycle  20 School Bus  21 Church Bus  22 Public Bus  23 Other Bus  24 Police Vehicle  25 Fire Truck  26 Ambulance/Rescue  27 Taxi  28 Motor Home  29 Train  30 Farm Vehicle  31 Farm Equipment  32 Snowmobile  33 Construction Equipment  34 All Others  <b>Non-Motorist</b>  35 Animal W/Rider  36 Animal W/Buggy  37 Bicycle  38 Pedestrian  39 Pedalcyclist  40 Skater  41 Other-Non Motorist  42 Unknown</p>	<b>Point Of Impact</b> <p>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  15 Unknown</p>	<b>Contributing Circumstances</b> <p><b>Motorist</b>  01 None  02 Failure To Yield  03 Ran Red Light, Or Stop Sign  04 Exceeded Speed Limit  05 Unsafe Speed  06 Improper Turn  07 Left of Center  08 Followed Too Closely/ACDA  09 Improper Lane Change/  Drove Off Road/  Improper Passing  10 Improper Backing  11 Improper Start From Parked Position  12 Stopped or Parked Illegally  13 Operating Vehicle In Erratic, Reckless, Careless, Negligent or Aggressive Manner  14 Swerving to Avoid (Due to Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)  15 Failure To Control  16 Vision Obstruction  17 Driver Inattention  18 Fatigue/Asleep  19 Operating Defective Equipment  20 Load Shifting/Falling/Spilling  21 Other Improper Action  22 Unknown  <b>Non-Motorist</b>  23 None  24 Improper Crossing  25 Darting  26 Lying And/Or Illegally In Roadway  27 Failure To Yield Right Of Way  28 Not Visible (Dark Clothing)  29 Inattentive  30 Failure to Obey Traffic Signs, Signals, Or Officer  31 Wrong Side Of The Road  32 Other  33 Unknown</p>	<b>First Harmful Event</b> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	<b>Direction</b> From To From To <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p>	<b>Type Of Intersection</b> <p>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/Access  11 Railway Grade Crossing  12 Shared-Use Paths Or Trails  13 Unknown</p>
<b>In Emergency Response</b> <p>1 No  2 Yes  3 Unknown</p>	<b>Action</b> <p>1 Non-Contact  2 Non-Collision  3 Striking  4 Struck  5 Both Striking And Struck  6 Unknown</p>	<b>Vehicle Defect Code Only If '19' Selected Above</b> <p>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 Crash  11 Other Defects</p>	<b>Most Harmful Event</b> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<b>Condition</b> <p>1 Apparently Normal  2 Physical Impairment  3 Emotional  4 Illness  5 Fell Asleep, Fainted, Fatigued, Etc.  6 Under The Influence Of Medications/Drugs/Alcohol  7 Other  8 Unknown</p>	<b>Occurrence</b> <p>1 On Roadway  2 On Shoulder  3 In Median  4 On Roadside  5 On Gore  6 Outside Trafficway  7 Unknown</p>
<b>Damage Scale</b> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<b>Striking Vehicle: Override/ Underride</b> <p>1 No Underride Or Override  2 Underride, Compartment Intrusion  3 Underride, No Compartment Intrusion  4 Underride, Compartment Intrusion Unknown  5 Override, Motor Vehicle In Transport  6 Override , Other Vehicle  7 Unknown</p>		<b>Speed Detected</b> <p>1 Stated  2 Estimated Speed</p>	<b>Alcohol/Drug Suspected</b> <p>1 None  2 Yes-Alcohol Suspected  3 Yes-HBD Not Impaired  4 Yes-Drugs Suspected  5 Yes-Alcohol / Drugs Suspected  6 Unknown</p>	<b>Road Contour</b> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p>
			<b>Speed</b> <p>1 Stated  2 Estimated Speed</p>	<b>Alcohol Test Status</b> <p>1 None  2 Test Refused  3 Test Given, Contaminated Sample/Unusable  4 Test Given, Results Known  5 Test Given, Results Unknown  6 Unknown</p>	<b>Road Conditions</b> Primary Secondary <p>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  11 Unknown  ** Secondary Road Conditions ONLY</p>
<p style="text-align: center;">Top Copy - ODPS Bottom Copy - Agency</p>	<b>Supplement * 'X' if Yes</b>		<b>Local Report # *</b>		

# Narrative

Unit 2 was traveling westbound on E. Second St. in the left lane of travel, Unit 1 was stopped at Herold St. and E. Second St. Unit 1 failed to yield the right of way while turning right from Herold St. Striking Unit 2.

## Manner Of Collision or Impact

6

- 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 Unknown

## School Bus Related

- 1 No
- 2 Yes, Directly Involved
- 3 Yes, Indirectly Involved
- 4 Unknown

## Work Zone Related

- 1 No
- 2 Yes
- 3 Unknown

## Type of Work Zone

- 1 Lane Closure
- 2 Lane Shift/Crossover
- 3 Work On Shoulder Or Median
- 4 Intermittent/Moving Work
- 5 Other

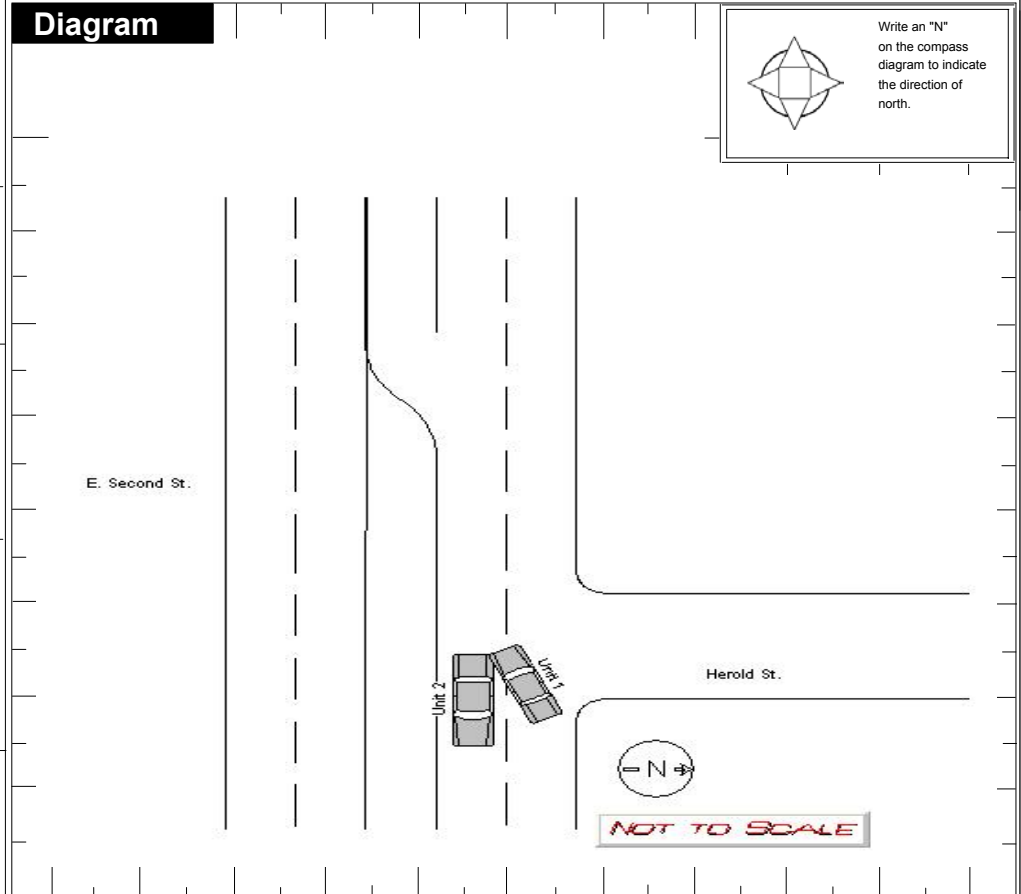
## Location Of Crash In

- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## Workers Present

- 1 No
- 2 Yes
- 3 Unknown

## Diagram



Write an "N" on the compass diagram to indicate the direction of north.

## Weather

02

- 01 Clear
- 02 Cloudy
- 03 Fog, Smog, Smoke
- 04 Rain
- 05 Sleet, Hail (Freezing Rain Drizzle)
- 06 Snow
- 07 Severe Crosswinds
- 08 Blowing Sand, Soil, Dirt, Snow
- 09 Other
- 10 Unknown

## Light Conditions

Primary Secondary

1

- 1 Daylight
- 2 Dawn
- 3 Dusk
- 4 Dark - Lighted Roadway
- 5 Dark - Not Lighted
- 6 Dark - Unknown Lighting
- 7 Glare
- 8 Other
- 9 Unknown

## Truck/Bus

The Crash INVOLVED one or more of the following:  
 A truck (motor vehicle) with a GVWR more than 10,000 pounds; or  
 A truck (motor vehicle) with a hazardous materials placard; or  
 A bus designed for at least 8 persons, including driver.

AND

The crash RESULTED in one or more of the following:  
 A fatality; or  
 An injury requiring transportation for immediate medical treatment; or  
 At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Unit #

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

US DOT  ICC MC  PUCO  Trailer LP St.  Trailer LP Year  Trailer LP #  Placard #  # Dia.

## Cargo Body Type

- 01 Not Applicable
- 02 Bus (9-15) Including Driver
- 03 Van/Enclosed Box
- 04 Grain/Chips/Gravel
- 05 Pole
- 06 Cargo Tan
- 07 Flatbed
- 08 Dump
- 09 Concrete Mixer
- 10 Auto Transporter
- 11 Garbage/Refuse
- 12 Other
- 13 Unknown

## Weight (GVWR)

- 1 Less/Equal 10,000
- 2 10,001 - 26,000
- 3 More Than 26,000

## CDL Class

- 1 Class A
- 2 Class B
- 3 Class C
- 4 Class M
- 5 Class D

## Hazardous Materials Placard

- 1 No
- 2 Yes
- 3 Unknown

## Hazardous Material Released

- 1 No
- 2 Yes
- 3 Not Applicable
- 4 Unknown

## Police Action

Date Crash Reported: 01062010 Time Rec. Call: 1609 Dispatch: 1610 Arrived: 1613 Cleared: 0000 Other: 0 Total Minutes: 0

Officer's Name: Cole, Robert Badge #: 1F39 Checked By: Warrington, Mark Date Report Filed: 01062010

Report Taken By: 1 (1 Police Agency, 2 Motorist) Report Taken At: 1 (1 Scene, 2 Station, 3 Other) Supplement: X if Yes Local Report #: 10-008

# Traffic Crash Report - Occupant Addendum

OH-1-P (Rev.11/99)

Local Report # \*

10-008

N.C.I.C. # \*

08301

Reporting Agency \*

Franklin Police Department

Date of Crash \*

01062010

<b>E</b>	Unit # 02	Name (Last, First, Middle) TOWNSEND CHRISTIN	Home Phone # (937) 855-4511	Date Of Birth	Age	Sex
Address (Street, City, State, Zip Code) 127 S PLUM ST. GERMANTOWN OH 45327			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To	

<b>F</b>	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
Address (Street, City, State, Zip Code)			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To	

<b>G</b>	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
Address (Street, City, State, Zip Code)			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To	

<b>H</b>	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
Address (Street, City, State, Zip Code)			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To	

<b>I</b>	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
Address (Street, City, State, Zip Code)			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To	

<b>J</b>	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
Address (Street, City, State, Zip Code)			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To	

<b>K</b>	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
Address (Street, City, State, Zip Code)			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To	

<p><b>Seating Position</b></p> <p><input type="checkbox"/> E 01 Front - Left (MC Driver)</p> <p><input type="checkbox"/> F 02 Front - Middle</p> <p><input type="checkbox"/> G 03 Front - Right</p> <p><input type="checkbox"/> H 04 Second - Left (MC Pass)</p> <p><input type="checkbox"/> I 05 Second - Middle</p> <p><input type="checkbox"/> J 06 Second - Right</p> <p><input type="checkbox"/> K 07 Third - Left (MC Passenger/Side Car)</p> <p><input type="checkbox"/> L 08 Third - Middle</p> <p><input type="checkbox"/> M 09 Third - Right</p> <p><input type="checkbox"/> N 10 Sleeper Section Of Cab</p> <p><input type="checkbox"/> O 11 Enclosed Cargo Area</p> <p><input type="checkbox"/> P 12 Unenclosed Cargo Area</p> <p><input type="checkbox"/> Q 13 Trailing Unit</p> <p><input type="checkbox"/> R 14 Exterior</p> <p><input type="checkbox"/> S 15 Other</p> <p><input type="checkbox"/> T 16 Non-Motorist</p> <p><input type="checkbox"/> U 17 Unknown</p> <p>Blank for Witness</p>	<p><b>Safety Equipment</b></p> <p><b>Motorist</b></p> <p><input type="checkbox"/> E 01 None used</p> <p><input type="checkbox"/> F 02 Shoulder Belt Only</p> <p><input type="checkbox"/> G 03 Lap Belt Only</p> <p><input type="checkbox"/> H 04 Shoulder/Lap Belt</p> <p><input type="checkbox"/> I 05 Child Safety Seat</p> <p><input type="checkbox"/> J 06 MC Helmet Used</p> <p><input type="checkbox"/> K 07 Use Unknown</p> <p><b>Non-Motorist</b></p> <p><input type="checkbox"/> L 08 None Used</p> <p><input type="checkbox"/> M 09 Helmet Used</p> <p><input type="checkbox"/> N 10 Protective Pads</p> <p><input type="checkbox"/> O 11 Reflective Clothing</p> <p><input type="checkbox"/> P 12 Lighting</p> <p><input type="checkbox"/> Q 13 Other</p> <p><input type="checkbox"/> R 14 Unknown</p>	<p><b>Air Bag</b></p> <p><input type="checkbox"/> E 1 Not-Deployed</p> <p><input type="checkbox"/> F 2 Deployed-Front</p> <p><input type="checkbox"/> G 3 Deployed-Side</p> <p><input type="checkbox"/> H 4 Deployed Both Front/Side</p> <p><input type="checkbox"/> I 5 Not Applicable</p> <p><input type="checkbox"/> J 6 Unknown</p>	<p><b>Air Bag Switch</b></p> <p><input type="checkbox"/> E 1 Not Present</p> <p><input type="checkbox"/> F 2 In On Position</p> <p><input type="checkbox"/> G 3 In Off Position</p> <p><input type="checkbox"/> H 4 Unknown</p>	<p><b>Ejection</b></p> <p><input type="checkbox"/> E 1 Not Ejected</p> <p><input type="checkbox"/> F 2 Totally Ejected</p> <p><input type="checkbox"/> G 3 Partially Ejected</p> <p><input type="checkbox"/> H 4 Not Applicable</p> <p><input type="checkbox"/> I 5 Unknown</p>	<p><b>Trapped</b></p> <p><input type="checkbox"/> E 1 Not Trapped</p> <p><input type="checkbox"/> F 2 Extricated By Mechanical Means</p> <p><input type="checkbox"/> G 3 Freed By Non-Mechanical Means</p> <p><input type="checkbox"/> H 4 Unknown</p>	<p><b>Injuries</b></p> <p><input type="checkbox"/> E 1 No Injury</p> <p><input type="checkbox"/> F 2 Possible</p> <p><input type="checkbox"/> G 3 Non-Incapacitating</p> <p><input type="checkbox"/> H 4 Incapacitating</p> <p><input type="checkbox"/> I 5 Fatal Injury</p> <p><input type="checkbox"/> J 6 Unknown</p>
--	---	---	---	---	--	--

Supplement 'X' if Yes