**CRASH DATE, TIME, SEVERITY, AND LOCATION**

<table>
<thead>
<tr>
<th>Date of Crash (YYYYMMDD)</th>
<th>Time (0000-2359)</th>
<th>Town Name</th>
<th>Town #</th>
<th>Crash Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>20131219</td>
<td>1335</td>
<td>Norwalk</td>
<td>103</td>
<td></td>
</tr>
</tbody>
</table>

**LOCATION OF FIRST HARMFUL EVENT**

<table>
<thead>
<tr>
<th>Location Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Roadway</td>
<td>1</td>
</tr>
<tr>
<td>Shoulder</td>
<td>2</td>
</tr>
<tr>
<td>Median</td>
<td>3</td>
</tr>
<tr>
<td>Roadside</td>
<td>4</td>
</tr>
<tr>
<td>Gore</td>
<td>5</td>
</tr>
<tr>
<td>Separator</td>
<td>6</td>
</tr>
<tr>
<td>In Parking Lane or Zone</td>
<td>7</td>
</tr>
<tr>
<td>Off-Roadway Location Unknown</td>
<td>8</td>
</tr>
<tr>
<td>Outside Right-of-Way (trafficway)</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>97</td>
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**CRASH-SPECIFIC LOCATION**

<table>
<thead>
<tr>
<th>Location Description</th>
<th>Number</th>
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<tbody>
<tr>
<td>Non-Junction</td>
<td>1</td>
</tr>
<tr>
<td>Intersection</td>
<td>2</td>
</tr>
<tr>
<td>Intersection-Related</td>
<td>3</td>
</tr>
<tr>
<td>Entrance / Exit Ramp</td>
<td>4</td>
</tr>
<tr>
<td>Railway Grade Crossing</td>
<td>5</td>
</tr>
<tr>
<td>Crossover-Related</td>
<td>6</td>
</tr>
<tr>
<td>Access</td>
<td>7</td>
</tr>
<tr>
<td>Access-Related</td>
<td>8</td>
</tr>
<tr>
<td>Shared-Use Path or Trail</td>
<td>10</td>
</tr>
<tr>
<td>Through Roadway</td>
<td>11</td>
</tr>
<tr>
<td>Acceleration / Deceleration Lane</td>
<td>12</td>
</tr>
<tr>
<td>On A Bridge</td>
<td>13</td>
</tr>
<tr>
<td>HOV Lane</td>
<td>14</td>
</tr>
<tr>
<td>Service or Rest Area</td>
<td>15</td>
</tr>
<tr>
<td>Weigh Station</td>
<td>16</td>
</tr>
<tr>
<td>Location Not Listed Above</td>
<td>17</td>
</tr>
<tr>
<td>Within an Interchange Area</td>
<td>18</td>
</tr>
<tr>
<td>Median, shoulder and roadside</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>97</td>
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</table>

**MANNER OF IMPACT**

<table>
<thead>
<tr>
<th>Collision Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Overturn/Rollover</td>
<td>2</td>
</tr>
<tr>
<td>Fire / Explosion</td>
<td>3</td>
</tr>
<tr>
<td>Immersion, Full or Partial</td>
<td>4</td>
</tr>
<tr>
<td>Jackknife</td>
<td>5</td>
</tr>
<tr>
<td>Cargo/Equipment Loss or Shift</td>
<td>6</td>
</tr>
<tr>
<td>Fell/Jumped from Vehicle</td>
<td>7</td>
</tr>
<tr>
<td>Thrown or Falling Object</td>
<td>8</td>
</tr>
<tr>
<td>Other Non-Collision</td>
<td>9</td>
</tr>
</tbody>
</table>

**LOCATION OF FIRST HARMFUL EVENT**

<table>
<thead>
<tr>
<th>Type of Impact</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pedestrian</td>
<td>9</td>
</tr>
<tr>
<td>Pedal cycle/Pedal-cyclist</td>
<td>10</td>
</tr>
<tr>
<td>Non-motorist</td>
<td>11</td>
</tr>
<tr>
<td>Railway Vehicle (train, engine)</td>
<td>12</td>
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<tr>
<td>Deer</td>
<td>13</td>
</tr>
<tr>
<td>Animal Other Than Deer (live)</td>
<td>14</td>
</tr>
<tr>
<td>Motor Vehicle in Operation</td>
<td>15</td>
</tr>
<tr>
<td>Struck by Falling, Falling Cargo or Anything Set in Motion by Motor Vehicle</td>
<td>16</td>
</tr>
<tr>
<td>Work Zone/Maintenance Equipment</td>
<td>17</td>
</tr>
<tr>
<td>Other Non-Fixed Object</td>
<td>18</td>
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**Collison With Fixed Object:**

<table>
<thead>
<tr>
<th>Type of Impact</th>
<th>Number</th>
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<tbody>
<tr>
<td>Impact Attenuator/Crash Cushion</td>
<td>19</td>
</tr>
<tr>
<td>Overhead Structure</td>
<td>20</td>
</tr>
<tr>
<td>Bridge Pier or Support</td>
<td>21</td>
</tr>
<tr>
<td>Bridge Rail</td>
<td>22</td>
</tr>
<tr>
<td>Cable Barrier</td>
<td>23</td>
</tr>
<tr>
<td>Culvert</td>
<td>24</td>
</tr>
<tr>
<td>Curb</td>
<td>25</td>
</tr>
<tr>
<td>Ditch</td>
<td>26</td>
</tr>
<tr>
<td>Embankment</td>
<td>27</td>
</tr>
<tr>
<td>Guardrail Face</td>
<td>28</td>
</tr>
<tr>
<td>Guardrail End</td>
<td>29</td>
</tr>
<tr>
<td>Concrete Traffic Barrier</td>
<td>30</td>
</tr>
<tr>
<td>Other Traffic Barrier</td>
<td>31</td>
</tr>
<tr>
<td>Tree (standing)</td>
<td>32</td>
</tr>
<tr>
<td>Utility Pole/Light Support</td>
<td>33</td>
</tr>
<tr>
<td>Traffic Sign Support</td>
<td>34</td>
</tr>
<tr>
<td>Traffic Signal Support</td>
<td>35</td>
</tr>
<tr>
<td>Fence</td>
<td>36</td>
</tr>
<tr>
<td>Mailbox</td>
<td>37</td>
</tr>
<tr>
<td>Other Post, Pole or Support</td>
<td>38</td>
</tr>
<tr>
<td>Other Fixed Object (wall, building, tunnel, etc.)</td>
<td>39</td>
</tr>
</tbody>
</table>

**TYPE OF INTERSECTION**

<table>
<thead>
<tr>
<th>Type of Intersection</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Not an Intersection</td>
<td>1</td>
</tr>
<tr>
<td>Four-Way Intersection</td>
<td>2</td>
</tr>
<tr>
<td>T-intersection</td>
<td>3</td>
</tr>
<tr>
<td>Y-intersection</td>
<td>4</td>
</tr>
<tr>
<td>L-intersection</td>
<td>5</td>
</tr>
<tr>
<td>Traffic Circle</td>
<td>6</td>
</tr>
<tr>
<td>Roundabout</td>
<td>7</td>
</tr>
<tr>
<td>Five-Point, or More</td>
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</tbody>
</table>

**SCHOOL BUS RELATED**

<table>
<thead>
<tr>
<th>School Bus Related</th>
<th>Number</th>
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<tbody>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Yes, a school bus was directly involved</td>
<td>2</td>
</tr>
<tr>
<td>Yes, a school bus was indirectly involved</td>
<td>3</td>
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</tbody>
</table>

**WORK ZONE CRASH INFORMATION**

<table>
<thead>
<tr>
<th>Work Zone</th>
<th>Location</th>
<th>Type</th>
<th>Workers Present</th>
<th>Enforcement Present</th>
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<tbody>
<tr>
<td>01</td>
<td>01</td>
<td>1</td>
<td>01</td>
<td></td>
</tr>
<tr>
<td>02</td>
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<td>88</td>
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<td></td>
</tr>
<tr>
<td>06</td>
<td>01</td>
<td>88</td>
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<td></td>
</tr>
</tbody>
</table>

---

For all numeric fields: 99 = 'Unknown'

For DOT use only

--

**CONNECTICUT UNIFORM POLICE CRASH REPORT**

Form PR-1 REV July 2014.01

Crash Summary (Front)
Vehicles were moved prior to police arrival

OFFICER'S NARRATIVE

Connecticut Ave. is a public roadway, this accident occurred at its intersection with a commercial drive. The roadway was clear of debris, dry, and it was daylight.

Operator #1 stated that while he was turning right out of the Silver diner onto Connecticut Ave., he struck the right rear of Vehicle #2. Operator #1 stated that he thought he had ample room to make the turn.

Operator #2 stated that while he was traveling westbound on CT Ave., sitting in traffic, he was struck in the right rear by Vehicle #1.

Vehicle #2 was a double long State of CT. commercial Dept. of Transportation city transit bus which had 18 other passengers on it at the time of the accident. No injuries were reported and the damage to both vehicles was minor.

Operator #1 was found to be at fault for the accident and was later issued an infraction #X672392-4 for Improper Right Turn CGS 14-241a. The passengers on bus #1072 at the time of the accident were as follows:

A DOT supervisor was also on scene, nothing further to report at this time.

REMARKS

Related Incident Number: CT DOT-03
Officer First Name: Lisa
Officer Last Name: Sanchez
Badge Number: 18
Police Agency Code: 123456
Date & Time: 201406130856

Supervisor: Burt Martin
Date & Time: 201406140856

This report is a revision to a previously submitted report.
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV July 2014.01
Complete One Sheet Per Motor Vehicle

Motor Vehicle Information (Front)

VIN: V4326876543
Make: BMW
Model: 4 door sedan
Year: 2001

MOTOR VEHICLE INFORMATION

For all numeric fields: 99 = 'Unknown'

VIN missing or removed
Plate #: PB&JJ
Invalid Plate
No Plate

Driver Evaded Responsibility
Plate State: CT
Vehicle was not in roadway
Unknown direction

Roadway on which vehicle was traveling:
Star Diner Driveway

MOTOR VEHICLE CRASH INFORMATION

SEQUENCE OF EVENTS

(choose up to four, in chronological order)
Non-Collision
01. Overturn/Rollover
02. Fire / Explosion
03. Immersion, Full or Partial
04. Jackknife
05. Cargo/Equipment Loss or Shift
06. Equipment Failure (blown tire, brake failure, etc)
07. Separation of Units
08. Ran Off Roadway Right
09. Ran Off Roadway Left
10. Cross Median
11. Cross Center Line
12. Downhill Runaway
13. Fell/Removed From Motor Vehicle
14. Reentering Roadway
15. Thrown or Falling Object
16. Other Non-Collision

Collision With Person, Motor Vehicle, or Non-Fixed Object
17. Pedestrian
18. Animal (live)
19. Non-motorist
20. Intoxicated or Drunk Driver
21. Other Non-motorist
22. Other Motor Vehicle
23. Parked Motor Vehicle
24. Struck By Falling, Shifting Cargo or Anything Set In Motion By Motor Vehicle
25. Work Zone/Maintenance Equipment
26. Other Non-Fixed Object

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

MOTOR VEHICLE ACTION

01. Straight Ahead
02. Negotiating a Curve
03. Backing
04. Changing Lanes
05. Overtaking/Passing Motor Vehicle
06. Turning Right
07. Turning Left
08. Making U-Turn
09. Leaving Traffic Lane
10. Entering Traffic Lane
11. Slowing
12. Parked
13. Stopped in Traffic
14. Overtaking/Passing Cyclist
15. Wrong Way or Wrong Side
16. Traveling in Bike Lane
17. Other

BIKE LANE

01. Bicycle Detection
02. Pedestrian Button
03. Hill Crest
04. Downhill
05. Sag (bottom)

TRAFFIC CONTROL DEVICE

01. Two-Way, Not Divided
02. Two-Way, Not Divided w/ a Continuous Left Turn Lane
03. Two-Way, Divided, Unprotected (Painted >4 feet) Median
04. Two-Way, Divided, Positive Median Barrier
05. One-Way Trafficway
06. Not Applicable

TRAFFICWAY DESCRIPTION

01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag (bottom)

MOTOR VEHICLE TYPE

01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

BODY TYPE

01. Passenger Car
02. (Sport) Utility Vehicle
03. Passenger Van
04. Cargo Van (<10,000 lbs GVWR)
05. Pickup
06. Motor Home
07. School Bus
08. Transit Bus
09. Motor Coach
10. Other Bus
11. Motorcycle
12. Moped
13. Low Speed Vehicle
14. Golf Cart
15. All Terrain Vehicle (ATV)
16. Snowmobile
17. Other Light Trucks (10,000 lbs GVWR or less)
18. Medium/Heavy Trucks (more than 10,000 lbs GVWR)
19. Other

MOTOR VEHICLE DAMAGE

Initial Contact Point
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Use diagram above for values 1-12.
See user guide for other vehicle diagrams.

Post/Statutory Speed Limit

(record the posted/statutory value as miles per hour)
01. Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
90, Not Applicable
99

Damaged Areas

(choose up to 3)
00. None
14. Top
15. Undercarriage
17. All Areas
88. Not Applicable

EXTENT OF DAMAGE

01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

Towed

01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

Towed to

Most Harmful Event

1st
2nd
3rd
4th

EXTENT OF DAMAGE

01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

INSURANCE INFORMATION

INSURANCE COMPANY
Geico
INSURANCE POLICY NUMBER
433443
INSURANCE EXPIRATION DATE (yyyy/mm/dd)
20150615
## CONNECTICUT UNIFORM POLICE CRASH REPORT

**Form PR-1 REV July 2014.01**  
**Motor Vehicle Information (Back)**  
**Complete One Sheet Per Motor Vehicle**

### MOTOR VEHICLE OWNERSHIP INFORMATION

- **Vehicle Owner Name** (Last, First, Middle, Suffix)  
  - Information same as driver

- **Street Address or Post Office Box**

- **City**
- **State/Prov**
- **Country** United States
- **Postal Code**

- **Email Address** (optional)
- **Phone** (optional)

### SPECIAL VEHICLE FUNCTION

- 01. No Special Function
- 02. Taxi
- 03. Vehicle Used as School Bus
- 04. Vehicle Used as Other Bus
- 05. Military
- 06. Police
- 07. Ambulance
- 08. Fire Truck
- 09. Non-Transport Emergency
- 10. Incident Response Services Vehicle

### EMERGENCY VEHICLE

- 01. Non-Emergency Situation, Not Transporting Patient
- 02. Non-Emergency Transport of Passenger
- 03. Emergency Operation, Emergency Warning Equipment Not in Use
- 04. Emergency Operation, Emergency Warning Equipment in Use
- 05. Not Applicable

### BUS USE

- 01. Not a Bus
- 02. School
- 03. Transit/Commuter
- 04. Intercity
- 05. Charter/Tour
- 06. Shuttle
- 07. Not Applicable

### PROPERTY DAMAGED

**Complete if public or private property other than vehicles were damaged in the crash**

<table>
<thead>
<tr>
<th>Nature and Extent of Damage to Property 1</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Name of Owner of Property 1**  
N/A

<table>
<thead>
<tr>
<th>Nature and Extent of Damage to Property 2</th>
<th></th>
</tr>
</thead>
</table>

**Name of Owner of Property 2**  
N/A

<table>
<thead>
<tr>
<th>Nature and Extent of Damage to Property 3</th>
<th></th>
</tr>
</thead>
</table>

**Name of Owner of Property 3**  
N/A
## MOTOR VEHICLE OWNERSHIP INFORMATION

<table>
<thead>
<tr>
<th>Vehicle Owner Name (Last, First, Middle, Suffix)</th>
<th>Information same as driver</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of CT, DOT</td>
<td></td>
</tr>
</tbody>
</table>

### Street Address or Post Office Box
2801 Berlin Tnpk.

<table>
<thead>
<tr>
<th>City</th>
<th>State/Prov</th>
<th>Country</th>
<th>Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newington</td>
<td>CT</td>
<td>United States</td>
<td>06111</td>
</tr>
</tbody>
</table>

### Email Address (optional)

### PHONE (optional)

## SPECIAL VEHICLE FUNCTION

| 01. No Special Function                      |
| 02. Taxi                                     |
| 03. Vehicle Used as School Bus               |
| 04. Vehicle Used as Other Bus                |
| 05. Military                                 |
| 06. Police                                   |
| 07. Ambulance                                |
| 08. Fire Truck                               |
| 09. Non-Transport Emergency                  |
| 10. Incident Response Services Vehicle       |

## EMERGENCY VEHICLE

| 01. Non-Emergency Situation, Not Transporting Patient |
| 02. Non-Emergency Transport of Passenger            |
| 03. Emergency Operation, Emergency Warning Equipment Not in Use |
| 04. Emergency Operation, Emergency Warning Equipment in Use |
| 88. Not Applicable                                 |

## BUS USE

| 01. Not a Bus                          |
| 02. School                             |
| 03. Transit/Commuter                  |
| 04. Intercity                          |
| 05. Charter/Tour                       |
| 06. Shuttle                            |
| 88. Not Applicable                     |

## PROPERTY DAMAGED

### Complete if public or private property other than vehicles were damaged in the crash

#### NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

N/A

#### NAME OF OWNER OF PROPERTY 1

N/A

#### NATURE AND EXTENT OF DAMAGE TO PROPERTY 2

#### NAME OF OWNER OF PROPERTY 2

#### NATURE AND EXTENT OF DAMAGE TO PROPERTY 3

#### NAME OF OWNER OF PROPERTY 3
**CONNECTICUT UNIFORM POLICE CRASH REPORT**  
Form PR-1 REV July 2014.01  
**Case Number:** 120068454  
**Motor Vehicle ID:** 2  
**Name:** Gecko, Martina  
**Street Address:** 1 Stanley Place  
**City:** Newington  
**State or Prov:** CT  
**Postal Code:** 06111  
**Gender:** 02  
**Date of Birth:** 1 9 6 3 0 9 0 5  
**Date of Birth is unknown**  
**License Info**  
| License Number | 18872563489 |  
| License State | CT |  
**Driver Information (i)**  
**Ejection:** 01. Not Ejected  
02. Ejected, Partially  
03. Ejected, Totally  
08. Not Applicable  
**Restraint System:** 00. None Used-Motor Vehicle Occupant  
01. Shoulder and Lap Belt Used  
02. Shoulder Belt Only Used  
03. Lap Belt Only Used  
04. Restraint Used Type Unknown  
08. Not Applicable  
97. Other  
**Helmet Use:** 01. No Helmet  
02. DOT-Compliant Motorcycle Helmet  
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet  
04. Helmet, Unknown If DOT-Compliant  
08. Not Applicable  
**Airbag:** 01. Not Deployed  
02. Deployed-Front  
03. Deployed-Side  
04. Deployed-Curtain  
05. Deployed-Other  
06. Deployed-Combination  
08. Not Applicable  
**Seating Position First Digit:** 01. Front Row  
**Second Digit:** 11. Left Seat (usually the motor vehicle or motorcycle driver except for postal vehicles and some foreign vehicles)  
02. Middle Seat  
03. Right Seat  
08. Other Seat  
**Injury and EMS Information**  
**Injury Status:** 01. No  
02. Racing  
03. Exceeded Speed Limit  
04. Too Fast for Conditions  
**Transported to First Medical Facility by:** 01. Not Transported  
02. EMS Air  
03. EMS Ground  
04. Law Enforcement  
97. Other  
**Drugs/Alcohol Information**  
**Alcohol Test Status:** 01. Test Not Given  
02. Test Refused  
03. Test Given  
99. Unknown if Tested  
**Drug Test Status:** 01. Test Not Given  
02. Test Refused  
03. Test Given  
99. Unknown if Tested  
**Enforcement Actions Taken**  
**Action by Officer:** 00. None Taken  
01. Verbal Warning  
02. Written Warning  
03. Infraction  
04. Arrest/Summons  
00  
**Violation Statutes**  
<table>
<thead>
<tr>
<th>Statute</th>
<th>Description</th>
</tr>
</thead>
</table>
**Drug/Alcohol Information**  
**Type of Drug Test**  
**Type of Alcohol Test**  
01. Blood  
02. Urine  
88. Not Applicable  
97. Other  

NARRATIVE CONTINUED (i)
### Bus Occupant Information

<table>
<thead>
<tr>
<th>ID</th>
<th>NAME</th>
<th>GENDER</th>
<th>AGE</th>
<th>SEATING POSITION</th>
<th>EJECTION</th>
<th>INJURY STATUS</th>
<th>DATE OF BIRTH (YYYYMMDD)</th>
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<tbody>
<tr>
<td>3</td>
<td>Gecko, Melvin</td>
<td>02</td>
<td>71</td>
<td>2A</td>
<td>01</td>
<td>O</td>
<td>19430413</td>
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<td>4</td>
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<td>38</td>
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<td></td>
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<td>19760115</td>
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<td>19850804</td>
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<td>O</td>
<td>19660302</td>
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**Bus Seat Position**

1. Standing in the front of the bus
2. Standing in Aisle
3. Middle Left
4. Aisle Right
5. Window Right
6. Total Ejected
7. Partly Ejected
8. Not Ejected
9. Unknown
10. Aisle Left
11. Middle Right

**Ejection**

- 01. Not Ejected
- 02. Ejected, Partially
- 03. Ejected, Totally
- 08. Not Applicable
- 99. Unknown

**Injury Status**

- A. Suspected Serious Injury
- B. Suspected Minor Injury
- C. Possible Injury
- O. No Apparent Injury
- K. Fatal Injury
- 99. Unknown