

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-288	3 1 Fatal 3 PDO 2 Injury 4 Unknown	X If Yes	1 1 Not Hit / Skip 2 Solved 3 Unsolved	X If Yes				
N.C.I.C. # *	Reporting Agency *	# Units	Unit Error	Date of Crash *				
08301	Franklin Police Department	02	01 98 = Animal 99 = Unknown	09022011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
0844	FRI	X			Franklin	83		

CRASH OCCURRED ON		Type Location Point Used		LOCAL INFORMATION	
Prefix	Crash Location	Type Loc	1 Named Street	3 Numbered Route	
	Riley	1	2 Numbered Street		
AT / REFERENCE			Reference Point Used		
Dist Reference	DR	Prefix	Reference	Ref Point	
			Fourth St.	02	
		04 House Number	08 Place Name W/O Reference		
		05 Township Boundary	09 Driveway		
		06 Mile Post	10 Street or Route W/O Reference		
		07 Corporation Limit			

Unit #	# of Occ.	Name (Last, First, Middle)	
A 01	03	RITCHIE STEPPAINE NICOLE	
Address (Street, City, State, Zip Code)			
635 1/2 S MAIN ST FRANKLIN OH 45005			
Social Security Number	Date of Birth	Age	Sex
	06181992	19	F
Home Phone #	Work Phone #		
(937) 623-0034			
DL State	DL #	LP State	LP #
OH	TM221209	OH	FAS4122
Injured Taken By	1 None	4 Other	Transported By
	2 EMS	5 Unknown	
	3 Police		
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)	
RITCHIE FLOYD		632 MARTHA DR FRANKLIN OH 45005	
Year	Make	Model	Color
2007	CHEV	MAL	BLU
Insurance Company	Towing Service	Owner Phone #	
21st Century Centennial In		(937) 746-4208	
Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes
313.03C	Red Light Violation	01344	X

Motorist / Non-Motorist

Unit #	# of Occ.	Name (Last, First, Middle)	
B 02	01	EAGLE SANDRA K	
Address (Street, City, State, Zip Code)			
525 S RILEY BVD Franklin OH 45005-0000			
Social Security Number	Date of Birth	Age	Sex
	01311957	54	F
Home Phone #	Work Phone #		
(937) 743-9521			
DL State	DL #	LP State	LP #
OH	RQ562751	OH	DHV5478
Injured Taken By	1 None	4 Other	Transported By
	2 EMS	5 Unknown	
	3 Police		
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)	
EAGLE PAUL F		525 S RILEY BVD FRANKLIN OH 45005-0000	
Year	Make	Model	Color
2001	JEEP	CHER	MAR
Insurance Company	Towing Service	Owner Phone #	
Progressive		(937) 743-9521	
Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes

Occupant

Unit #	# of Occ.	Name (Last, First, Middle)	
C 01		COWGILL TRAVIS SCOTT	
Address (Street, City, State, Zip Code)			
455 S MAIN ST Franklin OH 45005-0000			
Injured Taken By	1 None	4 Other	Transported By
	2 EMS	5 Unknown	
	3 Police		
Home Phone #		Date of Birth	Age
(937) 270-5687		05181991	20
Sex		M	
Unit #	# of Occ.	Name (Last, First, Middle)	
D 01		COLLINS CHAD JEFFERY	
Address (Street, City, State, Zip Code)			
880 WILSHIRE DR CARLISLE OH 45005			
Injured Taken By	1 None	4 Other	Transported By
	2 EMS	5 Unknown	
	3 Police		
Home Phone #		Date of Birth	Age
(937) 514-6294		01031990	21
Sex		M	

01 01 Front - Left (MC Driver)	04 01 None Used	1 1 Not Deployed	4 1 Not Present	1 1 Not Ejected	1 1 Not Trapped	2 1 No Injury
01 02 Front - Middle	04 02 Shoulder Belt Only	1 2 Deployed-Front	4 2 In On Position	1 2 Totally Ejected	1 2 Extricated By Mechanical Means	2 2 Possible
01 03 Front - Right	04 03 Lap Belt Only	1 3 Deployed-Side	4 3 In Off Position	1 3 Partially Ejected	1 3 Freed BY Non-Mechanical Means	1 3 Non-Incapacitating
03 04 Second - Left (MC Pass)	04 04 Shoulder /Lap Belt	1 4 Deployed Both Front/Side	4 4 Unknown	1 4 Not Applicable	1 4 Unknown	1 4 Incapacitating
06 05 Second - Middle	04 05 Child Safety Seat	1 5 Not Applicable	1 4 Unknown	1 5 Unknown	1 4 Unknown	1 5 Fatal Injury
06 06 Second - Right	04 06 MC Helmet Used	1 6 Unknown	1 4 Unknown	1 4 Unknown	1 4 Unknown	1 6 Unknown
03 07 Third - Left	04 07 Use Unknown					
03 08 Third - Middle	04 08 Non Used					
03 09 Third - Right	04 09 Helmet Used					
06 10 Sleeper Section Of Cab	04 10 Protective Pads					
06 11 Enclosed Cargo Area	04 11 Reflective Clothing					
06 12 Unenclosed Cargo Area	04 12 Lighting					
06 13 Trailing Unit	04 13 Other					
06 14 Exterior	04 14 Unknown					
06 15 Other						
06 16 Non-Motorist						
06 17 Unknown						

Supplement *
'X' if Yes

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status
Non-Motorist Location <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>	Most Damaged Area 	Motorist 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 Non-Motorist 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	Non-Collision 01 Overturn/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 Collision w/ Person, Vehicle, Or Object Not Fixed 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 Collision with Fixed Object 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	Traffic Control <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>	Drug Test Type <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>
Type Of Unit <p>Motorist 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 Non-Motorist 35 Animal W/Rider 36 Animal W/Buggy 37 Bicycle 38 Pedestrian 39 Pedalcyclist 40 Skater 41 Other-Non Motorist 42 Unknown</p>	<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>	Contributing Circumstances <p>Motorist 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 Non-Motorist 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>	Direction From To <p>1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown</p>	Condition <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>	Drug Test 1&2 Result <p>1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting</p>
In Emergency Response <p>1 No 2 Yes 3 Unknown</p>	Point Of Impact <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>	Vehicle Defect Code Only If '19' Selected Above <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>	First Harmful Event <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	Alcohol/Drug Suspected <p>1 None 2 Yes-Alcohol Suspected 3 Yes-HBD Not Impaired 4 Yes-Drugs Suspected 5 Yes-Alcohol / Drugs Suspected 6 Unknown</p>	Type of Intersection <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>
Damage Scale <p>1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown</p>	Action <p>1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Both Striking And Struck 6 Unknown</p>	Striking Vehicle: Override/ Underride <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>	Most Harmful Event <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	Alcohol Test Status <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>	Road Contour <p>1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade</p>
Supplement * 'X' if Yes Local Report #*					

Narrative

Unit #2 was stopped on East bound on 4th St. at Riley Blvd at the red light. When the light turned green for Unit #2, Unit #2 began traveling into the intersection. Unit #1 was traveling S. bound on Riley Blvd. and failed to stop for the red light on Riley Blvd. at 4th St. causing Unit #2 to strike Unit #1.

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

Weather

01

- 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: 1
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

School Bus Related

1

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

Work Zone Related

1

- 1 No
- 2 Yes
- 3 Unknown

Type of Work Zone

1

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

Location Of Crash In

1

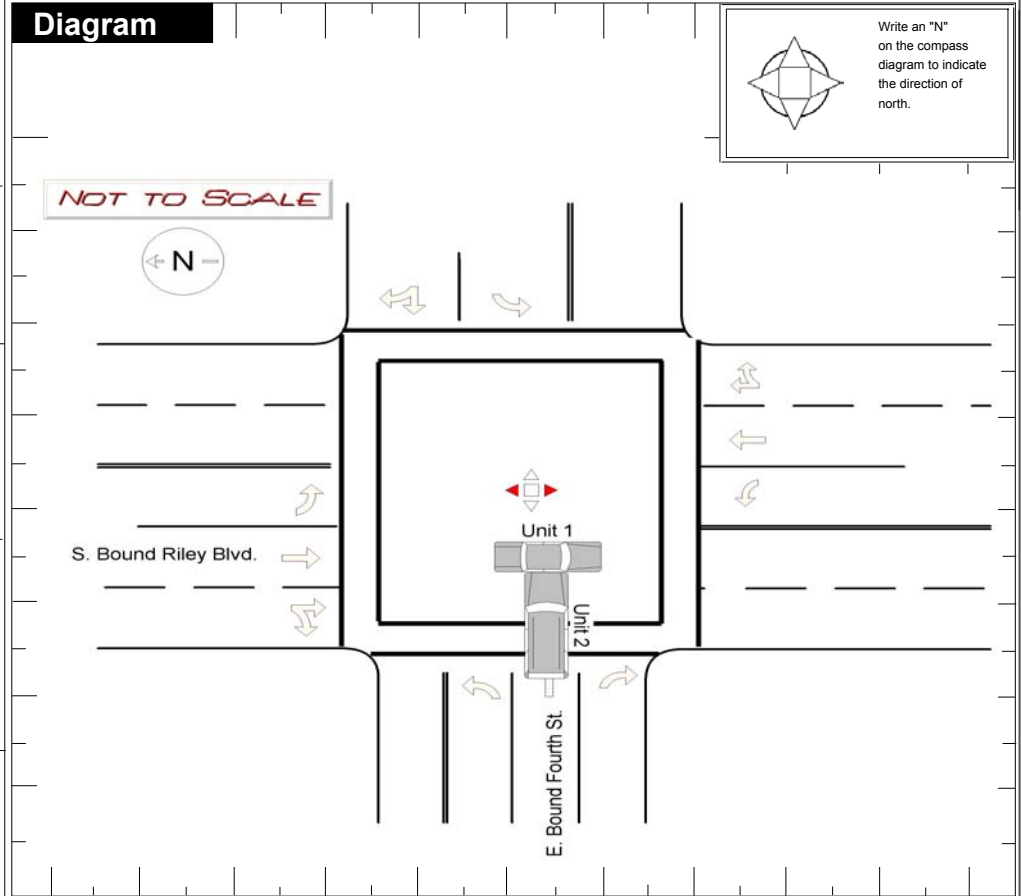
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

Diagram



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.

A
N
D

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: 09022011
 Time Rec Call: 0844
 Dispatch: 0847
 Arrived: 0847
 Cleared: 0940
 Other: 45
 Total Minutes: 98

Officer's Name: Pacifico, Brian
 Badge #: 1F23
 Checked By: Smith, Terry
 Date Report Filed: 09022011

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 #: 11-288

Traffic Crash Report - Occupant Addendum

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

Local Report # *

11-288

N.C.I.C. # *

08301

Reporting Agency *

Franklin Police Department

Date of Crash *

09022011

E	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
		COLLINSWORTH BRANDY		03161977	34	F
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To	
4198 BARBARA DR Franklin OH 45005-0000			1 None 4 Other 2 EMS 5 Unknown 3 Police			

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

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

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

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

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

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

<p>Seating Position</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>Safety Equipment Motorist</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>Non-Motorist</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>Air Bag</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>Air Bag Switch</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>Ejection</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>Trapped</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>Injuries</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>
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Supplement 'X' if Yes