



State of West Virginia Uniform Traffic Crash Report

Crash Data

DOH Form: 17-c
Revised: 02/2007

Crash Record Number Reporting Agency's Record Number: Page of

of Vehicles Involved: # of Non-Motorists Involved: # of Fatal Injuries: # of A B or C Injuries:

Date / Time of Crash: / Date / Time Crash Reported: / Time of Arrival:

County: Municipality or Place of Crash: GPS Coordinates: Latitude Longitude

Highway Class: Interstate US WV
 County/HARP City Street State Park / Forest Road
 Private Road Private Property/Off-Roadway Other

Supplemental Designation:
 Not Applicable Spur North East Truck Route Other
 Alternate Ramp South West Toll

Route: / Milepost: Ramp: Street:

Other Description of Location: Intersecting Street:

Relation to Junction / Junction Type:

Non-Junction Junction, Non-Interchange Area
 Intersection
 Intersection-Related
 Interstate to Interstate
 Railroad Grade Crossing #:
 Median Crossover-Related
 Business or Residential Driveway/Alley Access
 Other Non-Interchange

Junction, Interchange Area
 Thru Roadway
 Merge/Diverge Area
 Intersection
 Intersection-Related
 Entrance / Exit Ramp
 Other Part of Interchange

Intersection Type:

4-Way Intersection
 T Intersection
 Y Intersection
 Intersection as Part of Interchange
 Traffic Circle / Roundabout
 5-Point or More

Manner of Collision:

Single Vehicle Crash
 Rear End
 Head-On
 Sideswipe, Same Direction
 Sideswipe, Opposite Direction
 Rear-to-Side
 Rear-to-Rear

Angle (Front to Side) Same Direction
 Angle (Front to Side) Opp. Direction
 Right Angle
 Angle - Direction Not Specified

Environmental Contributing Circumstances (Select Up to 3):

None
 Weather Conditions
 Physical Obstruction(s)
 Glare
 Animal(s) in Roadway
Type:
 Other:

Weather (Select Up to 2):

Clear Rain Blowing Snow Other
 Cloudy Sleet, Hail, or Freezing Rain Severe Crosswinds
 Fog, Smog, Smoke Snow Blowing Sand, Soil, Dirt

Lighting:

Daylight Dawn
 Dark - Lighted Dusk
 Dark - Not Lighted Other

Roadway Surface Condition:

Dry Slush Mud, Dirt, Gravel, Sand
 Wet Ice / Frost
 Snow Water (Standing / Moving)

Location of First Harmful Event:

On Roadway Roadside In Parking Lane or Zone Outside of Right-of-Way
 Shoulder Gore Off Roadway, Location Unknown
 Median Separator Unknown

Roadway Surface Type: Asphalt Concrete Gravel Dirt Brick Other:

First Harmful Event:

COLLISION WITH:

<input type="radio"/> Overturn / Rollover	<input type="radio"/> Pedestrian	<input type="radio"/> Bridge Overhead Structure	<input type="radio"/> Concrete Traffic Barrier
<input type="radio"/> Fire / Explosion	<input type="radio"/> Pedalcycle	<input type="radio"/> Bridge Pier or Support	<input type="radio"/> Other Traffic Barrier
<input type="radio"/> Immersion	<input type="radio"/> Railway Vehicle	<input type="radio"/> Bridge Rail	<input checked="" type="radio"/> Tree (Standing)
<input type="radio"/> Jackknife	<input type="radio"/> Animal	<input type="radio"/> Culvert	<input type="radio"/> Utility Pole/Light Support
<input type="radio"/> Cargo / Equipment Loss or Shift	<input type="radio"/> Motor Vehicle in Transport	<input type="radio"/> Curb	<input type="radio"/> Traffic Sign Support
<input type="radio"/> Fell / Jumped from Motor Veh	<input type="radio"/> Parked Motor Vehicle	<input type="radio"/> Ditch	<input type="radio"/> Traffic Signal Support
<input type="radio"/> Thrown or Falling Object	<input type="radio"/> Work Zone / Maintenance Equip	<input type="radio"/> Embankment	<input type="radio"/> Other Post, Pole, or Support
<input type="radio"/> Other Non-Collision	<input type="radio"/> Other Non-Fixed Object	<input type="radio"/> Guardrail Face	<input type="radio"/> Fence
	<input type="radio"/> Impact Attenuator / Crash Cushion	<input type="radio"/> Guardrail End	<input type="radio"/> Mailbox
		<input type="radio"/> Cable Median Barrier	<input type="radio"/> Other Fixed Object

Road - Contributing Circumstances: (Select Up to 3)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ruts, Holes, Bumps	<input type="checkbox"/> Shoulders	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Utility
<input type="checkbox"/> Road Surface Condition (Wet, Icy, etc.)	<input type="checkbox"/> Worn, Travel Polished Surface	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Soft <input type="checkbox"/> High	<input type="checkbox"/> Construction	
<input type="checkbox"/> Debris	<input type="checkbox"/> Obstruction in Roadway	<input type="checkbox"/> Problem w/ Traffic Control Device	<input type="checkbox"/> Maintenance	
	<input type="checkbox"/> Pavement Markings Not Visible	<input type="checkbox"/> Inoperative <input type="checkbox"/> Missing <input type="checkbox"/> Obscured	<input type="checkbox"/> Non-Highway Work	
			<input type="checkbox"/> Other <input type="text"/>	

School Bus Related:	School Zone Related:	Type of School Zone Sign:	School Zone Flashers:	School Zone Speed Limit:
<input type="radio"/> No	<input type="radio"/> No	<input type="checkbox"/> When Present <input type="checkbox"/> None	<input type="checkbox"/> Present, Not Active	<input type="text"/>
<input type="checkbox"/> Yes, School Bus Directly Involved	<input type="checkbox"/> Yes	<input type="checkbox"/> When Flashing	<input type="checkbox"/> Present, Active	
<input type="checkbox"/> Yes, School Bus Indirectly Involved		<input type="checkbox"/> Lists Specific Times	<input type="checkbox"/> Not Present	

Work Zone Related:	Workers Present:	Work Zone Speed Limit:	Location of Crash in Work Zone:	Type of Work Zone:
<input type="radio"/> No	<input type="checkbox"/> Yes	<input type="text"/>	<input type="checkbox"/> Before 1st Warning Sign	<input type="checkbox"/> Lane Closure
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Advance Warning Area	<input type="checkbox"/> Lane Shift / Crossover
	<input type="checkbox"/> Unknown		<input type="checkbox"/> Transition (Merge) Area	<input type="checkbox"/> Work on Shoulder or in Median
			<input type="checkbox"/> Activity Area	<input type="checkbox"/> Intermittent or Moving Work
			<input type="checkbox"/> Termination Area	<input type="checkbox"/> Other

NARRATIVE: Describe What Happened. Refer to Vehicles by Number Assigned on this Form.

VEHICLE 1 WAS TRAVELING NORTHBOUND ON WV RT 2 (SOUTH PLEASANTS HIGHWAY). AS VEHICLE 1 NEARED A SMALL CURVE IN THE ROADWAY, VEHICLE 1 CONTINUED OFF THE ROADWAY AND FAILING TO TURN, CONTINUING STRAIGHT INTO AND FIELD AND COLLIDING WITH A TREE. BOTH OCCUPANTS OF VEHICLE 1 REFUSED EMS TRANSPORT ON SCENE, HOWEVER THE FEMALE PASSENGER WAS LATER TRANSPORTED VIA EMS DUE TO INJURY. THE UNDERSIGNED OBTAINED PHOTOS OF THE CRASH SCENE AS WELL AS SPOKE TO BOTH OCCUPANTS DETERMINING THE MALE SUBJECT (WRISTON) TO BE DRIVING). VEHICLE 1 WAS TOWED BY SAYERS CUSTOM IMAGES IN WAVERLY.

Reported By:	Photos Taken:	By Whom:
<input type="checkbox"/> State Police <input checked="" type="radio"/> Sheriff's Dept	<input type="radio"/> Yes <input type="checkbox"/> No	SGT E.L. COPLIN
<input type="checkbox"/> Municipal PD <input type="checkbox"/> Other	Video Taped:	By Whom:
	<input type="checkbox"/> Yes <input type="radio"/> No	

The information contained in this report reflects my best knowledge and judgment:

Investigating Officer's Name:	Number:	Signature:
SGT E.L. COPLIN	33	E.L. COPLIN
Phone:	ORI Number:	Agency:
(304) 684-2285	WV0370000	Pleasants Co SD
Assisting Officer's Name(s):		
Reconstructed:	By Whom:	Date of Submission:
<input type="checkbox"/> Yes <input checked="" type="radio"/> No		08/06/2019



State of West Virginia Uniform Traffic Crash Report Vehicle Data

Crash Record Number: 01 Reporting Agency's Record Number: D8041933-1 Page 4 of 8

Vehicle Type: Motor Veh in Transport Parked Motor Veh / Trailer Working Veh / Equipment
 Driver Presence at Time of Crash: Driver Operated Vehicle Driverless Vehicle

Owner's Name(s): TWILA MARTIN
 Hit and Run: No, Did Not Leave Scene Yes, Driver Left Scene Yes, Car and Driver Left Scene

Address: 922 FRONT STREET City: MARIETTA State: OH Zip Code: 45750 Home Phone: _____ Other Phone: _____

Make: HONDA Model: ODYSSEY Model Year: 1995 Body Type: MINI VAN Color: GREEN
 VIN: JHMRA1643SC031258 License Plate Number: HQD7201 State: OH Reg Year: 2019
 Registration Status: Properly Registered Improperly Registered No Registration Required

Special Function of Motor Vehicle: None Police Courtesy Patrol Used as School Bus Ambulance Taxi Used as Other Bus Fire Truck Military

Used as an Emergency Vehicle: No Yes

Vehicle Used as a Bus: Public School Bus Commuter Bus Tour Bus Private School Bus Shuttle Bus Church Bus Scheduled Service Bus Modified for Personal/Private Use

Direction of Travel Before Crash: Northbound Eastbound Not on Road Southbound Westbound Unknown

Applicable Speed Limit (MPH): 55

Traffic Control Device Type: None Yield Sign School Zone Signs Person (Flagger, etc.) Traffic Control Signal Warning Signs Flashing Overhead Signal Railroad Crossing Device Stop Sign Other

Traffic Control Functioning Properly: Yes No

Vehicle Maneuver / Action: Essentially Straight Ahead Making U-Turn Backing Slowing Changing Lanes Stopped in Traffic Overtaking / Passing Leaving Traffic Lane Parked Entering Traffic Lane Turning Right Negotiating a Curve Turning Left Other

Crash Avoidance Maneuver: None Evident or Reported Braking - Skidmarks Evident Braking - Driver Stated Braking - Other Evidence Steering - Evidence or Stated Steering and Braking Other

Crash Avoidance Maneuver: None Brakes Wipers Steering Power Train Mirrors Suspension Other

Contributing Circumstances, Motor Vehicle (Select up to 2): Tires Wheels Lights (Head, Signal, Tail, etc.) Windows Truck Coupling/Trailer Hitch/Safety Chains Other

Crash Avoidance Maneuver: None Evident or Reported Braking - Skidmarks Evident Braking - Driver Stated Braking - Other Evidence Steering - Evidence or Stated Steering and Braking Other

Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: No Yes

Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: No Yes

Occurrence of Fire: No Fire Yes, Vehicle Caught Fire

Modified Vehicle: No Yes

Displaying Hazardous Materials Placard: No Yes

Manner, in which Vehicle was Removed from Scene: Driven Towed Due to Damage Towed Due to Driver Condition Left at Scene

Towed to: SAYERS CUSTOM IMAGES Towed by: SAYERS CUSTOM IMAGES

Total Lanes in Roadway: _____
 For Undivided Highways: _____
 Count Total Lanes in Both Directions, (Excluding Designated Turn Lanes)
 For Divided Highways: _____
 Count Only Lanes in Direction Vehicle was Traveling Prior to Crash: 2

Extent of Damage: No Damage Minor Damage Functional Damage Disabling Damage

GVWR or GCWR: Less Than or Equal To 10,000lbs 10,001 - 26,000 lbs More Than 26,000lbs

Number of Axles: 02
 Total / Max Occupants of Veh: 02 / 07

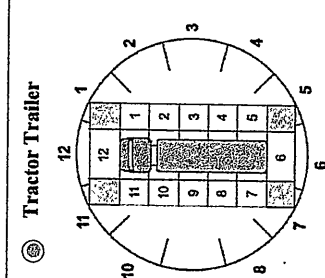
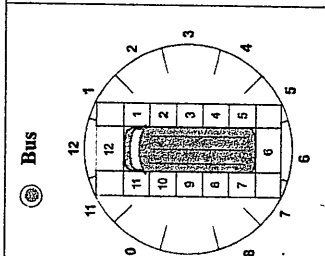
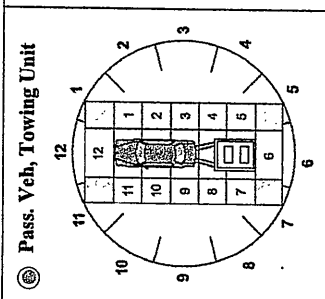
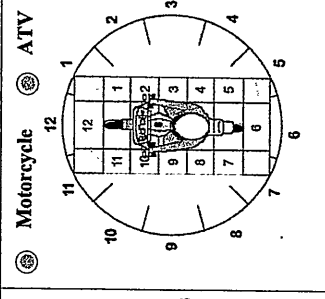
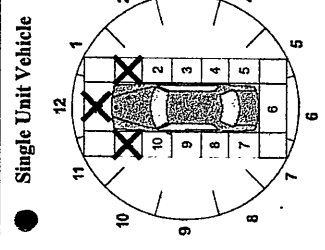
Crash Events:

- 01 Overturn / Rollover
- 02 Fire / Explosion
- 03 Immersion
- 04 Jackknife
- 05 Cargo/Equipment Loss or 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 Fell / Jumped from Motor Vehicle
- 13 Thrown or Falling Object
- 14 Other Non-Collision COLLISION WITH:
 - 15 Pedestrian
 - 16 Pedalcycle
 - 17 Railroad Vehicle
 - 18 Animal
- 19 Motor Vehicle in Transport
- 20 Parked Motor Vehicle
- 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh
- 22 Work Zone / Maintenance Equip
- 23 Other Non-Fixed Object
- 24 Impact Attenuator / Crash Cushion
- 25 Bridge/Overhead Structure
- 26 Bridge Pier or Support
- 27 Bridge Rail
- 28 Culvert
- 29 Curb
- 30 Ditch
- 31 Embankment
- 32 Guardrail Face
- 33 Guardrail End
- 34 Cable Median Barrier
- 35 Concrete Barrier
- 36 Other Traffic Barrier
- 37 Tree (Standing)
- 38 Utility Pole / Light Support
- 39 Traffic Sign Support
- 40 Traffic Signal Support
- 41 Other Post, Pole, or Support
- 42 Fence
- 43 Mailbox
- 44 Other Fixed Object

Sequence of Events: 08 37

Most Harmful Event: 37

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:



Using the Numbers from the Diagram Above, Identify the Following:

Area of Initial Impact: 12 Most Damaged Area: 12

Number of Trailing Units: 0

Trailing Unit #1: ⊙ Same as Power Unit

Carrier / Owner's Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: _____

VIN

Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #2: ⊙ Same as Power Unit

Carrier / Owner's Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: _____

VIN

Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #3: ⊙ Same as Power Unit

Carrier / Owner's Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: _____

VIN

Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Property Damaged Other Than Vehicles:

- None
- Work Zone / Maintenance Equipment
- Impact Attenuator / Crash Cushion
- Bridge / Tunnel
- Culvert
- Guardrail
- Concrete Barrier
- Cable Median Barrier
- Other Traffic Barrier
- Utility Pole / # _____
- Light Support
- Traffic Sign Support
- Traffic Signal Support
- Other Post, Pole or Support
- Fence
- Mailbox
- Other Fixed Object

Damaged Property Owner(s):

- WVDOH
- City
- Other: _____
- Private
- Utility Company

Damaged Property Location:

- On Pavement
- Right Side of Road
- Left Side of Road



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number:

Vehicle Number (from Vehicle Data Page)

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Reporting Agency's Record Number:

Driver's Name: WRISTON JASON R
Last First Middle Suffix

Address: Same as Veh Owner 300 ALDERMAN ST LOT 8 MARIETTA OH 45750
City State Zip Code

Home Phone: _____ Other Phone: _____

Driving License:

License Type:

Not Licensed GDL Level 1 CDL Instruction Permit CDL Class: A B C

Driving License GDL Level 2 Motorcycle Instruction Permit

Instruction Permit GDL Level 3 Motorcycle Only

Issuing State: OH

Lic. Number: RR432004

Date of Birth: 07/07/1976

License Restrictions: (Select All that Apply)

None Limited - Other

Corrective Lenses CDL Intrastate Only

Mechanical Devices Motor Vehicles w/o Air Brakes

Prosthetic Aid Military Vehicles Only

Automatic Transmission Except Class A Bus

Outside Mirror Except Class A and Class B Bus

Limit to Daylight Only Except Tractor - Trailer

Limit to Employment Farm Waiver

Must Be Accompanied by Adult Other

Endorsements: (Select Up to 5)

None

T - Double/Triple Trailers

P - Passenger Vehicle

S - School Bus

N - Tank Vehicle

H - Hazardous Materials

X - Combined Tank / Haz. Materials

F - Motorcycle (WV Only)

Other - Non-WV Licenses Only

Status:

Valid

Expired

Suspended

Revoked

Probation

Surrendered

Valid/Interlock

Fraudulent

Driver Condition at Time of Crash:

Apparently Normal

Emotional

Ill

Fell Asleep, Fainted, Fatigued

Under the Influence of Medication/Alcohol/Drugs

Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

None

Ran Off Road

Failed to Yield Right of Way

Disregarded Traffic Signs

Ran Red Light

Disregarded Other Road Markings

Exceeded Posted Speed Limit

Drove Too Fast For Conditions

Improper Turn

Improper Backing

Improper Passing

Wrong Side or Wrong Way

Followed Too Closely

Failed to Keep in Proper Lane

Operated Veh in Erratic, Reckless, or Careless Manner

Operated Veh in Aggressive Manner

Swerved or Avoided

Over Correcting / Over Steering

Other Improper Action

Driver Use of Alcohol Suspected:

Alcohol Use Suspected: No Yes Unknown

Alcohol Test Given: Test Given None Given Test Refused

Type of Alcohol Test Given (Select Up to 2): Blood Breath Urine Serum Field Other:

PBT Results: Pass Fail

BAC Results: Pending Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected: No Yes Unknown

Drug Test Given: Test Given None Given Test Refused Unknown if Tested

Type of Drug Test Given: Blood Serum Urine Other DRE

Drug Test Results (Check All that Apply): None Amphetamine Pending Marijuana PCP Cocaine Other Controlled Substance Opiate Other Drug

Driver Distracted By: Not Distracted Electronic Communication Device Other Electronic Device Other Inside Vehicle Other Outside Vehicle

Reporting Agency's Record Number:

Known or Suspected Violation(s) by Driver:

No Violations

Reckless/Careless/Hit and Run Type Offenses

- Negligent Homicide
- Reckless Driving; Driving to Endanger; Negligent Driving
- Inattentive, Careless, Improper Driving
- Fleeing or Eluding Law Enforcement
- Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- Hit and Run, Failure to Stop After Accident
- Serious Violation Resulting in Death

Impairment Offenses

- Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- Driving While Impaired
- Driving Under Influence of Controlled Substance
- Driving Under Influence of Non-Controlled Substance
- Drinking While Operating
- Illegal Possession of Alcohol or Drugs
- Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- Refusal to Submit to Chemical Test

Speed Related Offenses

- Failure to Maintain Control of Vehicle
- Racing
- Speeding (Above Speed Limit)
- Speed Greater than Reasonable and Prudent
- Exceeding Special Limit
- Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- Failure to Stop for Red Signal
- Failure to Stop for Flashing Red Signal
- Violation of Turn on Red
- Failure to Obey Flashing Signal (Yellow or Red)
- Failure to Obey Signal, Generally
- Violation of RR Grade Crossing Device or Regulations
- Failure to Obey Stop Sign
- Failure to Obey Yield Sign
- Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- Unsafe or Prohibited Lane Change
- Improper Use of Lane
- Certain Traffic to Use Right Lane
- Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- Driving Wrong Way on One-Way Road
- Driving on Left, Wrong Side of Road, Generally
- Improper, Unsafe Passing
- Passing on Right (Drive Off of Pavement to Pass)
- Passed Stopped School Bus
- Failure to Give Way When Overtaken
- Following Too Closely
- Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- Turn in Violation of Traffic Control
- Improper Method and Position of Turn
- Failure to Signal for Turn or Stop
- Failure to Yield to Emergency Vehicle
- Failure to Yield, Generally
- Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- Driving While License Suspended or Revoked
- Other Driver License Restrictions
- Commercial Driver Violations
- Vehicle Registration Violations
- Failure to Carry Insurance Card
- Driving Uninsured Vehicle
- Non-Moving Violations, Generally

Equipment

- Lamp Violations
- Brake Violations
- Failure to Require Restraint Use
- Motorcycle Equipment Violations
- Violation of Hazardous Cargo Regulations
- Size, Weight, Load Violations
- Equipment Violations, Generally

Other Violations

- Parking
- Theft, Unauthorized Use of Motor Vehicle
- Driving Where Prohibited
- Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

STATEMENT OF DRIVER:

DRIVER ADVISED THAT HE WAS TRAVELING NORTH ON RT 2 TO ST. MARYS. STATED THAT ANOTHER VEHICLE WENT LEFT OF CENTER FORCING HIM OFF THE ROADWAY

E.L. COPLIN



State of West Virginia Uniform Traffic Crash Report Driver and Vehicle Passenger Data

Crash Record Number:

Reporting Agency's Record Number: 08041933-1

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Indiv #	Name			Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position			Occupant Protection	
	Last	First	Middle Init. Suffix								Row	Seat	Other	Type Used	Proper Use
01	WRISTON	JASON	R	01	01		07/07/1976	043	M	O	1	1		11	03
02	MARTIN	TWILA		01	02			039	F	B	1	3		11	03

Occupant Type Codes:

- 01 Driver
- 02 Passenger
- 03 Occupant of Motor Veh Not in Transport
- 04 Unknown Vehicle Passenger

Injury Status Codes:

- A Incapacitating Injury
- B Non-Incapacitating Injury
- C Possible Injury
- M Medical Condition Non-Crash Related Death or Injury

Seating Position Codes:

- | | |
|--|---|
| <p>ROW</p> <ul style="list-style-type: none"> 1 Front 2 Second 3 Third 4 Fourth 5 Other Row 6 Unknown | <p>SEAT</p> <ul style="list-style-type: none"> 1 Left 2 Middle 3 Right 4 Other 5 Unknown 6 Unknown |
| <p>OTHER</p> <ul style="list-style-type: none"> 1 Sleeper Section of Cab 2 Other Enclosed Cargo Area 3 Unenclosed Cargo Area 4 Trailing Unit 5 Riding on Motor Vehicle Exterior 6 Unknown | |

Type of Occupant Protection System Used Codes:

- 01 None Used
- 02 Shoulder and Lap Belt Used
- 03 Shoulder Belt Only Used
- 04 Lap Belt Only Used
- 05 Child Restraint System - Forward Facing
- 06 Child Restraint System - Rear Facing
- 07 Booster Seat
- 08 Helmet Used
- 09 Restraint Used - Type Unknown
- 10 Other
- 11 Unable to Determine - Due to Vehicle Damage

Proper Use of Occupant Protection:

- 01 Used Properly
- 02 Used Improperly
- 03 Unknown

DOT Approved Helmet:

- 01 Yes
- 02 No
- 03 Unknown

Gender:

- M Male
- F Female

Indiv # from Above	Air-bag	Trapped Extricated	Ejected	Ejection Path	Medical Transport By	Responding EMS Agency ID #	EMS Response Run Number	Receiving Facility Name	Notified Time	Scene Time	Hospital Time	Date of Death	Time of Death	Place of Death
01	04	01	01											
02	04	01	01	02	422									

Airbag Deployed Codes:

- DEPLOYED (This Seat):
- 01 Front
- 02 Side
- 03 Other
- 04 Multiple Directions (Front and Side)
- 05 Available, Didn't Deploy
- 06 Available, Turned Off
- 07 None Installed
- 08 Previously Deployed - Not Replaced
- 09 Disabled or Removed
- 10 Unable to Determine - Due to Vehicle Damage

Trapped / Extricated Codes:

- 01 Not Trapped
- 02 Trapped / Extricated
- 03 Unknown

Ejection Codes:

- 01 Not Ejected
- 02 Ejected, Partially
- 03 Ejected, Totally
- 04 Unknown
- 01 Thru Side Door Opening
- 02 Thru Side Window
- 03 Thru Windshield
- 04 Thru Back Window
- 05 Thru Back Door / Tailgate Opening
- 06 Thru Roof Opening
- 07 Thru Convertible (Top Up) Roof
- 08 Other Path
- 09 Unknown Path

Ejection Path:

- 01 At Scene
- 02 En Route
- 03 At Medical Facility
- 04 Home
- 05 Other
- 06 Unknown

Medically Transported By:

- 01 Not Transported
- 02 EMS
- 03 Law Enforcement
- 04 Refused
- 05 Other
- 06 Unknown

Place of Victim's Death:

- 01 At Scene
- 02 En Route
- 03 At Medical Facility
- 04 Home
- 05 Other