



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2022026

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION	145 EXIT
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*	RICHFIELD POLICE
<input type="checkbox"/> PRIVATE PROPERTY			NCIC*	07726

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
77	2	RICHFIELD	01/30/2022 08:44	5

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
IR	77		77	HW	41.253953
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
			145	MP	81.631560

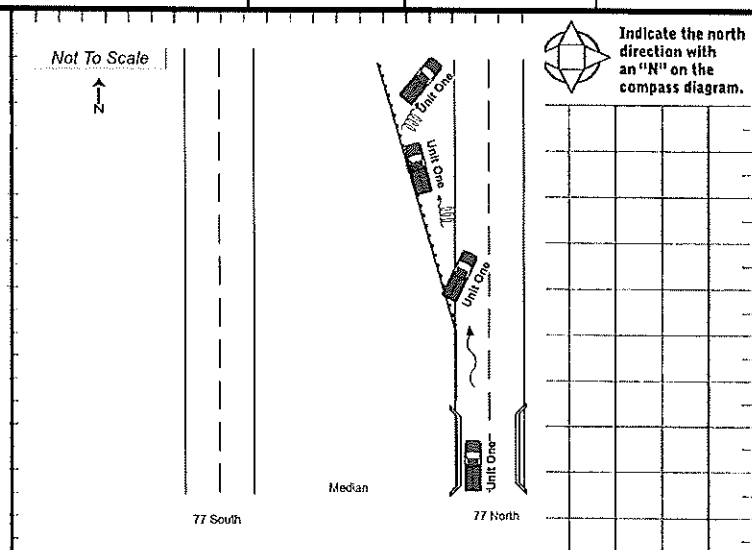
REFERENCE POINT	DIRECTION	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
2	S	IR - INTERSTATE ROUTE(TP)	AL - ALLEY HW - HIGHWAY RD - ROAD	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
		US - FEDERAL US ROUTE	AV - AVENUE LA - LANE SQ - SQUARE	<input type="checkbox"/> WITHIN INTERCHANGE AREA
		SR - STATE ROUTE	BL - BOULEVARD MP - MILEPOST ST - STREET	NUMBER OF APPROACHES
		CR - NUMBERED COUNTY ROUTE	CR - CIRCLE OV - OVAL TE - TERRACE	
		TR - NUMBERED TOWNSHIP ROUTE	CT - COURT PK - PARKWAY TL - TRAIL	
			DR - DRIVE PI - PIKE WA - WAY	
			HE - HEIGHTS PL - PLACE	

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
2	1	N	4

WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/>	1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	3	4	2

LIGHT CONDITION	WEATHER	
1	6	

Driver of Unit #1, traveling 77 N/B left lane, stated he lost control of his vehicle due to road conditions and crashed into guard rail.  
 Unit #1 exited the road left, slid into the snow filled ditch sideways causing it to go airborne and flip 1 time landing on its tires.  
 Unit #1 then his the guardrail face sideways and bounced off.



CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
01/30/2022 08:44	01/30/2022 08:44	01/30/2022 08:44	01/30/2022 09:55	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*
	60	131	ROBERT GAYDOSH	MICHAEL TESTA #724
			OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*
			712	724

**OWNER**  
 UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **STEPHENS BILLY RICKIE**  
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) **304-932-1927**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **605 PACIFIC ST CHARLESTON WV 25302**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**  
 LP STATE **WV** LICENSE PLATE # **3ZF942** VEHICLE IDENTIFICATION # **1GCPKSE35BF241205** VEHICLE YEAR **2011** VEHICLE MAKE **CHEV**  
 INSURANCE VERIFIED INSURANCE COMPANY **STATE FARM** INSURANCE POLICY # **041 2416 F01 48J** COLOR **SIL /** VEHICLE MODEL **SIL**

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **02** VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.  
 TOWED BY: COMPANY NAME **WORLD** HAZARDOUS MATERIAL CLASS # PLACARD ID #

UNIT TYPE: **4** 1-PASSENGER CAR, 2-PASSENGERVAN (MINIVAN), 3-SPORT UTILITY VEHICLE, 4-PICK UP, 5-CARGO VAN, 6-VAN (9-15 SEATS), 7-MOTORCYCLE 2-WHEELED, 8-MOTORCYCLE 3-WHEELED, 9-AUTOCYCLE, 10-MOPED OR MOTORIZED BICYCLE, 11-ALL TERRAIN VEHICLE (ATV/UTV), 12-GOLF CART, 13-SNOWMOBILE, 14-SINGLE UNIT TRUCK, 15-SEMI-TRACTOR, 16-FARM EQUIPMENT, 17-MOTORHOME, 18-LIMO (LIVERY VEHICLE), 19-BUS (16+ PASSENGERS), 20-OTHER VEHICLE, 21-HEAVY EQUIPMENT, 22-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE, 23-PEDESTRIAN / SKATER, 24-WHEELCHAIR (ANY TYPE), 25-OTHER NON-MOTORIST, 26-BICYCLE, 27-TRAIN, 99-UNKNOWN OR HITS/SKIP  
 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2** 1-YES 2-NO 9-OTHER/UNKNOWN  
 AUTONOMOUS MODE LEVEL: **0** 0-NO AUTOMATION, 1-DRIVER ASSISTANCE, 2-PARTIAL AUTOMATION, 3-CONDITIONAL AUTOMATION, 4-HIGH AUTOMATION, 5-FULL AUTOMATION, 9-UNKNOWN

SPECIAL FUNCTION: **1** 1-NONE, 2-TAXI, 3-ELECTRONIC RIDE SHARING, 4-SCHOOL TRANSPORT, 5-BUS-TRANSIT/COMMUTER, 6-BUS-CHARTER/TOUR, 7-BUS-INTERCITY, 8-BUS-SHUTTLE, 9-BUS-OTHER, 10-AMBULANCE, 11-FIRE, 12-MILITARY, 13-POLICE, 14-PUBLIC UTILITY, 15-CONSTRUCTION EQUIPMENT, 16-FARM, 17-MOWING, 18-SNOW REMOVAL, 19-TOWING, 20-SAFETY SERVICE PATROL, 21-MAIL CARRIER, 99-OTHER/UNKNOWN

CARGO BODY TYPE: **1** 1-NO CARGO BODY TYPE /NOT APPLICABLE, 2-BUS, 3-VEHICLE TOWING ANOTHER MOTORVEHICLE, 4-LOGGING, 5-INTERMODAL CONTAINER CHASSIS, 6-CARGO VAN/ENCLOSED BOX, 7-GRAINCHIPS/GRAVEL, 8-POLE, 9-CARGO TANK, 10-FLAT BED, 11-DUMP, 12-CONCRETE MIXER, 13-AUTO TRANSPORTER, 14-GARBAGE/REFUSE, 99-OTHER/UNKNOWN

VEHICLE DEFECTS: 1-TURN SIGNALS, 2-HEAD LAMPS, 3-TAIL LAMPS, 4-BRAKES, 5-STEERING, 6-TIRE BLOWOUT, 7-WORN OR SLICK TIRES, 8-TRAILER EQUIPMENT DEFECTIVE, 9-MOTOR TROUBLE, 10-DISABLED FROM PRIOR ACCIDENT, 99-OTHER/UNKNOWN

NON-MOTORIST LOCATION AT IMPACT: 1-INTERSECTION - MARKED CROSSWALK, 2-INTERSECTION - UNMARKED CROSSWALK, 3-INTERSECTION - OTHER, 4-MIDBLOCK - MARKED CROSSWALK, 5-TRAVEL LANE - OTHER LOCATION, 6-BICYCLE LANE, 7-SHOULDER / ROADSIDE, 8-SIDEWALK, 9-MEDIAN CROSSING ISLAND, 10-DRIVEWAY ACCESS, 11-SHARED USE PATHS OR TRAILS, 12-FIRST RESPONDER AT INCIDENT SCENE, 99-OTHER/UNKNOWN

ACTION: **2** 1-NON-CONTACT, 2-NON-COLLISION, 3-STRIKING, 4-STRUCK, 5-BOTH STRIKING & STRUCK, 9-OTHER/UNKNOWN, **4** 1-STRAIGHT AHEAD, 2-BACKING, 3-CHANGING LANES, 4-OVERTAKING/PASSING, 5-MAKING RIGHT TURN, 6-MAKING LEFT TURN, 7-MAKING U-TURN, 8-ENTERING TRAFFIC LANE, 9-LEAVING TRAFFIC LANE, 10-PARKED, 11-SLOWING OR STOPPED IN TRAFFIC, 12-DRIVERLESS, 13-NEGOTIATING A CURVE, 14-ENTERING OR CROSSING SPECIFIED LOCATION, 15-WALKING, RUNNING, JOGGING, PLAYING, 16-WORKING, 17-PUSHING VEHICLE, 18-APPROACHING OR LEAVING VEHICLE, 19-STANDING, 20-OTHER NON-MOTORIST, 21-STANDING OUTSIDE DISABLED VEHICLE, 99-OTHER/UNKNOWN

CONTRIBUTING CIRCUMSTANCES: **9** 1-NONE, 2-FAILURE TO YIELD, 3-RAN RED LIGHT, 4-RAN STOP SIGN, 5-UNSAFE SPEED, 6-IMPROPER TURN, 7-LEFT OF CENTER, 8-FOLLOWING TOO CLOSE /ACDA, 9-IMPROPER LANE CHANGE, 10-IMPROPER PASSING, 11-DROVE OFF ROAD, 12-IMPROPER BACKING, 13-IMPROPER START FROM A PARKED POSITION, 14-STOPPED OR PARKED ILLEGALLY, 15-SWERVING TO AVOID, 16-WRONG WAY, 17-VISION OBSTRUCTION, 18-OPERATING DEFECTIVE EQUIPMENT, 19-LOAD SHIFTING/FALLING/SPILLING, 20-IMPROPER CROSSING, 21-LYING IN ROADWAY, 22-NOT DISCERNIBLE, 23-OPENING DOOR INTO ROADWAY, 99-OTHER IMPROPER ACTION

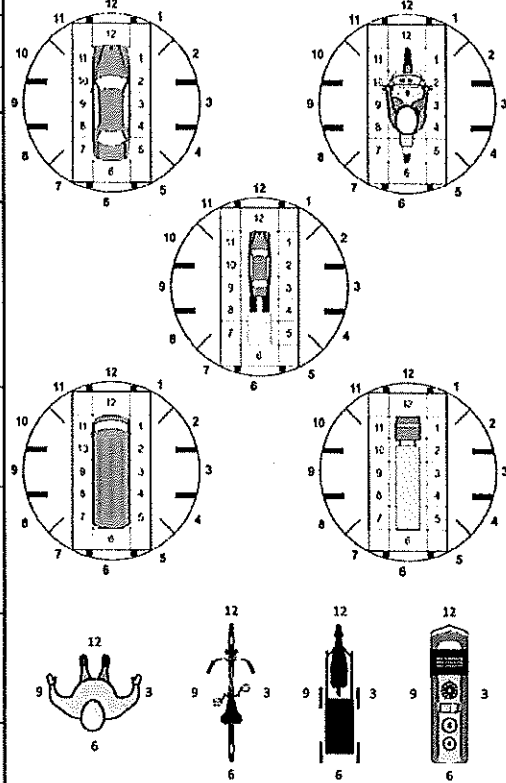
SEQUENCE OF EVENTS: **9** 1-OVERTURN/ROLLOVER, 2-FIRE/EXPLOSION, 3-IMMERSION, 4-JACKKNIFE, 5-CARGO/EQUIPMENT LOSS OR SHIFT, **44** 6-EQUIPMENT FAILURE, 7-SEPARATION OF UNITS, 8-RAN OFF ROAD RIGHT, 9-RAN OFF ROAD LEFT, 10-CROSS MEDIAN, **1** 11-CROSS CENTERLINE -- OPPOSITE DIRECTION OF TRAVEL, 12-DOWNHILL RUNAWAY, 13-OTHER NON-COLLISION, 14-PEDESTRIAN, 15-PEDALCYCLE, 16-RAILWAY VEHICLE, 17-ANIMAL - FARM, 18-ANIMAL - DEER, 19-ANIMAL - OTHER, 20-MOTORVEHICLE IN TRANSPORT, 21-PARKED MOTORVEHICLE, 22-WORK ZONE MAINTENANCE EQUIPMENT, 23-STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE, 24-OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK: **30** 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-PORTABLE BARRIER, 33-MEDIAN CABLE BARRIER, 34-MEDIAN GUARDRAIL BARRIER, 35-MEDIAN CONCRETE BARRIER, 36-MEDIAN OTHER BARRIER, 37-TRAFFIC SIGN POST, 38-OVERHEAD SIGN POST, 39-LIGHT / LUMINARIES SUPPORT, 40-UTILITY POLE, 41-OTHER POST, POLE OR SUPPORT, 42-CULVERT, 43-CURB, 44-DITCH, 45-EMBANKMENT, 46-FENCE, 47-MAILBOX, 48-TREE, 49-FIRE HYDRANT, 50-WORK ZONE MAINTENANCE EQUIPMENT, 51-WALL, 52-BUILDING, 53-TUNNEL, 54-OTHER FIXED OBJECT, 99-OTHER/UNKNOWN  
**1** FIRST HARMFUL EVENT **3** MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
**2022026**

**DAMAGE**  
 DAMAGE SCALE  
**4** 1-NONE, 2-MINOR DAMAGE, 3-FUNCTIONAL DAMAGE, 4-DISABLING DAMAGE, 9-UNKNOWN

DAMAGED AREA(S) INDICATE ALL THAT APPLY  
**1 6 7 8 9 10 11 12**



NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]  
 TOP [ 13 ]  ALL AREAS [ 15 ]  
 UNIT NOT AT SCENE [ 16 ]

INITIAL POINT OF CONTACT  
**11** 0-NO DAMAGE, 1-12-REFER TO UNIT DIAGRAM, 13-TOP, 14-UNDERCARRIAGE, 15-VEHICLE NOT AT SCENE, 99-UNKNOWN

**TRAFFIC**  
 TRAFFICWAY FLOW: **1** 1-ONE-WAY, 2-TWO-WAY  
 TRAFFIC CONTROL: **6** 1-ROUNDBOUT, 2-SIGNAL, 3-FLASHER, 4-STOP SIGN, 5-YIELD SIGN, 6-NO CONTROL

# OF THROUGH LANES ON ROAD: **02**  
 RAIL GRADE CROSSING: **1** 1-NOT INVOLVED, 2-INVOLVED-ACTIVE CROSSING, 3-INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION  
 FROM **2** TO **1**  
 1-NORTH, 2-SOUTH, 3-EAST, 4-WEST, 5-NORTHEAST, 6-NORTHWEST, 7-SOUTHEAST, 8-SOUTHWEST, 9-OTHER/UNKNOWN

UNIT SPEED: **55**  
 POSTED SPEED: **65**  
 DETECTED SPEED: **1** 1-STATED / ESTIMATED SPEED, 2-CALCULATED / EDR, 3-UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2022026

<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> STEPHENS BILLY RICKIE			<b>DATE OF BIRTH</b> 08/29/1977		<b>AGE</b> 45	<b>GENDER</b> M			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 605 PACIFIC ST CHARLESTON WV 25302				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 304-932-1927						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 4	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>OL STATE</b> WV	<b>OPERATOR LICENSE NUMBER</b> E741077		<b>OFFENSE CHARGED</b> 333.08		<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> FAILURE TO CONTROL			<b>CITATION NUMBER</b> RV58261	
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> P	<b>RESTRICTION (SELECT UP TO 3)</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 TYPE: VALUE: 1		<b>DRUG TEST(S)</b> STATUS: TYPE: RESULT: SELECT UP TO 4	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>			<b>DATE OF BIRTH</b> //		<b>AGE</b>	<b>GENDER</b>			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>						
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>	
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION (SELECT UP TO 3)</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS: TYPE: VALUE:		<b>DRUG TEST(S)</b> STATUS: TYPE: RESULT: SELECT UP TO 4	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>			<b>DATE OF BIRTH</b> //		<b>AGE</b>	<b>GENDER</b>			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>						
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>	
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION (SELECT UP TO 3)</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS: TYPE: VALUE:		<b>DRUG TEST(S)</b> STATUS: TYPE: RESULT: SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	7 - EXCEPT TRACTOR-TRAILER	<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	7 - EXCEPT TRACTOR-TRAILER	8 - INTERMEDIATE LICENSE RESTRICTIONS	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	9 - LEARNER'S PERMIT RESTRICTIONS	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	10 - LIMITED TO DAYLIGHT ONLY	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	11 - LIMITED TO EMPLOYMENT	4 - BREATH
<b>SAFETY EQUIPMENT</b>	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	12 - LIMITED - OTHER	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	<b>DRUG TEST TYPE</b>
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	14 - MILITARY VEHICLES ONLY	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	16 - OUTSIDE MIRROR	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	17 - PROSTHETIC AID	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING				17 - PROSTHETIC AID	18 - OTHER	<b>DRUG TEST RESULT(S)</b>
7 - BOOSTER SEAT				18 - OTHER		1 - AMPHETAMINES
8 - HELMET USED						2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC)						3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2022026

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	01	STEPHENS BILLY RICKIE	08/24/1955	67	M

ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
605 PACIFIC ST CHARLESTON WV 25302	304-932-1927

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				4		3	4	1	1

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

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INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	<b>EJECTION</b>
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE
		13 - TRAILING UNIT	<b>TRAPPED</b>
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED
		15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS
		99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE



# TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 20220706	REPORTING AGENCY T2PD	DATE OF CRASH 1   30   22
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Bill Stagner PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
9 Nottlinger OFFICER'S NAME AT 77 N.B @ I4K LOCATION  
 We went to pass to hit the  
 bridge & went around & that's it

VEHICLE INFORMATION					
YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
2011	Chevy	Silver	Silver	3ZF942	WV
ESTIMATED SPEED (MPH): 55		Air Bag Deployed- YES / NO		SAFETY RESTRAINT USED YES / NO	
Insurance Co: State Farm			Policy: 041 2416 F01 48J		
ADDRESS OF WITNESS: 605 Pacific St Charleston WV 25307			PHONE NUMBER: 304-932 1927		
SIGNATURE OF WITNESS:			OFFICER SIGNATURE:		