

Investigator's Motor Vehicle Crash Report

TOTAL NO. OF VEHICLES		1		LOCAL NO / DISTRICT:		AGENCY CASE NO.		2108-2071		PHOTOGRAPHS TAKEN?		☒ YES ☐ NO		INVESTIGATION MADE AT SCENE?		☒ YES ☐ NO	
DATE OF CRASH		MM / DD / YYYY 08/02/2021				S M T W TH F S ☐ ☒ ☐ ☐ ☐ ☐ ☐				TIME OF CRASH (Military Time)		15:54		TIME OF ROADWAY CLEARANCE		16:00	
PLACE OF CRASH		COUNTY SHERIDAN				CITY				SECONDARY?		☐ YES ☒ NO		LATITUDE 042.8457783			
ROAD ON WHICH CRASH OCCURRED		STREET/ HIGHWAY NO. STATE HWY 87				PRIVATE PROPERTY?				☒ YES ☐ NO		LONGITUDE -102.5202840					
DISTANCE FROM MILEPOST		FEET 2049		N S E W ☒ ☐ ☐ ☐		OF MILEPOST 65		HIGHWAY NO. 87									
IF AT INTERSECTION								IF NOT AT INTERSECTION									
NAME OF INTERSECTING ROADWAY								840		☒ FEET ☐ MILES		N S E W ☒ ☐ ☐ ☐		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING UNNAMED STREET			
IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN																	
MILES 2.72		N S E W ☐ ☐ ☐ ☒		AND MILES 8.51		N S E W ☒ ☐ ☐ ☐		OF NEAREST CITY OR TOWN RUSHVILLE									
CRASH DATA																	
DOES CRASH INVOLVE DAMAGE TO NEBRASKA DEPT. OF TRANSPORTATION PROPERTY? ☐ YES ☒ NO				TYPE OF INTERSECTION Number of Approaches 01 - Not at Intersection 02 - Two (2) 03 - Three (3) 04 - Four (4) 05 - Five or more (5+) Overall Intersection Geometry 01 - Angled/Skewed Y 02 - Roundabout/Traffic Circle O 03 - Perpendicular + or T 07 - Not Applicable Overall Traffic Control Device 01 - No Control 02 - Signalized 03 - Stop - All Way 04 - Stop - Partial 05 - Yield 07 - Not Applicable WEATHER CONDITIONS (up to 2 choices) 01 - Blowing Sand, Soil, Dirt 02 - Blowing Snow 03 - Clear 04 - Cloudy 05 - Fog, Smog, Smoke 06 - Freezing Rain/Drizzle 07 - Rain 08 - Severe Crosswinds 09 - Sleet or Hail 10 - Snow 98 - Other 99 - Unknown				CONTRIBUTING CIRCUMSTANCES - ROADWAY ENVIRONMENT (up to 2 choices) 00 - None 01 - Absence of Sidewalks 02 - Animal(s) 03 - Prior Crash 04 - Prior Non-Recurring Incident 05 - Backup Due to Regular Congestion 06 - Debris 07 - Glare 08 - Obstructed Crosswalks 09 - Non-Highway Work 10 - Obstruction in Roadway 11 - Related to a Bus Stop 12 - Road Surface Condition (wet, icy, snow, slush, etc.) 13 - Roadway Width Restricted 14 - Ruts, Holes, Bumps 15 - Shoulders (none, low, soft, high) 16 - Toll Booth/Plaza Related 17 - Traffic Control Device 18 - Traffic Incident 19 - Visual Obstruction(s) 20 - Weather Conditions 21 - Work Zone (construction/maintenance/utility) 22 - Worn, Travel-Polished Surface 98 - Other 99 - Unknown				WORK ZONE Was the crash in a construction, maintenance or utility work zone, or was it related to an activity within a work zone? 01 - Yes 02 - No 99 - Unknown Workers Present? 01 - Yes 02 - No 97 - Not Applicable 99 - Unknown Type of Work Zone 01 - Intermittent or Moving Work 02 - Lane Closure 03 - Lane Shift/Crossover 04 - Work on Shoulder or Median 97 - Not Applicable 98 - Other 99 - Unknown Location of the Crash 01 - Before Work Zone Warning Sign 02 - Advance Warning Area 03 - Transition Area 04 - Activity Area 05 - Termination Area 97 - Not Applicable 98 - Other 99 - Unknown Law Enforcement Present 01 - Officer Present 02 - Not Present 03 - Only Law Enforcement Vehicle Present 97 - Not Applicable 99 - Unknown SCHOOL BUS RELATED 00 - No 01 - School Bus Directly Involved 02 - School Bus Indirectly Involved 99 - Unknown					
RELATION TO JUNCTION Within Interchange Area? 01 - Yes 02 - No 99 - Unknown Specific Junction Location 00 - Non-Junction 01 - Acceleration/Deceleration Lane 02 - Crossover Related 03 - Driveway Access or Related 04 - Entrance/Exit Ramp or Related 05 - Intersection or Related 06 - Railway Grade Crossing 07 - Shared Use Path or Trail 98 - Other Location (median, shoulder or roadside) 99 - Unknown				02				01				00					
ROADWAY SURFACE CONDITION 01 - Dry 02 - Ice/Frost 03 - Mud, Dirt, Gravel 04 - Oil 05 - Sand 06 - Slush 07 - Snow 08 - Water (standing, moving) 09 - Wet 98 - Other 99 - Unknown				03				03									
ROADWAY SURFACE 01 - Asphalt 02 - Brick 03 - Concrete 04 - Dirt 05 - Gravel 98 - Other 99 - Unknown				04				01				00					
PROPERTY		OBJECT DAMAGED		OWNER NAME		ADDRESS		PHONE		APPROX. COST OF DAMAGE							
		OBJECT DAMAGED		OWNER NAME		ADDRESS		PHONE		APPROX. COST OF DAMAGE							
WITNESS		NAME		ADDRESS		PHONE											
		NAME		ADDRESS		PHONE											
OFFICER NO.		TROOP/TEAM/BEAT		DEPARTMENT		SHERIDAN COUNTY SHERIFF'S OFFICE											
INVESTIGATOR NAME (Print or type)		EVERETTE LANGFORD		INVESTIGATOR SIGNATURE		APPROVED BY EVERETTE LANGFORD		DATE OF REPORT		08/03/2021							

CRASH DIAGRAM



Not To Scale

☐ Check if diagram is submitted on a separate page.

DESCRIPTION OF CRASH BASED ON OFFICER'S INVESTIGATION

PLANE TOOK OFF FROM GORDON NE. ENGINE OVER HEATED AND CRASHED NORTH OF RUSHVILLE WEST OF THE HIGHWAY 87 IN A FIELD

Agency Case No. 2108-2071

VEHICLE NO. **1** (cont'd)

MOST HARMFUL EVENT FOR THIS MOTOR VEHICLE

40

Non-Collision Harmful Events

- 11 - Cargo/Equipment Loss or Shift
- 12 - Fell/Jumped from Motor Vehicle
- 13 - Fire/Explosion
- 14 - Immersion, Full or Partial
- 15 - Jackknife
- 16 - Other Non-Collision Harmful Event
- 17 - Overtum/Rollover
- 18 - Thrown or Falling Object

Collision With Person,

Motor Vehicle or Non-Fixed Object

- 19 - Animal (live)
- 20 - Construction Equipment (backhoe, bulldozer, etc.)
- 21 - Farm Equipment (tractor, combine harvester, etc.)
- 22 - Motor Vehicle in Transport
- 23 - Other Non-Fixed Object
- 24 - Other Non-Motorist
- 25 - Parked Motor Vehicle
- 26 - Pedalcycle
- 27 - Pedestrian
- 28 - Railway Vehicle (train, engine)
- 29 - Strikes Object at Rest from Vehicle in Transport
- 30 - Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
- 31 - Work Zone/Maintenance Equipment

Collision With Fixed Object

- 32 - Bridge Overhead Structure
- 33 - Bridge Pier or Support
- 34 - Bridge Rail
- 35 - Cable Barrier
- 36 - Concrete Traffic Barrier
- 37 - Culvert
- 38 - Curb
- 39 - Ditch
- 40 - Embankment
- 41 - Fence
- 42 - Guardrail End Terminal
- 43 - Guardrail Face
- 44 - Impact Attenuator/Crash Cushion
- 45 - Mailbox
- 46 - Other Fixed Object (wall, building, tunnel, etc.)
- 47 - Other Post, Pole or Support
- 48 - Other Traffic Barrier
- 49 - Traffic Sign Support
- 50 - Traffic Signal Support
- 51 - Tree (standing)
- 52 - Utility Pole/Light Support
- 53 - Unknown Fixed Object

SEQUENCE OF EVENTS (up to 4 choices)

Non-Harmful Events

- 01 - Cross Centerline
- 02 - Cross Median
- 03 - End Departure (T-intersection, dead-end, etc.)
- 04 - Downhill Runaway
- 05 - Equipment Failure (blown tire, brake failure, etc.)
- 06 - Ran Off Roadway Left
- 07 - Ran Off Roadway Right
- 08 - Reentering Roadway
- 09 - Separation of Units

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- 26 - Pedalcycle
- 27 - Pedestrian
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- 29 - Strikes Object at Rest from Motor Vehicle in Transport
- 30 - Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
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40

First Event

Second Event

Third Event

Fourth Event

Collision With Fixed Object

- 32 - Bridge Overhead Structure
- 33 - Bridge Pier or Support
- 34 - Bridge Rail
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- 36 - Concrete Traffic Barrier
- 37 - Culvert
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TRAFFIC CONTROL DEVICE TYPE

(up to 4 choices)

TCD Type(s)

- 00 - No Controls
- 01 - Person (flagger, law enforcement, crossing guard, etc.)

00

Signs

- 02 - Railroad Crossing Sign
- 03 - School Zone Sign
- 04 - Stop Sign
- 05 - Yield Sign
- 06 - "Curve Ahead" Warning Sign
- 07 - Pedestrian Crossing Sign
- 08 - "Intersection Ahead" Warning Sign
- 09 - "Reduce Speed Ahead" Warning Sign
- 10 - Bicycle Crossing Sign
- 11 - Other Warning Sign

Signals

- 12 - Flashing Traffic Control Signal
- 13 - Ramp Meter Signal
- 14 - Lane Use Control Signal
- 15 - Traffic Control Signal
- 16 - Flashing Railroad Crossing Signal (may include gates)
- 17 - Flashing School Zone Signal
- 18 - Other Signal

Pavement Markings

- 19 - School Zone
- 20 - Railroad Crossing
- 21 - Pedestrian Crossing
- 22 - Bicycle Crossing
- 23 - Other Pavement Marking (excluding edgelines, centerlines or lane lines)
- 98 - Other
- 99 - Unknown

TRAFFIC CONTROL DEVICE WORKING

- 00 - No Controls
- 01 - Device Not Functioning
- 02 - Device Functioning Improperly
- 03 - Device Functioning Properly
- 99 - Unknown

00

TRAFFICWAY DESCRIPTION

Travel Directions

- 01 - One-Way
- 02 - Two-Way

02

Divided

- 00 - Not Divided
- 01 - Not Divided, With a Continuous Left-Turn Lane
- 02 - Divided, Flush Median (greater than 4 ft. wide)
- 03 - Divided, Raised Median (curbed)
- 04 - Divided, Depressed Median
- 99 - Unknown

00

Barrier Type

- 00 - No Barrier
- 01 - Cable Barrier
- 02 - Concrete Barrier (e.g. Jersey barrier)
- 03 - Earth Embankment
- 04 - Guardrail
- 98 - Other

00

DIRECTION OF TRAVEL

- 00 - Not on Roadway
- 01 - Northbound
- 02 - Southbound
- 03 - Eastbound
- 04 - Westbound
- 99 - Unknown

00

Name of street traveling on:

HWY 87

POSTED SPEED LIMIT

- 97 - Not Applicable
- 99 - Unknown

65

mph

PAVEMENT MARKINGS

Edgeline Presence/Type

- 00 - No Marked Edgeline
- 01 - Standard Width Edgeline
- 02 - Wide Edgeline
- 98 - Other
- 99 - Unknown

Centerline Presence/Type

- 00 - No Marked Centerline
- 01 - Centerline With Centerline Rumble Strip
- 02 - Standard Centerline Markings
- 99 - Unknown

Lane Line Markings

- 00 - No Lane Markings
- 01 - Standard Lane Line
- 02 - Wide Lane Line
- 99 - Unknown

GRADE / ROADWAY ALIGNMENT

Horizontal Alignment

- 01 - Curve Left
- 02 - Curve Right
- 03 - Straight
- 99 - Unknown

03

Grade

- 01 - Downhill
- 02 - Hillcrest
- 03 - Level
- 04 - Sag (Bottom)
- 05 - Uphill
- 99 - Unknown

03

TOTAL LANES IN ROADWAY

Undivided Trafficways

- Number of Through Lanes in Both Directions, excluding Auxiliary Lanes
- 97 - Not Applicable

0

- Number of Auxiliary Lanes in Both Directions
- 97 - Not Applicable

Divided Trafficways

- Number of Through Lanes in the Vehicle's Direction, excluding Auxiliary Lanes
- 97 - Not Applicable

- Number of Auxiliary Lanes in the Vehicle's Direction
- 97 - Not Applicable

PRESENCE / TYPE OF BICYCLE FACILITY

Facility

- 00 - None
- 01 - Marked Bicycle Lane
- 02 - Separate Bicycle Path/Trail
- 03 - Unmarked Paved Shoulder
- 04 - Wide Curb Lane
- 99 - Unknown

Signed Bicycle Route?

- 01 - Yes
- 02 - No
- 97 - Not Applicable
- 99 - Unknown

Investigator's Motor Vehicle Crash Report - Driver

VEHICLE NO. 1 (cont'd)			
DRIVER NAME (Last, First, Middle) MEYER, RICHARD		CONTACT PHONE [REDACTED]	SEX 01 - Male 01 02 - Female 99 - Unk.
MAILING ADDRESS [REDACTED]		CITY MILLERSBURG	STATE IN Z P 46543
DATE OF BIRTH (MMDDYYYY) 	DOB Unk. 	DRIVER'S LICENSE NO. 	STATE IN CITATION ☒ NO VIOLATION ☐ UNKNOWN 1 2
DRIVER LICENSE JURISDICTION 00 - Not Licensed 01 - Canadian* 05 02 - Indian Nation* 03 - International License* (o her than Mexico, Canada) 04 - Mexican* 05 - U.S. State 06 - U.S. Government 07 - Not Applicable 99 - Unknown * Name of Jurisdiction Include the specific State, Province or Na ion indicated on the Driver's License INDIANA		DRIVER LICENSE STATUS Type Applicable for this Person 01 - Commercial Driver License (CDL) 99 02 - Non-CDL Driver License 03 - Non-CDL Restricted Driver License (learner's permit, temporary/limited, graduated driver license, etc.) 99 - Unknown Status 00 - Not Licensed 99 01 - Canceled or Denied 02 - Disqualified (CDL) 03 - Expired 04 - Revoked 05 - Suspended 06 - Valid License 99 - Unknown	
DRIVER LICENSE TYPE 00 - Not Licensed 99 01 - Full Driver License 02 - Intermediate Driver License 03 - Learner's Permit 04 - School Permit 05 - Temporary License 99 - Unknown License Type		DRIVER LICENSE RESTRICTIONS <i>(up to 3 choices)</i> 00 - None 99 01 - Alcohol Interlock Device 02 - Automatic Transmission 03 - CDL Intrastate Only 04 - Corrective Lenses 05 - Except Class A & Class B Bus 06 - Except Class A Bus 07 - Except Tractor-Trailer 08 - Farm Waiver 09 - Intermediate License Restrictions 10 - Learner's Permit Restrictions 11 - Limited to Daylight Only 12 - Limited to Employment 13 - Limited-Other 14 - Mechanical Devices (special brakes, hand controls, or other adaptive devices) 15 - Military Vehicles Only 16 - Motor Vehicles Without Air Brakes 17 - Outside Mirror 18 - Prosthetic Aid 98 - Other 99 - Unknown	
COMMERCIAL DRIVER LICENSE (CDL) 01 - Yes 02 02 - No 99 - Unknown		CLASS 00 - None 00 01 - Class A 02 - Class B 03 - Class C 04 - Class M 05 - Regular Driver License 97 - Not Applicable 98 - O her 99 - Unknown	ENDORSEMENTS <i>(up to 4 choices)</i> 00 - None 00 01 - H - Hazardous Materials 02 - M - Motorcycle 03 - N - Tank Vehicle 04 - P - Passenger 05 - S - School 06 - T - Double / Triple Trailers 07 - X - Combination Tank Vehicle & Hazardous Materials 98 - Other Non-Commercial License Endorsements 99 - Unknown
DRIVER ACTIONS AT TIME OF CRASH <i>(up to 4 choices)</i> 00 - No Contribu ing Action 00 01 - Disregarded Red Light 02 - Disregarded Stop Sign 03 - Disregarded Road Markings 04 - Disregarded Traffic Sign 05 - Failed to Keep in Proper Lane 06 - Failed to Yield Right-of-Way 07 - Followed too Closely 08 - Improper Backing 09 - Improper Passing 10 - Improper Turn 11 - Operated Motor Vehicle in Inattentive, Careless, Negligent or Erratic Manner 12 - Operated Motor Vehicle in Reckless or Aggressive Manner 13 - Over-Correcting/Over-Steering 14 - Ran Off Roadway 15 - Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway, etc. 16 - Wrong Side or Wrong Way 98 - O her Contributing Action 99 - Unknown		DRIVER DISTRACTED BY Action 00 - Not Distracted 00 01 - Talking/Listening 02 - Manually Operating (texting, dialing, playing game, etc.) 03 - Other Ac ion (looking away from task, etc.) 99 - Unknown Source 01 - Hands-free Mobile Phone 02 - Hand-held Mobile Phone 97 03 - Other Electronic Device 04 - Vehicle-Integrated Device 05 - Passenger/Other Non-Motorist 06 - External (to vehicle/non-motorist area) 07 - Other Distraction (animal, food, grooming, etc.) 08 - Other cell phone use like GPS navigation 97 - Not Applicable (not distracted)	
ALCOHOL SUSPECTED 01 - Yes 02 02 - No 99 - Unknown		ALCOHOL TEST STATUS 01 - Test Given 02 02 - Test Not Given 03 - Test Refused 99 - Unknown if Tested	ALCOHOL TEST TYPE 01 - Blood "BAC" 02 - Brea halyzer "BrAC" 03 - Urine 98 - Other 97 - Not Applicable 99 - Unknown
DRUGS SUSPECTED 01 - Yes 02 02 - No 99 - Unknown		DRUG TEST STATUS 01 - Test Given 02 02 - Test Not Given 03 - Test Refused 99 - Unknown if Tested	DRUG TEST TYPE 01 - Blood 02 - Urine 03 - Saliva 98 - Other 99 - Unknown
DRUG TYPE <i>(up to 4 choices)</i> 01 - Amphetamine 02 - Cocaine 03 - Marijuana 04 - Opiate 05 - Other Controlled Substance 06 - PCP 07 - Other Drug (excludes post-crash drugs) 97 - Not Applicable 99 - Unknown		ALCOHOL TEST RESULT 01 - Negative 02 - Positive 03 - Pending 99 - Unknown BAC Level: (ex: 0.132) 	

PERSON TYPE P1. Incident Responder? 01 - Yes 02 - No P2. If yes, type of Incident Responder 01 - EMS 02 - Fire 03 - Police 04 - Tow Operator 05 - Transportation (maintenance workers, safety service operators, etc.) 98 - Other 99 - Unknown Does the crash involve a Non-Motorist? 01 - Yes - Complete Non-Motorist Report NDOT Form 178 for the following person types: - Bicyclist - Other Cyclist - Pedestrian - Other Pedestrian (wheelchair, skater, person in a building, parked vehicle, or a personal conveyance, etc.) - Occupant of a Non-Motor Vehicle Transportation Device - Unknown Type of Non-Motorist** 02 - No - Continue to P3 below. P3. Occupant of Motor Vehicle 01 - Driver 02 - Occupant 03 - Occupant of MV Not in Transport	SEATING POSITION P4. Row 01 - Front 02 - Second 03 - Third 04 - Fourth 05 - Other Row (bus, 15-passenger van, etc.) 99 - Unknown P5. Seat 01 - Left 02 - Middle 03 - Right 98 - Other 99 - Unknown P6. Other Location 01 - Enclosed Cargo Area 02 - Riding on Motor Vehicle Exterior (non-trailing unit) 03 - Sleeper Section of Cab (truck) 04 - Trailing Unit 05 - Unenclosed Cargo Area 97 - Not Applicable 98 - Other 99 - Unknown P7. Ejection 01 - Not Ejected 02 - Ejected, Partially 03 - Ejected, Totally 97 - Not Applicable 99 - Unknown	RESTRAINT SYSTEM / HELMET USE P8. Restraint System 01 - Booster Seat 02 - Child Restraint System - Forward Facing 03 - Child Restraint System - Rear Facing 04 - Child Restraint System - Type Unknown 05 - Lap Belt Only Used 06 - None Used - Motor Vehicle Occupant 07 - Restraint Used - Type Unknown 08 - Shoulder & Lap Belt Used 09 - Shoulder Belt Only Used 10 - Stretcher 11 - Wheelchair Motorcycle Helmet Use 12 - DOT-Compliant Motorcycle Helmet 13 - Non DOT-Compliant Motorcycle Helmet 14 - Unknown If DOT-Compliant Motorcycle Helmet 15 - No Helmet 97 - Not Applicable 98 - Other 99 - Unknown P9. Any Indication of Improper Restraint Use? 01 - Yes 02 - No 99 - Unknown P10. Air Bag Deployed (up to 4 choices) 00 - Not Deployed 02 - Curtain 03 - Front 04 - Side 97 - Not Applicable 98 - Other (knee, air belt, etc.) 99 - Unknown P11. School Bus Restraint Availability (excludes driver) 00 - No Restraint Available 01 - Lap Belt Available & Not Used 02 - Shoulder & Lap Available & Not Used 97 - Not Applicable 99 - Unknown	INJURY P12. Injury Status 00 - No Apparent Injury 01 - Fatal Injury [must complete Fatal Crash Report NDOT Form 179] 02 - Suspected Serious Injury* 03 - Suspected Minor Injury 04 - Possible Injury 99 - Unknown * Suspected Serious Injury: Any injury, other than fatal, which results in one or more of the following: Severe laceration resulting in exposure of underlying tissues, muscle, organs, or resulting in significant loss of blood, broken or distorted extremity (arm or leg), crush injuries, suspected skull, chest, or abdominal injury other than bruises or minor lacerations, significant burns (second and third degree burns over 10% or more of the body), unconsciousness when taken from the crash scene, or paralysis. P13. Injury Area 00 - None 01 - Abdomen & Pelvis 02 - Entire Body 03 - Face 04 - Head 05 - Lower Extremity (legs) 06 - Neck 07 - Spine 08 - Chest (horax) 09 - Upper Extremity (arms) 10 - Unspecified 99 - Unknown P14. Source of Transport to First Medical Facility 00 - Not Transported 01 - EMS Air 02 - EMS Ground 03 - Law Enforcement 98 - Other 99 - Unknown
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All Drivers & Occupants

Vehicle No. 1	Occupant No. 1	NAME OF PERSON INVOLVED (Last, First, Middle) MEYER, RICHARD	SEX 01 - Male 02 - Female 99 - Unk. 01
ADDRESS [REDACTED]		CITY, STATE, ZIP MILLERSBURG, IN, 46543	DATE OF BIRTH (MMDDYYYY) [REDACTED]
DOB Unk. [REDACTED]			
Person Type P1 2 P2 [REDACTED] P3 01		Seating Position P4 01 P5 01 P6 97 P7 01	
Restraint System / Helmet Use P8 08 P9 02 P10 97 [REDACTED] [REDACTED] [REDACTED] P11 97		Injury P12 04 P13 07 P14 02	
MEDICAL FACILITY NAME GORDON MEMORIAL HOSPITAL DISTRICT		EMS SERVICE NAME RUSHVILLE VOL. RESCUE/FIRE	
EMS RUN NO. [REDACTED]			
Vehicle No. 1	Occupant No. 2	NAME OF PERSON INVOLVED (Last, First, Middle) MEYER, BRENDA	SEX 01 - Male 02 - Female 99 - Unk. 02
ADDRESS [REDACTED]		CITY, STATE, ZIP MILLERSBURG, IN	DATE OF BIRTH (MMDDYYYY) [REDACTED]
DOB Unk. [REDACTED]			
Person Type P1 02 P2 [REDACTED] P3 02		Seating Position P4 01 P5 03 P6 97 P7 01	
Restraint System / Helmet Use P8 05 P9 02 P10 97 [REDACTED] [REDACTED] [REDACTED] P11 97		Injury P12 03 P13 07 P14 02	
MEDICAL FACILITY NAME GORDON MEMORIAL HOSPITAL DISTRICT		EMS SERVICE NAME RUSHVILLE VOL. RESCUE/FIRE	
EMS RUN NO. [REDACTED]			
Vehicle No. [REDACTED]	Occupant No. [REDACTED]	NAME OF PERSON INVOLVED (Last, First, Middle) [REDACTED]	SEX 01 - Male 02 - Female 99 - Unk. [REDACTED]
ADDRESS [REDACTED]		CITY, STATE, ZIP [REDACTED]	DATE OF BIRTH (MMDDYYYY) [REDACTED]
DOB Unk. [REDACTED]			
Person Type P1 [REDACTED] P2 [REDACTED] P3 [REDACTED]		Seating Position P4 [REDACTED] P5 [REDACTED] P6 [REDACTED] P7 [REDACTED]	
Restraint System / Helmet Use P8 [REDACTED] P9 [REDACTED] P10 [REDACTED] [REDACTED] [REDACTED] [REDACTED] P11 [REDACTED]		Injury P12 [REDACTED] P13 [REDACTED] P14 [REDACTED]	
MEDICAL FACILITY NAME [REDACTED]		EMS SERVICE NAME [REDACTED]	
EMS RUN NO. [REDACTED]			



02/08/2021



02/08/2021