

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-366	2 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	10212011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1753	FRI	X			Franklin	83		

CRASH OCCURRED ON	Type Location Point Used	LOCAL INFORMATION
Prefix Crash Location State Route 73 / E. Second ST	Type Loc 1 Named Street 3 Numbered Route 2 Numbered Street	
AT / REFERENCE	Reference Point Used	04 House Number 08 Place Name W/O Reference 01 State Line 05 Township Boundary 09 Driveway 02 Intersection 2 Streets 06 Mile Post 10 Street or Route W/O Reference 03 County Line 07 Corporation Limit
Dist Reference DR Prefix Reference I-75 Exit Ramp	Ref Point 06	

Unit #	# of Occ.	Name (Last, First, Middle)
A 01 01		BUTZ MICHAEL A
Address (Street, City, State, Zip Code) 243 S MAIN ST FRANKLIN OH 45005		

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #		
	05241975	36	M	(513) 886-5449			
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured/Taken To
OH	RN679322	OH	FHA3764	1			
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)			
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #	
1994	FORD		WHT	Progressive Ins 800-776-4	Northerns Towing		
Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes				
333.03A	Assured Clear Distance Ahead	00079	X				

Motorist / Non-Motorist

Unit #	# of Occ.	Name (Last, First, Middle)
B 02 03		CLARK KELLY A
Address (Street, City, State, Zip Code) 993 JONQUILL LN CINCINNATI OH 45231		

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #		
	07011985	26	F				
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured/Taken To
OH	SH242192	OH	DEA2223	2		JEMS	Atrium Medical Center
Owner Name (if same, write "SAME")				Address (Street, City, State, Zip Code)			
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #	
2001	HOND		WHT	Motorist Mutual	McDaniels Towing		
Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes				

Occupant

Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
C 02	CLARK MAKENNA		10302002	08	F
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To
			2 1 None 4 Other 2 EMS 5 Unknown 3 Police	JEMS	Atrium Medical Center

Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
D 02	CLARK KAYLEE				F
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To
			2 1 None 4 Other 2 EMS 5 Unknown 3 Police	JEMS	Atrium Medical Center

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

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status
Non-Motorist Location 		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 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 	Drug Test Type
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	Most Damaged Area 	Contributing Circumstances 	Direction From To From To 	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	Drug Test 1&2 Result
Type Of Unit 		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	Collisions 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	Condition 	01 None 02 Marijuana 03 Cocaine 04 Opiates 05 Amphetamines 06 PCP 07 Other 08 Unknown at Time Of Reporting
Motorist 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	Point Of Impact 	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	First Harmful Event 	Alcohol/Drug Suspected 	Type Of Intersection
Type Of Unit 		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	Most Harmful Event 	Alcohol Test Status 	Occurrence
In Emergency Response 	Action 	Vehicle Defect Code Only If '19' Selected Above 	Speed Detected 	Alcohol Test Type 	Road Contour
Damage Scale 	Striking Vehicle: Override/ Underride 		Speed 	Alcohol Test Result 	Road Conditions Primary Secondary
01 No Underride Or Override 02 Underride, Compartment Intrusion 03 Underride, No Compartment Intrusion 04 Underride, Compartment Intrusion Unknown 05 Override, Motor Vehicle In Transport 06 Override, Other Vehicle 07 Unknown			01 Stated 02 Estimated Speed	1 None 2 Test Refused 3 Test Given, Contaminated Sample/Unusable 4 Test Given, Results Known 5 Test Given, Results Unknown 6 Unknown	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

Narrative

Unit 1 was traveling westbound on State Route 73/East Second Street. Unit 2 was stopped awaiting traffic to proceed forward. Unit 1 applied his brakes but did not stop. Unit 1 rear-ended Unit 2 causing disabling damage for both Unit 1 and Unit 2. Driver and passengers of Unit 2 were taken to Atrium Medical Center.

Manner Of Collision or Impact

4

- 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

- 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

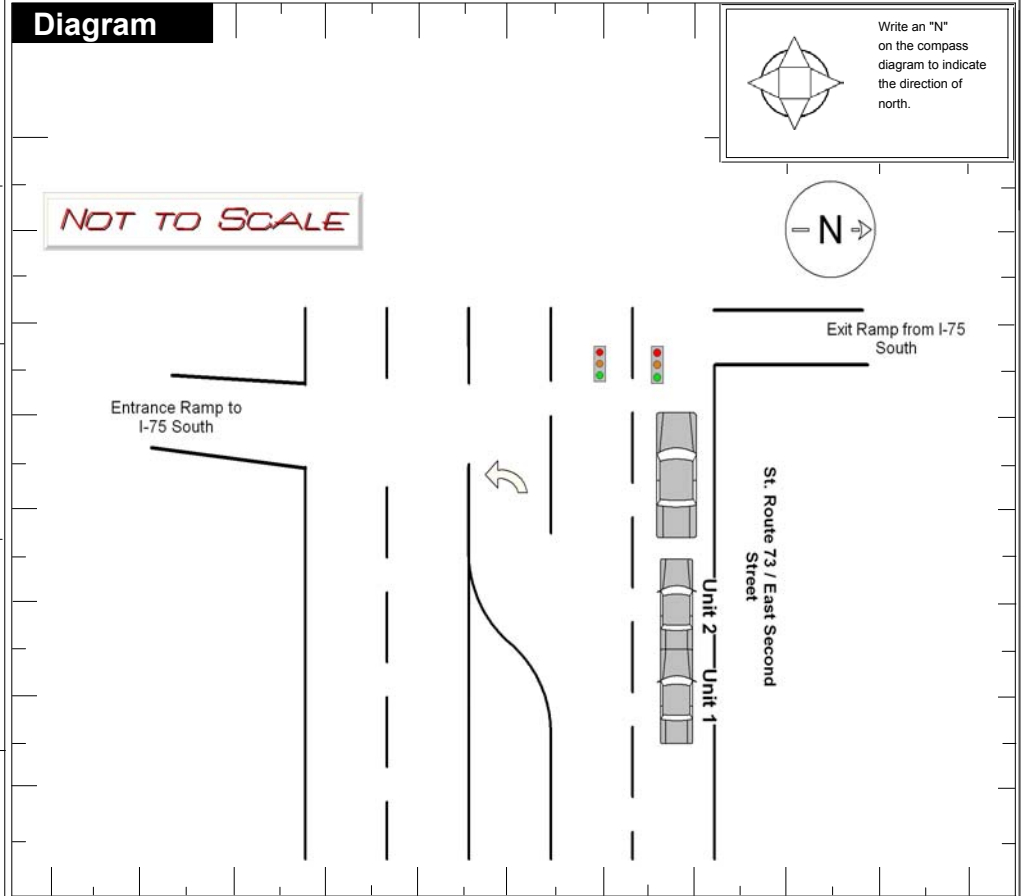
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

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.

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 05 Pole 09 Concrete Mixer
 02 Bus (9-15) Including Driver 06 Cargo Tan 10 Auto Transporter
 03 Van/Enclosed Box 07 Flatbed 11 Garbage/Refuse
 04 Grain/Chips/Gravel 08 Dump 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 10212011 Time Rec Call 1753 Dispatch 1753 Arrived 1753 Cleared 1753 Other 60 Total Minutes 60

Officer's Name * CRAIG, AMANDA Badge # * 02101 Checked By Diekman, Edward Date Report Filed * 10212011

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 # * 11-366

Traffic Crash Report - Occupant Addendum

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

Local Report # *

N.C.I.C. # *

Reporting Agency *

Date of Crash *

11-366

08301

Franklin Police Department

10212011

E	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
		FARES ALBERT JOE	(937) 855-4598	08031967	44	M
Address (Street, City, State, Zip Code)			Injured Taken By		Transported By	
PO BOX 154 GERMANTOWN OH 45327			1 None 4 Other			
			2 EMS 5 Unknown			
			3 Police			

F	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
		BRIXEY LORI	(937) 238-6605	03071964	47	F
Address (Street, City, State, Zip Code)			Injured Taken By		Transported By	
2915 WESTMINSTER WAY SPRINGBORO OH 45066			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	
			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	
			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	
			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	
			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	
			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