



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HITSKIP
L P 1 8 0 1 2 9 0 0 0 4 7 5	3 - 1-FATAL 2-BURJY 3-FOO	<input type="checkbox"/> 1-SOLVED <input type="checkbox"/> 2-UNSOLVED

PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-13 <input type="checkbox"/> OTHER	FDO UNDER STATE REPORTABLE DOLLAR AMOUNT <input type="checkbox"/>	PRIVATE PROPERTY <input type="checkbox"/>	REPORTING AGENCY NCIC * 0 8 3 1 6	REPORTING AGENCY NAME * Clearcreek Twp. Police Department	NUMBER OF UNITS 0 1	UNIT IN ERROR 9 8 98-ANIMAL 99-UNKNOWN
--	--	--	--------------------------------------	--	------------------------	---

COUNTY * 8 3	CITY, VILLAGE, TOWNSHIP * <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP * Clearcreek	CRASH DATE * 0 1 2 9 2 0 1 8	TIME OF CRASH 0 6 4 2	DAY OF WEEK M O N
-----------------	--	---------------------------------	--------------------------	----------------------

DEGREES / MINUTES / SECONDS LATITUDE 0 / /	LONGITUDE 0 / /	DECIMAL DEGREES LATITUDE 3 9 5 2 1 8 5 4	LONGITUDE - 8 4 1 8 2 8 3 8
--	--------------------	--	--------------------------------

ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N-NORTHBOUND <input type="checkbox"/> S-SOUTHBOUND <input type="checkbox"/> E-EASTBOUND <input type="checkbox"/> W-WESTBOUND	NUMBER OF THRU LANES 0 2	ROAD TYPES OR MILEPOST 2 AL-ALLEY CR-CIRCLE HE-HEIGHTS MP-MILEPOST PL-PLACE ST-STREET WA-WAY AV-AVENUE CI-COURT INV-HIGHWAY PK-PARKWAY RD-ROAD TE-TERRACE BL-BOULEVARD DR-DRIVE LA-LANE PI-PIKE SQ-SQUARE TL-TRAIL
---	--	-----------------------------	---

LOCATION ROUTE NUMBER SR 4 8	LOC. PREFIX <input type="checkbox"/> N, S <input type="checkbox"/> E, W	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES 1 IR-INTERSTATE ROUTE (INC. TURNPIKE) US-US ROUTE SR-STATE ROUTE	CR-NUMBERED COUNTY ROUTE TR-NUMBERED TOWNSHIP ROUTE
---------------------------------	---	--------------------	----------------------	---	--

DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR. FROM REF. <input type="checkbox"/> N, S <input type="checkbox"/> E, W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF. PREFIX <input type="checkbox"/> N, S <input type="checkbox"/> E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 6012	REFERENCE ROAD TYPE 2
--	--	------------------------	------------------------	---	--	-----------------------

REFERENCE POINT USED 3 - 1-INTERSECTION 2-MILE POST 3-HOUSE NUMBER	CRASH LOCATION 0 1 01-NOT AN INTERSECTION 02-FOUR-WAY INTERSECTION 03-T-INTERSECTION 04-Y-INTERSECTION 05-TRAFFIC CIRCLE/ROUNDAABOUT 06-FIVE-POINT OR MORE 07-ON RAMP 08-OFF RAMP 09-CROSSOVER 10-DRIVEWAY/ALLEY ACCESS	11-RAILWAY GRADE CROSSING 12-SHARED-USE PATHS OR TRAILS 99-UNKNOWN	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFICWAY 9-UNKNOWN
---	--	--	---	--

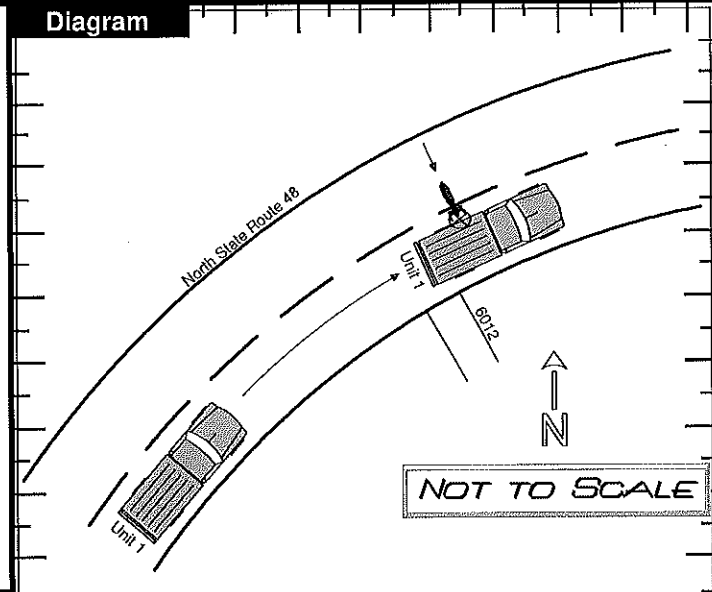
ROAD CONTOUR 3 - 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-UNKNOWN	ROAD CONDITIONS PRIMARY 0 1 SECONDARY	01-DRY 02-WET 03-SNOW 04-ICE 05-SAND, MUD, DIRT, OIL, GRAVEL 06-WATER (STANDING, MOVING) 07-SLUSH 08-DEBRIS* 09-RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10-OTHER 99-UNKNOWN	*SECONDARY CONDITION ONLY
---	---	---	---------------------------

MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES 2-REAR-END 3-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWPE, SAME DIRECTION 8-SIDESWPE, OPPOSITE DIRECTION 9-UNKNOWN	WEATHER 2 - 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-OTHER/UNKNOWN
--	---

ROAD SURFACE 2 - 1-CONCRETE 2-BLACKTOP BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 6-OTHER	LIGHT CONDITIONS 5 - PRIMARY SECONDARY 1-DAYLIGHT 2-DAWN 3-DUSK 4-DARK-LIGHTED ROADWAY 5-DARK-ROADWAY NOT LIGHTED 6-DARK-UNKNOWN ROADWAY LIGHTING 7-GLARE* 8-OTHER	9-UNKNOWN <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED	*SECONDARY CONDITION ONLY
---	--	---	---------------------------

<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE <input type="checkbox"/> 1-LANE CLOSURE <input type="checkbox"/> 2-LANE SHIFT/CROSSOVER <input type="checkbox"/> 3-WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4-INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5-OTHER	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1-BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2-ADVANCE WARNING AREA <input type="checkbox"/> 3-TRANSITION AREA <input type="checkbox"/> 4-ACTIVITY AREA <input type="checkbox"/> 5-TERMINATION AREA
---	--	--

**NARRATIVE**  
Unit # 1 was traveling northbound on North State Route 48 when a deer entered the roadway from the west and struck the side of the vehicle.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	DATE CRASH REPORTED 0 1 2 9 2 0 1 8	TIME CRASH REPORTED 0 6 4 2	DISPATCH TIME 0 6 4 3	ARRIVAL TIME 0 6 5 0	TIME CLEARED 0 7 1 0	OTHER INVESTIGATION TIME 3 0	TOTAL MINUTES 0 0 5 0
---	---	--	--------------------------------	--------------------------	-------------------------	-------------------------	---------------------------------	--------------------------

OFFICER'S NAME * Gleeson, John - LP	OFFICER'S BADGE NUMBER 1 L 2 6	CHECKED BY COH530	Page 1 of 3
--	-----------------------------------	----------------------	-------------



# UNIT

LOCAL REPORT NUMBER  
**L P 1 8 0 1 2 9 0 0 0 4 7 5**

UNIT NUMBER <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER ) <b>Donner, David A</b>	OWNER PHONE: NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER ) <b>(937)956-4783</b>	DAMAGE SCALE <b>2</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER ) <b>500 W Dayton DR, Miamisburg, Ohio 45342</b>			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>PID4430</b>	VEHICLE IDENTIFICATION NUMBER <b>1GCRKSE7XDZ408929</b>	2 - MINOR	
VEHICLE YEAR <b>2013</b>	VEHICLE MAKE <b>CHEV</b>	VEHICLE MODEL <b>Silverado</b>	3 - FUNCTIONAL	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>Cincinnati Insurance</b>	POLICY NUMBER <b>EBA 0029224</b>	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 20,000 LBS. 3 - MORE THAN 20,000 LBS.	CARGO BODY TYPE 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUSMAN (8-15 SEATS, INC DRIVER) 03 - BUS (15+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION <b>1</b> 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS-4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID No.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT
HM CLASS NUMBER		16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDDLEBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE <b>2</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>07</b> 99 - UNKNOWN or HIT / SKIP	PASSENGER VEHICLES (LESS THAN 8 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK/ TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUSMAN (8-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
			<input type="checkbox"/> HAS HM PLACARD		

SPECIAL FUNCTION <b>01</b> 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA <b>08</b> 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	06 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER	ACTION <b>4</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
--	--	---	--	--	--

PRE-CRASH ACTIONS <b>01</b> 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
--	---	--	--

CONTRIBUTING CIRCUMSTANCES PRIMARY <b>01</b> 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <b>01</b> 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
--	--	---	---

SEQUENCE OF EVENTS 1 <b>18</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT		COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAFET 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 - MAIL BOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT	

UNIT SPEED <b>50</b>	POSTED SPEED <b>55</b>	TRAFFIC CONTROL <b>12</b> 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE	07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>2</b> TO <b>1</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
<input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED					



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**L P 1 8 0 1 2 9 0 0 0 4 7 5**

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>Donner, David A</b>	DATE OF BIRTH <b>1 0 0 2 1 9 6 6</b>	AGE <b>51</b>	GENDER <b>M</b> F - FEMALE M - MALE
--------------------------	---	---	------------------	---

ADDRESS, CITY, STATE, ZIP <b>4776 Bunnell Hill RD, Lebanon, Ohio 45036</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(937)956-4783</b>
---	---

INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
----------------------	------------------------------	------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RF987180</b>	OL CLASS <b>4</b>	NO VALID OL <input type="checkbox"/>	MC EHD. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE <b>0.000</b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
-----------------------	--	----------------------	---	-------------------------------------	-----------------------	------------------------------------	---------------------------------	-------------------------------	------------------------------------	------------------------------	----------------------------

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <b>1</b>
---	---------------------	-----------------	--	----------------------------------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

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

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL <input type="checkbox"/>	MC EHD. <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
----------	-------------------------	----------	---	-------------------------------------	-----------	------------------------	---------------------	-------------------	--------------------	------------------	----------------

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY
---	---------------------	-----------------	--	----------------------

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 0 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	09 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
--	---	--	---	--	---

SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONTSIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
--	--	---	---

EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS '0') 5 - MCMOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
---	--	--	--	---

ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
---	--	--	---	--

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

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

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

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

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------