

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input checked="" type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION		L P 1 9 0 7 0 1 0 0 3 2 6 0					
<input type="checkbox"/> SECONDARY CRASH	<input checked="" type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR	
<input type="checkbox"/> PRIVATE PROPERTY			CLEARCREEK TWP PD		0 8 3 1 6		1 - SOLVED	0 2	98 - ANIMAL	
								2 - UNSOLVED	99 - UNKNOWN	

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*	CRASH SEVERITY
8 3	3	CLEARCREEK		07012019 2025	5

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
		3	PEKIN	R D	3 9 . 5 0 2 2 3 6

ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
			300 BLOCK		8 4 . 1 9 3 5 3 2

REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED	
3	1 - NORTH	IR - INTERSTATE ROUTE(TP)	AL - ALLEY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	
	2 - SOUTH	US - FEDERAL US ROUTE	AV - AVENUE	<input type="checkbox"/> WITHIN INTERCHANGE AREA	
	3 - EAST	SR - STATE ROUTE	BL - BOULEVARD	NUMBER OF APPROACHES	
	4 - WEST	CR - NUMBERED COUNTY ROUTE	CR - CIRCLE	ROADWAY	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	TR - NUMBERED TOWNSHIP ROUTE	CT - COURT	<input type="checkbox"/> ROADWAY DIVIDED	
	1 - MILES		DR - DRIVE		
	2 - FEET		HE - HEIGHTS		
	3 - YARDS		PL - PLACE		

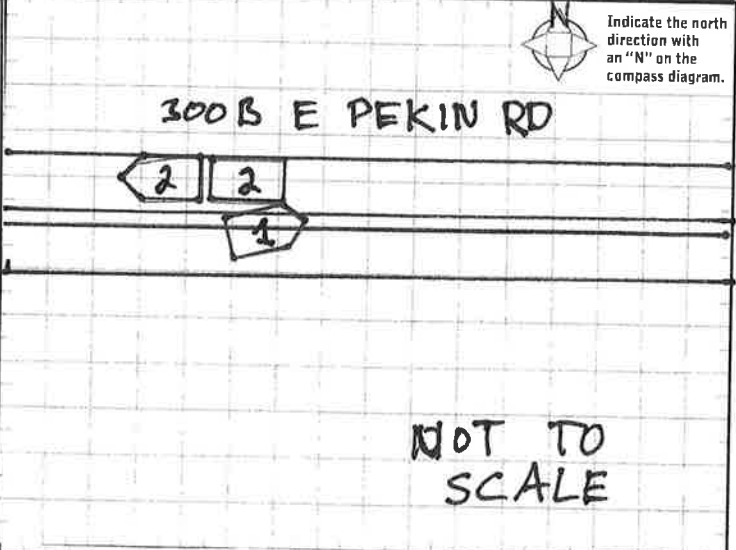
LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
0 1	8	1 - NORTH	1 - DIVIDED FLUSH MEDIAN (<4 FEET)
		2 - SOUTH	2 - DIVIDED FLUSH MEDIAN (>=4 FEET)
		3 - EAST	3 - DIVIDED, DEPRESSED MEDIAN
		4 - WEST	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
			9 - OTHER/UNKNOWN

<input type="checkbox"/> WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT	1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	1	1 - DRY	1 - CONCRETE
<input type="checkbox"/> LAW ENFORCEMENT PRESENT	2 - LANE SHIFT/CROSSOVER	2 - ADVANCE WARNING AREA		2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
<input type="checkbox"/> ACTIVE SCHOOL ZONE	3 - WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA		3 - SNOW	3 - BRICK/BLOCK
	4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		4 - ICE	4 - SLAG, GRAVEL, STONE
	5 - OTHER	5 - TERMINATION AREA		5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT

LIGHT CONDITION	WEATHER	CONTOUR	CONDITIONS	SURFACE
1	0 1	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE
		2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
		3 - CURVE LEVEL	3 - SNOW	3 - BRICK/BLOCK
		4 - CURVE GRADE	4 - ICE	4 - SLAG, GRAVEL, STONE
		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT
			6 - WATER (STANDING, MOVING)	9 - OTHER/UNKNOWN
			7 - SLUSH	
			9 - OTHER/UNKNOWN	

NARRATIVE

UNIT # 1 WAS TRAVELING EAST ON PEKIN RD IN THE 300 BLOCK. UNIT # 2 WAS TRAVELING WEST ON PEKIN RD IN THE 300 BLOCK. UNIT # 1 CROSSED THE CENTER LINE OF THE ROADWAY AND STRUCK TRAFFIC UNIT # 2.



CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
0 7 0 1 2 0 1 9 2 0 2 5	0 7 0 1 2 0 1 9 2 0 2 6	0 7 0 1 2 0 1 9 2 0 3 2	0 7 0 1 2 0 1 9 2 2 1 4	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
0 0 0	0 3 0	1 3 8	CHARLES S. SWEET	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS)
			OFFICER'S BADGE NUMBER*	
			1 L 3 0	
			CHECKED BY OFFICER'S NAME*	
			CPL ERIC NEY	
			CHECKED BY OFFICER'S BADGE NUMBER*	
			1 L 2 5	

LOCAL REPORT NUMBER  
L P 1 9 0 7 0 1 0 0 3 2 6 0

<b>OWNER</b>	<b>UNIT #</b> 0 1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	<b>OWNER PHONE:</b> INCLUDE AREA CODE (☐ SAME AS DRIVER)
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)		
	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

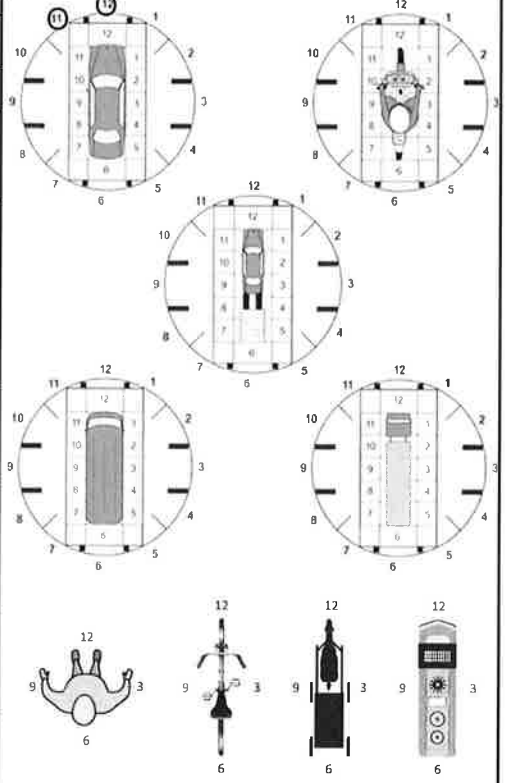
**DAMAGE**

**DAMAGE SCALE**

4 1 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
9 - UNKNOWN

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> HNF1559	<b>VEHICLE IDENTIFICATION #</b> 1HGCT1B31EA003963	<b>VEHICLE YEAR</b> 2014	<b>VEHICLE MAKE</b> HONDA
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> METROPOLITAN	<b>INSURANCE POLICY #</b> 5180441040	<b>COLOR</b> GRAY	<b>VEHICLE MODEL</b> ACCORD
<input type="checkbox"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>GOVERNMENT</b>	<input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>	<b>US DOT #</b>	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> 0 1	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
<b>TYPE OF USE</b>		<b>TOWED BY: COMPANY NAME</b> SANDYS		
		<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY



**VEHICLE**

**UNIT TYPE**  
0 1  
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

**# OF TRAILING UNITS**

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**

2 1 - YES 2 - NO 9 - OTHER / UNKNOWN

**AUTONOMOUS MODE LEVEL**

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

**SPECIAL FUNCTION**  
0 1  
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE**  
0 1  
1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

**VEHICLE DEFECTS**

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
3 - TAIL LAMPS 6 - TIRE BLOWOUT

- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]  
 - TOP [ 13 ]  - ALL AREAS [ 15 ]  
 - UNIT NOT AT SCENE [ 16 ]

**NON-MOTORIST LOCATION AT IMPACT**

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLEBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 14 - GARBAGE/REFUSE  
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

**ACTION**  
3 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN

**INITIAL POINT OF CONTACT**

0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**  
0 7  
1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION  
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING  
5 - UNSAFE SPEED 11 - DROVE OFF ROAD  
6 - IMPROPER TURN 12 - IMPROPER BACKING

**TRAFFIC**

**TRAFFICWAY FLOW**  
2 1 - ONE-WAY  
2 - TWO-WAY

**TRAFFIC CONTROL**  
6 1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

**SEQUENCE OF EVENTS**

1 1 1 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE  
2 2 0 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS  
3 - IMMERSION 8 - RAN OFF ROAD RIGHT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN

**NON-COLLISION**

11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE  
12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM  
13 - OTHER NON-COLLISION 18 - ANIMAL - DEER  
14 - PEDESTRIAN 19 - ANIMAL - OTHER  
15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
21 - PARKED MOTOR VEHICLE

**# OF THROUGH LANES ON ROAD**  
2

**RAIL GRADE CROSSING**  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

**UNIT / NON-MOTORIST DIRECTION**

FROM 4 TO 3

1 - NORTH 5 - NORTHEAST  
2 - SOUTH 6 - NORTHWEST  
3 - EAST 7 - SOUTHEAST  
4 - WEST 8 - SOUTHWEST  
9 - OTHER / UNKNOWN

**FIRST HARMFUL EVENT** 2 **MOST HARMFUL EVENT**

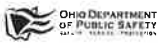
**UNIT SPEED**  
0 4 5

**POSTED SPEED**  
5 5

**DETECTED SPEED**  
1 1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

<b>OWNER</b>	<b>UNIT #</b> 0 2	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	<b>OWNER PHONE:</b> INCLUDE AREA CODE (☐ SAME AS DRIVER)			
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)					
	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE			
<b>VEHICLE</b>	<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> GOJ8161	<b>VEHICLE IDENTIFICATION #</b> 1G1T1225E80E1F156490	<b>VEHICLE YEAR</b> 2014	<b>VEHICLE MAKE</b> GMC	
	<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> PROGRESSIVE	<b>INSURANCE POLICY #</b> 905823750	<b>COLOR</b> BLACK	<b>VEHICLE MODEL</b> TRUCK	
	<input type="checkbox"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>GOVERNMENT</b>	<input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>	<b>US DOT #</b>		
	<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> 0 2	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
	<b>TYPE OF USE</b>			<b>TOWED BY: COMPANY NAME</b>		
	<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>			<input type="checkbox"/> <b>HAZARDOUS MATERIAL CLASS #</b> <input type="checkbox"/> <b>PLACARD</b> <input type="checkbox"/> <b>PLACARD ID #</b>		
	<b>UNIT TYPE</b> 0 4			<b>HAZARDOUS MATERIAL CLASS #</b> <input type="checkbox"/> <b>PLACARD</b> <input type="checkbox"/> <b>PLACARD ID #</b>		
	<b># OF TRAILING UNITS</b> 1			<b>1 - PASSENGER CAR</b> <b>7 - MOTORCYCLE 2-WHEELED</b> <b>12 - GOLF CART</b> <b>18 - LIMO (LIVERY VEHICLE)</b> <b>23 - PEDESTRIAN / SKATER</b>		
	<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 2			<b>19 - BUS (16+ PASSENGERS)</b> <b>24 - WHEELCHAIR (ANY TYPE)</b>		
	<b>1 - YES</b> <b>2 - NO</b> <b>9 - OTHER / UNKNOWN</b>			<b>20 - OTHER VEHICLE</b> <b>25 - OTHER NON-MOTORIST</b>		
<b>AUTONOMOUS MODE LEVEL</b>			<b>21 - HEAVY EQUIPMENT</b> <b>26 - BICYCLE</b>			
<b>1 - NONE</b> <b>2 - TAXI</b> <b>3 - ELECTRONIC RIDE SHARING</b> <b>4 - SCHOOL TRANSPORT</b> <b>5 - BUS - TRANSIT/COMMUTER</b>			<b>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</b> <b>99 - UNKNOWN OR HIT/SKIP</b>			
<b>SPECIAL FUNCTION</b> 0 1			<b>3 - CONDITIONAL AUTOMATION</b> <b>4 - HIGH AUTOMATION</b> <b>5 - FULL AUTOMATION</b>			
<b>1 - NONE</b> <b>2 - TAXI</b> <b>3 - ELECTRONIC RIDE SHARING</b> <b>4 - SCHOOL TRANSPORT</b> <b>5 - BUS - TRANSIT/COMMUTER</b>			<b>6 - BUS - CHARTER/TOUR</b> <b>7 - BUS - INTERCITY</b> <b>8 - BUS - SHUTTLE</b> <b>9 - BUS - OTHER</b> <b>10 - AMBULANCE</b>			
<b>CARGO BODY TYPE</b> 9 9			<b>11 - FIRE</b> <b>12 - MILITARY</b> <b>13 - POLICE</b> <b>14 - PUBLIC UTILITY</b> <b>15 - CONSTRUCTION EQUIPMENT</b>			
<b>1 - NO CARGO BODY TYPE / NOT APPLICABLE</b> <b>2 - BUS</b>			<b>16 - FARM</b> <b>17 - MOWING</b> <b>18 - SNOW REMOVAL</b> <b>19 - TOWING</b> <b>20 - SAFETY SERVICE PATROL</b>			
<b>VEHICLE DEFECTS</b>			<b>21 - MAIL CARRIER</b> <b>99 - OTHER / UNKNOWN</b>			
<b>1 - TURN SIGNALS</b> <b>2 - HEAD LAMPS</b> <b>3 - TAIL LAMPS</b>			<b>22 - CONCRETE MIXER</b> <b>13 - AUTO TRANSPORTER</b> <b>14 - GARBAGE/REFUSE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>4 - BRAKES</b> <b>5 - STEERING</b> <b>6 - TIRE BLOWOUT</b>			<b>8 - POLE</b> <b>9 - CARGO TANK</b> <b>10 - FLAT BED</b> <b>11 - DUMP</b>			
<b>7 - WORN OR SLICK TIRES</b> <b>8 - TRAILER EQUIPMENT DEFECTIVE</b>			<b>12 - CONCRETE MIXER</b> <b>13 - AUTO TRANSPORTER</b> <b>14 - GARBAGE/REFUSE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>9 - MOTOR TROUBLE</b> <b>10 - DISABLED FROM PRIOR ACCIDENT</b>			<b>15 - INTERMODAL CONTAINER CHASSIS</b> <b>6 - CARGO VAN/ENCLOSED BOX</b> <b>7 - GRAIN/CHIPS/GRAVEL</b>			
<b>1 - INTERSECTION - MARKED CROSSWALK</b> <b>2 - INTERSECTION - UNMARKED CROSSWALK</b>			<b>9 - MOTOR TROUBLE</b> <b>10 - DISABLED FROM PRIOR ACCIDENT</b>			
<b>NON-MOTORIST LOCATION AT IMPACT</b>			<b>11 - TURN SIGNALS</b> <b>4 - BRAKES</b> <b>5 - STEERING</b> <b>6 - TIRE BLOWOUT</b>			
<b>1 - INTERSECTION - MARKED CROSSWALK</b> <b>2 - INTERSECTION - UNMARKED CROSSWALK</b>			<b>7 - WORN OR SLICK TIRES</b> <b>8 - TRAILER EQUIPMENT DEFECTIVE</b>			
<b>3 - INTERSECTION - OTHER</b> <b>4 - MIDLICK - MARKED CROSSWALK</b> <b>5 - TRAVEL LANE - OTHER LOCATION</b>			<b>9 - MOTOR TROUBLE</b> <b>10 - DISABLED FROM PRIOR ACCIDENT</b>			
<b>6 - BICYCLE LANE</b> <b>7 - SHOULDER / ROADSIDE</b> <b>8 - SIDEWALK</b>			<b>11 - TURN SIGNALS</b> <b>4 - BRAKES</b> <b>5 - STEERING</b> <b>6 - TIRE BLOWOUT</b>			
<b>9 - MEDIAN/CROSSING ISLAND</b> <b>10 - DRIVEWAY ACCESS</b> <b>11 - SHARED USE PATHS OR TRAILS</b>			<b>7 - WORN OR SLICK TIRES</b> <b>8 - TRAILER EQUIPMENT DEFECTIVE</b>			
<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			<b>9 - MOTOR TROUBLE</b> <b>10 - DISABLED FROM PRIOR ACCIDENT</b>			
<b>ACTION</b> 4			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>1 - NON-CONTACT</b> <b>2 - NON-COLLISION</b> <b>3 - STRIKING</b> <b>4 - STRUCK</b> <b>5 - BOTH STRIKING &amp; STRUCK</b> <b>9 - OTHER / UNKNOWN</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>1 - STRAIGHT AHEAD</b> <b>2 - BACKING</b> <b>3 - CHANGING LANES</b> <b>4 - OVERTAKING/PASSING</b> <b>5 - MAKING RIGHT TURN</b> <b>6 - MAKING LEFT TURN</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>7 - MAKING U-TURN</b> <b>8 - ENTERING TRAFFIC LANE</b> <b>9 - LEAVING TRAFFIC LANE</b> <b>10 - PARKED</b> <b>11 - SLOWING OR STOPPED IN TRAFFIC</b> <b>12 - DRIVERLESS</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>13 - NEGOTIATING A CURVE</b> <b>14 - ENTERING OR CROSSING SPECIFIED LOCATION</b> <b>15 - WALKING, RUNNING, JOGGING, PLAYING</b> <b>16 - WORKING</b> <b>17 - PUSHING VEHICLE</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>18 - APPROACHING OR LEAVING VEHICLE</b> <b>19 - STANDING</b> <b>20 - OTHER NON-MOTORIST</b> <b>21 - STANDING OUTSIDE DISABLED VEHICLE</b> <b>99 - OTHER / UNKNOWN</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>CONTRIBUTING CIRCUMSTANCES</b> 0 1			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>1 - NONE</b> <b>2 - FAILURE TO YIELD</b> <b>3 - RAN RED LIGHT</b> <b>4 - RAN STOP SIGN</b> <b>5 - UNSAFE SPEED</b> <b>6 - IMPROPER TURN</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>7 - LEFT OF CENTER</b> <b>8 - FOLLOWING TOO CLOSE / ACDA</b> <b>9 - IMPROPER LANE CHANGE</b> <b>10 - IMPROPER PASSING</b> <b>11 - DROVE OFF ROAD</b> <b>12 - IMPROPER BACKING</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>13 - IMPROPER START FROM A PARKED POSITION</b> <b>14 - STOPPED OR PARKED ILLEGALLY</b> <b>15 - SWERVING TO AVOID</b> <b>16 - WRONG WAY</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>17 - VISION OBSTRUCTION</b> <b>18 - OPERATING DEFECTIVE EQUIPMENT</b> <b>19 - LOAD SHIFTING/FALLING/SPILLING</b> <b>20 - IMPROPER CROSSING</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>21 - LYING IN ROADWAY</b> <b>22 - NOT DISCERNIBLE</b> <b>23 - OPENING DOOR INTO ROADWAY</b> <b>99 - OTHER IMPROPER ACTION</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>SEQUENCE OF EVENTS</b> 2 0			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>1 - OVERTURN/ROLLOVER</b> <b>2 - FIRE/EXPLOSION</b> <b>3 - IMMERSION</b> <b>4 - JACKKNIFE</b> <b>5 - CARGO / EQUIPMENT LOSS OR SHIFT</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>6 - EQUIPMENT FAILURE</b> <b>7 - SEPARATION OF UNITS</b> <b>8 - RAN OFF ROAD RIGHT</b> <b>9 - RAN OFF ROAD LEFT</b> <b>10 - CROSS MEDIAN</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</b> <b>12 - DOWNHILL RUNAWAY</b> <b>13 - OTHER NON-COLLISION</b> <b>14 - PEDESTRIAN</b> <b>15 - PEDALCYCLE</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>16 - RAILWAY VEHICLE</b> <b>17 - ANIMAL - FARM</b> <b>18 - ANIMAL - DEER</b> <b>19 - ANIMAL - OTHER</b> <b>20 - MOTOR VEHICLE IN TRANSPORT</b> <b>21 - PARKED MOTOR VEHICLE</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>22 - WORK ZONE MAINTENANCE EQUIPMENT</b> <b>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</b> <b>24 - OTHER MOVABLE OBJECT</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>25 - IMPACT ATTENUATOR / CRASH CUSHION</b> <b>26 - BRIDGE OVERHEAD STRUCTURE</b> <b>27 - BRIDGE PIER OR ABUTMENT</b> <b>28 - BRIDGE PARAPET</b> <b>29 - BRIDGE RAIL</b> <b>30 - GUARDRAIL FACE</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>31 - GUARDRAIL END</b> <b>32 - PORTABLE BARRIER</b> <b>33 - MEDIAN CABLE BARRIER</b> <b>34 - MEDIAN GUARDRAIL BARRIER</b> <b>35 - MEDIAN CONCRETE BARRIER</b> <b>36 - MEDIAN OTHER BARRIER</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>37 - TRAFFIC SIGN POST</b> <b>38 - OVERHEAD SIGN POST</b> <b>39 - LIGHT / LUMINARIES SUPPORT</b> <b>40 - UTILITY POLE</b> <b>41 - OTHER POST, POLE OR SUPPORT</b> <b>42 - CULVERT</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>43 - CURB</b> <b>44 - DITCH</b> <b>45 - EMBANKMENT</b> <b>46 - FENCE</b> <b>47 - MAILBOX</b> <b>48 - TREE</b> <b>49 - FIRE HYDRANT</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>50 - WORK ZONE MAINTENANCE EQUIPMENT</b> <b>51 - WALL</b> <b>52 - BUILDING</b> <b>53 - TUNNEL</b> <b>54 - OTHER FIXED OBJECT</b> <b>99 - OTHER / UNKNOWN</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			
<b>FIRST HARMFUL EVENT</b> <b>MOST HARMFUL EVENT</b>			<b>12 - FIRST RESPONDER AT INCIDENT SCENE</b> <b>99 - OTHER / UNKNOWN</b>			

<b>LOCAL REPORT NUMBER</b> LP 190701003260	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b> 4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<input type="checkbox"/> <b>NO DAMAGE</b> [ 0 ] <input type="checkbox"/> <b>UNDERCARRIAGE</b> [ 14 ] <input type="checkbox"/> <b>TOP</b> [ 13 ] <input type="checkbox"/> <b>ALL AREAS</b> [ 15 ] <input type="checkbox"/> <b>UNIT NOT AT SCENE</b> [ 16 ]	
<b>INITIAL POINT OF CONTACT</b> 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> 2 1 - ONE-WAY 2 - TWO-WAY	<b>TRAFFIC CONTROL</b> 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b> 2	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b> FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
<b>UNIT SPEED</b> 0 4 0	<b>DETECTED SPEED</b> 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EOR 3 - UNDETERMINED
<b>POSTED SPEED</b> 5 5	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
L P 1 9 0 7 0 1 0 0 3 2 6 0

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> SHEWI, MERVET MICHAEL	<b>DATE OF BIRTH</b> 0 9 / 2 2 / 1 9 8 4	<b>AGE</b> 3 4	<b>GENDER</b> F
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<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 9125 MUZETTE CT, MIAMISBURG, OH, 45342	<b>CONTACT PHONE - INCLUDE AREA CODE</b> 9 3 7 3 0 8 9 8 6 5
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<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
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<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b> SB258043	<b>OFFENSE CHARGED</b> 4511.33	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> MARKED LANES	<b>CITATION NUMBER</b> 014875
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<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	<b>CONDITION</b> 9	<b>ALCOHOL TEST</b> STATUS TYPE VALUE 1 1 .			<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4 1 1		
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<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> MICHELSON, ALEX B	<b>DATE OF BIRTH</b> 0 2 / 1 5 / 1 9 9 6	<b>AGE</b> 2 3	<b>GENDER</b> M
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<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 99 E PEKIN RD, LEBANON, OH, 45036	<b>CONTACT PHONE - INCLUDE AREA CODE</b> 5 1 3 3 1 7 6 7 7 0
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<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
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<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b> TY431083	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>	<b>CITATION NUMBER</b>
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<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE 1 1 .			<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4 1 1		
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<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
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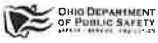
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>	<b>CONTACT PHONE - INCLUDE AREA CODE</b>
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<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
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<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>	<b>CITATION NUMBER</b>
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<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS TYPE VALUE			<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4		
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INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, 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 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>		<b>EJECTION</b>	<b>OL ENDORSEMENT</b>			<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT			1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b>		<b>TRAPPED</b>			<b>CONDITION</b>	<b>DRUG TEST TYPE</b>
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.g., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						<b>DRUG TEST RESULT(S)</b>
						1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
 L P 1 9 0 7 0 1 0 0 3 2 6 0

<b>OCCUPANT</b>	UNIT # 2	NAME: LAST, FIRST, MIDDLE HOGAN, THOMAS W				DATE OF BIRTH 03 / 01 / 1992		AGE 27	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 205 KIBBEY AVE, MORROW, OH, 45152					CONTACT PHONE - INCLUDE AREA CODE 513 337 06987				
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 03	AIR BAG USAGE 01	EJECTION 1	TRAPPED 1
<b>OCCUPANT</b>	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
<b>OCCUPANT</b>	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
<b>OCCUPANT</b>	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

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
<b>INJURED TAKEN BY</b>		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
	10 - REFLECTIVE CLOTHING	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>
	99 - OTHER / UNKNOWN	13 - TRAILING UNIT	1 - NOT TRAPPED
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		



LOCAL REPORT NUMBER LP190701003260	REPORTING AGENCY CLEARCREEK TWP POLICE	DATE OF CRASH M 07   D 01   Y 2019
IN COUNTY OF WARREN	CRASH LOCATION 300 BLOCK OF E PEKIN RD	
<p>UNIT # 1 STATED THAT SHE BELIEVED SHE WAS ON ST RT 741. UNIT # 1 WAS UNSURE OF HOW SHE HAD COME TO BE IN THAT LOCATION AND AVOIDED DIRECT ANSWERS TO QUESTIONS. UNIT # 1 ADMITTED TO HAVING SMOKED MARIJUANA THAT MORNING, HOWEVER SHE COULD NOT SAY HOW MUCH. UNIT # 1 CONSENTED TO FIELD SOBRIETY TESTS. ON THE HGN NO CLUES WERE OBSERVED. ON THE WALK AND TURN ONLY ONE CLUE WAS OBSERVED. ON THE ONE LEG STAND ONE CLUE WAS OBSERVED. UNIT # 1 WAS PICKED UP BY HER BROTHER AND TRANSPORTED FROM THE SCENE. UNIT # 1 WAS WARNED ABOUT USING ILLEGAL SUBSTANCES AND OPERATING MOTOR VEHICLES.</p>		
OFFICER'S SIGNATURE X <i>[Signature]</i>		BADGE NUMBER 1230