



<b>6</b>	<b>EMS</b>	Notification Time EMS: <table border="1" style="display:inline-table; width:100px; height:20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>						Arrival Time EMS: <table border="1" style="display:inline-table; width:100px; height:20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>						EMS Time at Hospital: <table border="1" style="display:inline-table; width:100px; height:20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																					
<b>7</b>	<b>MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION</b>	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	<b>Seating Position</b> <table border="1" style="display:inline-table; width:100px; height:50px;"> <tr><td>41</td><td>31</td><td>21</td><td>11</td></tr> <tr><td>42</td><td>32</td><td>22</td><td>12</td></tr> <tr><td>43</td><td>33</td><td>23</td><td>13</td></tr> <tr><td>48</td><td>38</td><td>28</td><td>18</td></tr> <tr><td>49</td><td>39</td><td>29</td><td>19</td></tr> </table> 00 – Not Applicable/Non-Occupant 18, 28, 38, 48 - Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location	41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19						
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		48	38	28	18																														
		49	39	29	19																														
		<b>Safety Devices (SD)</b> 0 – Not Applicable/None Used 1 – Lap Belt Only 2 – Shoulder Belt Only 3 – Shoulder and Lap Belt Used 4 – Restraint – Type Unknown 5 – Other: Specify _____ 6 – Child Restraint – Forward Facing 7 – Child Restraint – Rear Facing 8 – Booster Seat 9 – Child Restraint – Type Unknown 10 – No Helmet 11 – DOT-Compliant Motorcycle Helmet 12 – Helmet, Other Than DOT-Compliant MC Helmet 13 – Helmet, Unknown if DOT-Compliant 50 – Unknown if Helmet Worn 51 – Unknown																																	
		<b>Ejection</b> 0 – Not Ejected/Not Applicable 1 – Ejected, Totally 2 – Ejected, Partially 3 – Ejected, Unknown Degree 51 – Unknown if Ejected		<b>Ejection Path</b> 0 – Not Applicable 1 – Through Side Door Opening 2 – Through Side Door Window 3 – Through Windshield 4 – Through Back Window 5 – Through Back Door/Tailgate Opening 6 – Through Roof Opening 7 – Through Roof (convertible roof up) 8 – Other Path (Back of pick-up truck) 51 – Ejection Path Unknown		<b>Extrication</b> 0 – Not Applicable 1 – Not Extricated 2 – Extricated 51 – Unknown if Extricated		<b>Transport to First Medical Facility</b> 0 – Not Transported 1 – EMS Air 2 – EMS Ground 3 – EMS Unknown Mode 4 – Law Enforcement 5 – Transported Unknown Source 6 – Other _____ 51 – Unknown if Transported																											
		<b>8</b>	<b>MOTORCYCLE INFORMATION</b>	<b>Motorcycle Body Style</b> <b>Motorcycles – Two Wheel Styles</b> UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Two Wheel Motorcycle <input type="checkbox"/> <input type="checkbox"/> 2 Moped or Motorized Bicycle <input type="checkbox"/> <input type="checkbox"/> 3 Off-Road Motorcycle				<b>Motorcycles - Three Wheel Styles</b> UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 4 Motor Scooter <input type="checkbox"/> <input type="checkbox"/> 5 Other Motorized Cycle Type <input type="checkbox"/> <input type="checkbox"/> 50 Unknown Motored Cycle Type <input type="checkbox"/> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels) <input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type <input type="checkbox"/> <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)																											
				<b>Non-Occupant Person Type</b> UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist				<b>Non-Occupant Safety Equipment: (Check all that apply)</b> UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment Preventative: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 4 Reflective Clothing <input type="checkbox"/> <input type="checkbox"/> 5 Lighting Use <input type="checkbox"/> <input type="checkbox"/> 6 Other _____ <input type="checkbox"/> <input type="checkbox"/> 51 Unknown If Used																											
<b>Non-Occupant Influencing Substances</b> <table style="width:100%;"> <tr> <th colspan="2">Alcohol</th> <th colspan="2">Drugs</th> </tr> <tr> <td>Unit # _____</td> <td>Unit # _____</td> <td>Unit # _____</td> <td>Unit # _____</td> </tr> <tr> <td><input type="checkbox"/> No Test Given</td> <td><input type="checkbox"/> Test Given</td> <td><input type="checkbox"/> No Test Given</td> <td><input type="checkbox"/> Test Given</td> </tr> <tr> <td><input type="checkbox"/> Test Refused</td> <td><input type="checkbox"/> Testing Unknown</td> <td><input type="checkbox"/> Test Refused</td> <td><input type="checkbox"/> Testing Unknown</td> </tr> </table>				Alcohol		Drugs		Unit # _____	Unit # _____	Unit # _____	Unit # _____	<input type="checkbox"/> No Test Given	<input type="checkbox"/> Test Given	<input type="checkbox"/> No Test Given	<input type="checkbox"/> Test Given	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Testing Unknown	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Testing Unknown	<b>Non-Occupant Alcohol/Drug Testing Results</b> <table style="width:100%;"> <tr> <td>Unit # _____</td> <td>Unit # _____</td> </tr> <tr> <td>Alcohol Test Type: _____</td> <td>Alcohol Test Type: _____</td> </tr> <tr> <td>Alcohol Test Results: _____</td> <td>Alcohol Test Results: _____</td> </tr> <tr> <td>Drug Test Type: _____</td> <td>Drug Test Type: _____</td> </tr> <tr> <td>Drug Test Results: _____</td> <td>Drug Test Results: _____</td> </tr> </table>				Unit # _____	Unit # _____	Alcohol Test Type: _____	Alcohol Test Type: _____	Alcohol Test Results: _____	Alcohol Test Results: _____	Drug Test Type: _____	Drug Test Type: _____	Drug Test Results: _____	Drug Test Results: _____		
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<b>10</b>	<b>COMMENTS</b>																																		
		Officer's Name / Badge #		Supervisor's Signature		Agency Name		Date Completed																											