



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HITS/SKIP
L P 1 8 0 4 3 0 0 0 2 0 9 3	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-1P <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 8 99 - ANIMAL 99 - UNKNOWN
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COUNTY * 8 3	CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP * Clearcreek	CITY, VILLAGE, TOWNSHIP *	CRASH DATE * 0 4 3 0 2 0 1 8	TIME OF CRASH 1 7 0 0	DAY OF WEEK M O N
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DEGREES / MINUTES / SECONDS LATITUDE 0 / /	LONGITUDE 0 / /	OR	DECIMAL DEGREES LATITUDE 3 9 . 5 6 7 8 3 8	LONGITUDE - 8 4 . 1 7 6 0 4 9
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ROADWAY DIMENSION <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 CT-COURT HW-HIGHWAY PK-PARKWAY RD-ROAD TE-TERRACE BL-BOULEVARD DR-DRIVE LA-LANE PI-PIKE SQ-SQUARE TL-TRAIL
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LOCATION ROUTE NUMBER TYPE 1	LOCATION ROUTE NUMBER TYPE 2	LOC PREFIX N, S, E, W E	LOCATION ROAD NAME Lytle 5 Points	LOCATION ROAD TYPE 2 R D	ROUTE TYPES 1 IR-INTERSTATE ROUTE (INC. TURNPIKE) US-US ROUTE ST-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 E	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W E	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 850	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 - FOURWAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT	06 - FIRE-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
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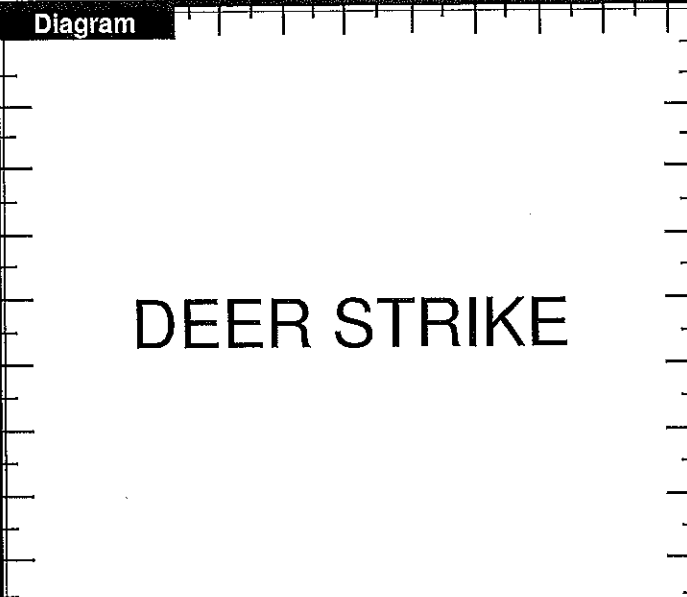
ROAD CONTOUR 2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS 0 1 PRIMARY SECONDARY	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT * 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 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 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"/> 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
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NARRATIVE
Unit 1 was traveling westbound on E Lytle Five Points Road. A deer ran into the roadway at 850 E Lytle Five Points Road and was struck by Unit 1. The dead deer was found in the ditch at this location.



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 COOPS)	DATE CRASH REPORTED 0 4 3 0 2 0 1 8	TIME CRASH REPORTED 1 7 0 3	DISPATCH TIME 1 7 0 4	ARRIVAL TIME 1 7 1 0	TIME CLEARED 1 7 3 0	OTHER INVESTIGATION TIME 3 0	TOTAL MINUTES 0 0 5 0
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OFFICER'S NAME * Ney, Eric - LP	OFFICER'S BADGE NUMBER 1 L 2 5	CHECKED BY COH530	Page 1 of 3
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UNIT

LOCAL REPORT NUMBER

LP 1 8 0 4 3 0 0 0 2 0 9 3

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) Trimble, Dustin M	OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) (937)681-8287	DAMAGE SCALE 3	DAMAGED AREA FRONT REAR
OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 9274 Maxwells Crossing, Centerville, Ohio 45458				
LP STATE OH	LICENSE PLATE NUMBER HFY2753	VEHICLE IDENTIFICATION NUMBER 1FMCU9G90DUC06004	# OCCUPANTS 011	
VEHICLE YEAR 2013	VEHICLE MAKE FORD	VEHICLE MODEL Escape	VEHICLE COLOR BRO	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY USAA	POLICY NUMBER 024528640G	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000 LBS. <input type="checkbox"/> 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <input type="checkbox"/> 01 - NO CARGO BODY TYPE/NOT APPLICABLE <input type="checkbox"/> 02 - BUS/VAN (8-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL <input type="checkbox"/> 09 - POLE <input type="checkbox"/> 10 - CARGO TANK <input type="checkbox"/> 11 - FLAT BED <input type="checkbox"/> 12 - DUMP <input type="checkbox"/> 13 - CONCRETE MIXER <input type="checkbox"/> 14 - AUTO TRANSPORTER <input type="checkbox"/> 15 - GARBAGE/REFUSE <input type="checkbox"/> 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 1 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 <input type="checkbox"/> HIT/SKIP UNIT
HM PLACARD ID No. 1111	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		
HM CLASS NUMBER			<input type="checkbox"/> HAS HM PLACARD

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK <input type="checkbox"/> 03 - INTERSECTION - OTHER <input type="checkbox"/> 04 - MIDBLOCK - MARKED CROSSWALK <input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 06 - BICYCLE LANE <input type="checkbox"/> 07 - SHOULDER/ROADSIDE <input type="checkbox"/> 08 - SIDEWALK <input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL <input type="checkbox"/> 12 - NON-TRAFFICWAY AREA <input type="checkbox"/> 99 - OTHER/UNKNOWN	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 06 PASSENGER VEHICLES (LESS THAN 9 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/SEM-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE BUS/VAN/LIBO (8 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (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
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SPECIAL FUNCTION 01 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 02 01 - NONE 02 - CENTER FRONT 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 99 - UNKNOWN	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 01 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 - 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 01 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 <input type="checkbox"/> 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
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SEQUENCE OF EVENTS 1 18 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 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 (BLOW/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 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/ALUMINUM/IRONS 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 30 <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED 55	TRAFFIC CONTROL 12 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 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

LP180430002093

UNIT NUMBER 01		NAME: LAST, FIRST, MIDDLE Trimble, Whitney M				DATE OF BIRTH 05/17/1988		AGE 29	GENDER F F - FEMALE M - MALE				
ADDRESS, CITY, STATE, ZIP 9274 Maxwells Crossing, Centerville, Ohio 45458						CONTACT PHONE - INCLUDE AREA CODE (937)681-8287							
INJURIES 1	INJURED TAKEN BY	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED 04		<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE IL	OPERATOR LICENSE NUMBER S35289388741		OL CLASS 4	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> MAC 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 <input type="checkbox"/> 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		<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"/> MAC 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		INJURED TAKEN BY		SAFETY EQUIPMENT USED		99 - UNKNOWN SAFETY EQUIPMENT		NON-MOTORIST		12 - REFLECTIVE CLOTHING			
1 - NO INJURY / NONE REPORTED		1 - NOT TRANSPORTED / TREATED AT SCENE		MOTORIST		05 - CHILD RESTRAINT SYSTEM - FORWARD FACING		09 - NONE USED		13 - LIGHTING			
2 - POSSIBLE		2 - EMS		01 - NONE USED - VEHICLE OCCUPANT		06 - CHILD RESTRAINT SYSTEM - REAR FACING		10 - HELMET USED		14 - OTHER			
3 - NON-INCAPACITATING		3 - POLICE		02 - SHOULDER BELT ONLY USED		07 - BOOSTER SEAT		11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)					
4 - INCAPACITATING		4 - OTHER		03 - LAP BELT ONLY USED		08 - HELMET USED							
5 - FATAL		5 - UNKNOWN		04 - SHOULDER AND LAP BELT USED									
SEATING POSITION				AIR BAG USAGE									
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)				1 - NOT DEPLOYED									
02 - FRONT - MIDDLE				2 - DEPLOYED FRONT									
03 - FRONT - RIGHT SIDE				3 - DEPLOYED SIDE									
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)				4 - DEPLOYED BOTH FRONT/SIDE									
05 - SECOND - MIDDLE				5 - NOT APPLICABLE									
06 - SECOND - RIGHT SIDE				6 - DEPLOYMENT UNKNOWN									
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													
EJECTION		TRAPPED		OPERATOR LICENSE CLASS		CONDITION		5 - FELL ASLEEP, FAINTED, FATIGUED		ALCOHOL/DRUG SUSPECTED			
1 - NOT EJECTED		1 - NOT TRAPPED		1 - CLASS A		1 - APPARENTLY NORMAL		6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL		1 - NONE			
2 - TOTALLY EJECTED		2 - EXTRICATED BY MECHANICAL MEANS		2 - CLASS B		2 - PHYSICAL IMPAIRMENT		7 - OTHER		2 - YES - ALCOHOL SUSPECTED			
3 - PARTIALLY EJECTED		3 - EXTRICATED BY NON-MECHANICAL MEANS		3 - CLASS C		3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)				3 - YES - HBD NOT IMPAIRED			
4 - NOT APPLICABLE				4 - REGULAR CLASS (OHIO IS 'D')		4 - ILLNESS				4 - YES - DRUGS SUSPECTED			
				5 - MOPED ONLY						5 - YES - ALCOHOL AND DRUGS SUSPECTED			
ALCOHOL TEST STATUS		ALCOHOL TEST TYPE		DRUG TEST STATUS		DRUG TEST TYPE		DRIVER DISTRACTED BY		6 - OTHER INSIDE THE VEHICLE			
1 - NONE GIVEN		1 - NONE		1 - NONE GIVEN		1 - NONE		1 - NO DISTRACTION REPORTED		7 - EXTERNAL DISTRACTION			
2 - TEST REFUSED		2 - BLOOD		2 - TEST REFUSED		2 - BLOOD		2 - PHONE					
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE		3 - URINE		3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE		3 - URINE		3 - TEXTING/MAILING					
4 - TEST GIVEN, RESULTS KNOWN		4 - BREATH		4 - TEST GIVEN, RESULTS KNOWN		4 - OTHER		4 - ELECTRONIC COMMUNICATION DEVICE					
5 - TEST GIVEN, RESULTS UNKNOWN		5 - OTHER		5 - TEST GIVEN, RESULTS UNKNOWN				5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)					
UNIT NUMBER		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER <input type="checkbox"/> 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		<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"/> MAC 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				
UNIT NUMBER		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER <input type="checkbox"/> 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		<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	