



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HITS/SKIP
L P 1 7 0 4 2 9 0 0 1 7 6 9	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO 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 9 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 8 3	CITY * <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWNSHIP	CITY, VILLAGE, TOWNSHIP * Clearcreek	CRASH DATE * 0 4 2 9 2 0 1 7	TIME OF CRASH 2 0 2 3	DAY OF WEEK S A T
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DEGREES / MINUTES / SECONDS LATITUDE 0 / /	LONGITUDE 0 / /	OR	DECIMAL DEGREES LATITUDE 3 9 . 5 5 0 5 2 9	LONGITUDE - 8 4 . 1 5 9 6 3 0
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND S - SOUTHBOUND E - EASTBOUND W - WESTBOUND	NUMBER OF THRU LANES 0 2	ROAD TYPES OR MILEPOST 2 AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LAKE MP - MILEPOST PK - PARKWAY PL - PLACE RD - ROAD SO - SQUARE ST - STREET TE - TERRACE VA - WAY
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LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC PREFIX N, S, E, W	LOCATION ROAD NAME Harlan	LOCATION ROAD TYPE 2 R D	ROUTE TYPES 1 IR - INTERSTATE ROUTE (NO. TURNIPIKE) US - US ROUTE SR - STATE ROUTE	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF N, S, E, W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 1861	REFERENCE ROAD TYPE 2
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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/ROUNDABOUT	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 MEDIUM 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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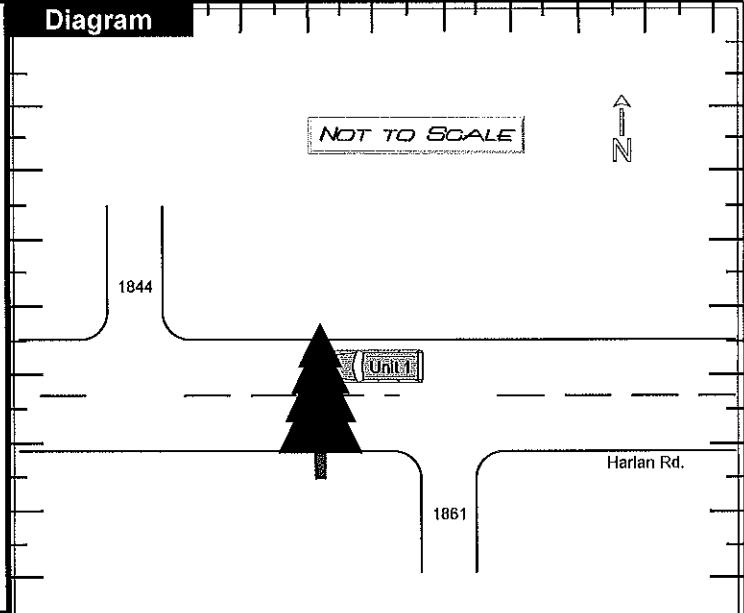
ROAD CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 0 1 SECONDARY	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS*	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT * 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/IMPACT 1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 1 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
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ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS 1 1 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	SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED <input checked="" type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 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 FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE
Unit 01 was traveling westbound on Harlan Rd. when at about 1841 Harlan Rd. a tree fell down in front of Unit 01 causing Unit 01 to strike it.



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 ODPS)	DATE CRASH REPORTED 0 4 2 9 2 0 1 7	TIME CRASH REPORTED 2 0 2 3	DISPATCH TIME 2 0 2 3	ARRIVAL TIME 2 0 2 5	TIME CLEARED 2 1 0 0	OTHER INVESTIGATION TIME 2 0	TOTAL MINUTES 0 0 5 5
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OFFICER'S NAME * Knobbe, Kevin - LP	OFFICER'S BADGE NUMBER 1 L 2 8	CHECKED BY WES189	Page 1 of 3
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UNIT

LOCAL REPORT NUMBER LP170429001769

UNIT NUMBER 01, OWNER NAME: Lowe, David Maurice, OWNER PHONE NUMBER, DAMAGE SCALE 3, DAMAGED AREA diagram, OWNER ADDRESS: 2337 Taylor CT, Waynesville, Ohio 45068-7206, LP STATE OH, LICENSE PLATE NUMBER EWS2814, VEHICLE IDENTIFICATION NUMBER 1GKFK06219R251961, # OCCUPANTS 011, VEHICLE YEAR 2009, VEHICLE MAKE GMC, VEHICLE MODEL Yukon, VEHICLE COLOR BLK, INSURANCE COMPANY IDS Property, POLICY NUMBER A10241902, TOWED BY, CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE - INCLUDE AREA CODE

US DOT, VEHICLE WEIGHT GVMR/GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION 1, HM PLACARD ID No., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED, NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE 1, UNIT TYPE 06, PASSENGER VEHICLES (LESS THAN 9 PASSENGERS), MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER), BUS/VAN/LIMO (9-15 SEATS, INC DRIVER), 22-BUS (16+ SEATS, INC DRIVER), NON-MOTORIST, 23 - ANIMAL WITH RIDER, 24 - ANIMAL WITH BUGGY, WAGON, SURREY, 25 - BICYCLE/PEDACYCLIST, 26 - PEDESTRIAN/SKATER, 27 - OTHER NON-MOTORIST, HAS HM PLACARD

SPECIAL FUNCTION 01, 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 02, 03-RIGHT FRONT, 04-RIGHT SIDE, 05-RIGHT REAR, 06-REAR CENTER, 07-LEFT REAR, 08-LEFT SIDE, 09-LEFT FRONT, 10-TOP AND WINDOWS, 11-UNDERCARRIAGE, 12-LOAD/TRAILER, 13-TOTAL (ALL AREAS), 14-OTHER, ACTION 3, 1-NON-CONTACT, 2-NON-COLLISION, 3-STRIKING, 4-STRUCK, 5-STRIKING/STRUCK, 9-UNKNOWN

PRE-CRASH ACTIONS 01, MOTORIST 01-STRAIGHT AHEAD, 02-BACKING, 03-CHANGING LANES, 04-OVERTAKING/PASSING, 05-MAKING RIGHT TURN, 06-MAKING LEFT TURN, 07-MAKING U-TURN, 08-ENTERING TRAFFIC LANE, 09-CHANGING 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 01, MOTORIST 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, 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 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 48, 2, 3, 4, 5, 6, FIRST HARMFUL EVENT 1, MOST HARMFUL EVENT 1, 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 OR SUPPORT, 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, 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, COLLISION WITH FIXED 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, BUILDING, TUNNEL, 52-OTHER FIXED OBJECT

UNIT SPEED 35, POSTED SPEED 35, TRAFFIC CONTROL 12, UNIT DIRECTION FROM 3 TO 4, 1-NORTH, 2-SOUTH, 3-EAST, 4-WEST, 5-NORTHEAST, 6-NORTHWEST, 7-SOUTHEAST, 8-SOUTHWEST, 9-UNKNOWN, 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/DONT WALK, 15-OTHER, 16-NOT REPORTED



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
L P 1 7 0 4 2 9 0 0 1 7 6 9

UNIT NUMBER 0 1	NAME: LAST, FIRST, MIDDLE Oeder, Rebekah Lee	DATE OF BIRTH 0 2 2 0 2 0 0 1	AGE 16	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2337 Taylor CT, Waynesville, Ohio 45068-7206	CONTACT PHONE - INCLUDE AREA CODE (937)694-8572
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MOTORIST/NON-MOTORIST	INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER UR642916	OL CLASS 4	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		<input type="checkbox"/> HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1			

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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MOTORIST/NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END.	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		<input type="checkbox"/> HANDS-FREE DEVICE USED	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 9 - 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	99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	NON MOTORIST 00 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	32 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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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
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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 'D') 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
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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/MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)	6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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MOTORIST/NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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MOTORIST/NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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