

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION REPORTING AGENCY NAME* CLEARCREEK TWP PD				NCIC* 0 8 3 1 6				LOCAL REPORT NUMBER* L P 2 0 0 1 1 1 0 0 0 1 4 5			
COUNTY* 8 3		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3		LOCATION: CITY, VILLAGE, TOWNSHIP* CLEARCREEK		CRASH DATE / TIME* 0 1 1 1 2 0 2 0 0 5 1 2		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5							
ROUTE TYPE S R	ROUTE NUMBER 4 8	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME CLEARCREEK			ROAD TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LATITUDE DECIMAL DEGREES 3 9 . 5 4 6 8 6 1		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED						
ROUTE TYPE S R	ROUTE NUMBER 4 8	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 7600			ROAD TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LONGITUDE DECIMAL DEGREES 8 4 . 1 6 6 1 2 6								
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN							
DISTANCE FROM REFERENCE 0 4		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 0 4		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST						MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN					
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 3		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 0 4		6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		NARRATIVE UNIT 01 WAS TRAVELING SOUTHBOUND ON N. ST. RT. 48 WHEN AT ABOUT 7600 N. ST. RT. 48 IT RAN OFF THE ROAD RIGHT AND STRUCK A SIGN.									
						Indicate the north direction with an "N" on the compass diagram. 7600 N. St. Rt. 73 N. St. Rt. 48 NOT TO SCALE									
CRASH REPORTED DATE / TIME 0 1 1 1 2 0 2 0 0 5 1 2		DISPATCH DATE / TIME 0 1 1 1 2 0 2 0 0 5 1 2		ARRIVAL DATE / TIME 0 1 1 1 2 0 2 0 0 5 1 5		SCENE CLEARED DATE / TIME 0 1 1 1 2 0 2 0 0 6 1 9		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SERV. TO CASE)							
TOTAL TIME ROADWAY CLOSED 0 2 0	OTHER INVESTIGATION TIME 0 8 7	TOTAL MINUTES 0 8 7	OFFICER'S NAME* KEVIN G KNOBBE			CHECKED BY OFFICER'S NAME* JASON L BATES			OFFICER'S BADGE NUMBER* 1 L 2 8						
TOTAL TIME ROADWAY CLOSED 0 2 0	OTHER INVESTIGATION TIME 0 8 7	TOTAL MINUTES 0 8 7	OFFICER'S BADGE NUMBER* 1 L 2 8			CHECKED BY OFFICER'S BADGE NUMBER* 1 L 2 2									

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)					
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP					
	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE					
VEHICLE	LP STATE OH	LICENSE PLATE # HVV3675	VEHICLE IDENTIFICATION # WAUHF78P58A022400	VEHICLE YEAR 2008	VEHICLE MAKE AUDI	
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 928450197	COLOR RED	VEHICLE MODEL A3	
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME SANDY'S		
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 02	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
	TYPE OF USE			HAZARDOUS MATERIAL		
	1 - PASSENGER CAR			<input type="checkbox"/> MATERIAL RELEASED		
	2 - PASSENGER VAN (MINIVAN)			<input type="checkbox"/> PLACARD		
	3 - SPORT UTILITY VEHICLE			CLASS #		
	4 - PICK UP			PLACARD ID #		
	5 - CARGO VAN			1 - LIVID (LIVERY VEHICLE)		
6 - VAN (9-15 SEATS)			2 - PEDESTRIAN / SKATER			
7 - MOTORCYCLE 2-WHEELED			3 - CONSTRUCTION EQUIPMENT			
8 - MOTORCYCLE 3-WHEELED			4 - HIGH AUTOMATION			
9 - AUTOCYCLE			5 - FULL AUTOMATION			
10 - MOPED OR MOTORIZED BICYCLE			6 - FARM			
11 - ALL TERRAIN VEHICLE (ATV / UTV)			7 - WORN OR SLICK TIRES			
12 - GOLF CART			8 - POLE			
13 - SNOWMOBILE			9 - MOTOR TROUBLE			
14 - SINGLE UNIT TRUCK			99 - OTHER / UNKNOWN			
15 - SEMI-TRACTOR			10 - DISABLED FROM PRIOR ACCIDENT			
16 - FARM EQUIPMENT			11 - DUMP			
17 - MOTORHOME			12 - CONCRETE MIXER			
18 - LIVID (LIVERY VEHICLE)			13 - AUTO TRANSPORTER			
19 - BUS (16+ PASSENGERS)			14 - GARBAGE/REFUSE			
20 - OTHER VEHICLE			15 - WALKING, RUNNING, JOGGING, PLAYING			
21 - HEAVY EQUIPMENT			16 - WORKING			
22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE			17 - PUSHING VEHICLE			
23 - PEDESTRIAN / SKATER			18 - APPROACHING OR LEAVING VEHICLE			
24 - WHEELCHAIR (ANY TYPE)			19 - STANDING			
25 - OTHER NON-MOTORIST			20 - OTHER NON-MOTORIST			
26 - BICYCLE			21 - STANDING OUTSIDE DISABLED VEHICLE			
27 - TRAIN			99 - OTHER / UNKNOWN			
99 - UNKNOWN OR HIT/SKIP						
# OF TRAILING UNITS						
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?						
0 - NO AUTOMATION						
1 - DRIVER ASSISTANCE						
2 - PARTIAL AUTOMATION						
3 - CONDITIONAL AUTOMATION						
4 - HIGH AUTOMATION						
5 - FULL AUTOMATION						
9 - UNKNOWN						
SPECIAL FUNCTION						
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 - NO CARGO BODY TYPE / NOT APPLICABLE						
2 - BUS						
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE						
4 - LOGGING						
5 - INTERMODAL CONTAINER CHASSIS						
6 - CARGO VAN/ENCLOSED BOX						
7 - GRAIN/CHIPS/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						
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						
1 - NON-CONTACT						
2 - NON-COLLISION						
3 - STRIKING						
4 - STRUCK						
5 - BOTH STRIKING & STRUCK						
9 - OTHER / UNKNOWN						
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						
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						
1 - OVERTURN/ROLLOVER						
2 - FIRE/EXPLOSION						
3 - IMMERSION						
4 - JACKKNIFE						
5 - CARGO / EQUIPMENT LOSS OR SHIFT						
6 - EQUIPMENT FAILURE						
7 - SEPARATION OF UNITS						
8 - RAN OFF ROAD RIGHT						
9 - RAN OFF ROAD LEFT						
10 - CROSS MEDIAN						
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 - MOTOR VEHICLE IN TRANSPORT						
21 - PARKED MOTOR VEHICLE						
22 - WORK ZONE MAINTENANCE EQUIPMENT						
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE						
24 - OTHER MOVABLE OBJECT						
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						
FIRST HARMFUL EVENT						
MOST HARMFUL EVENT						

LOCAL REPORT NUMBER	
LP 200111000145	
DAMAGE	
DAMAGE SCALE	
4 1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2	
1 - NORTH 5 - NORTHEAST	2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST	4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
0 6 0	1 1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
POSTED SPEED	3 - UNDETERMINED
5 5	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
L P 2 0 0 1 1 1 0 0 0 1 4 5

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE NEGRETE VILLALPANDO, BRYAN, CARLOS		DATE OF BIRTH 0 9 / 2 0 / 1 9 9 9		AGE 1 9	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP 946 CARSON DR., LEBANON, OH, 45036				CONTACT PHONE - INCLUDE AREA CODE 9 3 7 9 2 5 1 5 4 2						
INJURIES TAKEN BY 5	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE O H	OPERATOR LICENSE NUMBER UJ929560	OFFENSE CHARGED 4511.202	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION FAIL TO MAINTAIN CONTROL		CITATION NUMBER 017236				
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 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	
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 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	
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) 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
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION		7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	DRUG TEST TYPE	
SAFETY EQUIPMENT		4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	4 - BREATH
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	TRAPPED		12 - LIMITED - OTHER	2 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	5 - OTHER
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - ILLNESS	1 - NONE
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	4 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	2 - BLOOD
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST		T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	9 - OTHER / UNKNOWN	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	17 - PROSTHETIC AID	DRUG TEST RESULT(S)	
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
L P 2 0 0 1 1 1 0 0 0 1 4 5

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE WILLIAMS, KEITH, LEON	DATE OF BIRTH 0 7 / 0 7 / 2 0 0 0		AGE 1 9	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 1484 MAPLEWOOD DR., LEBANON, OH, 45036			CONTACT PHONE - INCLUDE AREA CODE 5 1 3 8 5 0 4 1 8 4		

INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
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OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE		

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
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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	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

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