



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
L P 1 7 1 1 0 3 0 0 5 2 8 6	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

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

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
8 3	<input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP *	Clearcreek	1 1 0 3 2 0 1 7	0 0 5 3	F R I

DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	OR	DECIMAL DEGREES LATITUDE	LONGITUDE
0 / /	0 / /		3 9 . 5 5 4 8 7	- 8 4 . 1 8 7 4 2 4

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF TRHU LANES	ROAD TYPES OR MILEPOST 2
<input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N-NORTHBOUND E-EASTBOUND <input type="checkbox"/> S-SOUTHBOUND W-WESTBOUND	0 1	AL-ALLEY CR-CIRCLE HE-HEIGHTS NP-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

LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOG PREFIX	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES 1
			Grand Wood	C R	IR-INTERSTATE ROUTE (INC. TURNPIKE) US-US ROUTE SR-STATE ROUTE CR-NUMBERED COUNTY ROUTE TR-NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 2
<input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	<input type="checkbox"/> N, S, <input type="checkbox"/> E, W				641	

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

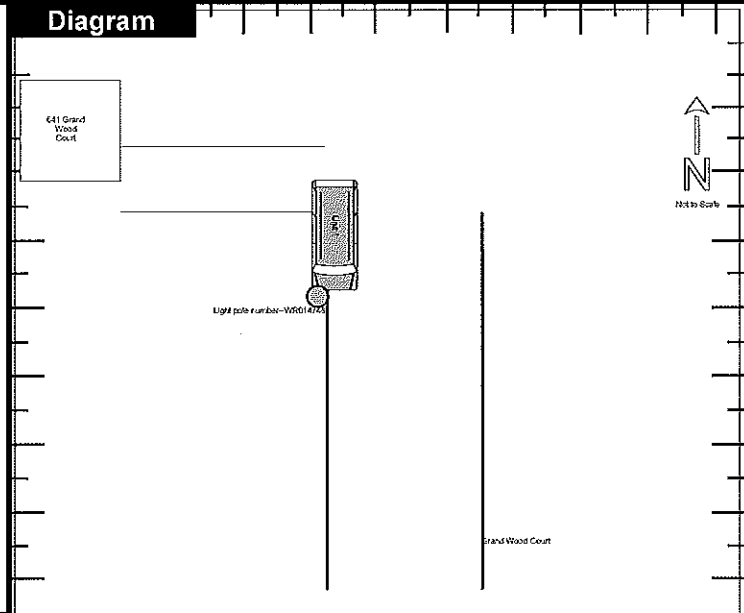
ROAD CONTOUR	ROAD CONDITIONS	WEATHER
1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	0 1 PRIMARY SECONDARY 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*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

MANNER OF CRASH COLLISION/IMPACT	WEATHER
1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	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

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	4 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	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

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

NARRATIVE
Unit #1 was traveling northbound on Grand Wood Court and conducted a U-turn to travel the opposite direction pulling slightly into the driveway of 641 Grand Wood Court. After conducting the U-turn, she began to pull forward and in doing so failed to maintain reasonable control and collided with a light pole which was on the shoulder of the roadway. The light pole number was WR014748.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/>	
DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME
1 1 0 3 2 0 1 7	0 0 5 3	0 0 5 3
ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME
0 0 5 4	0 3 1 5	
OFFICER'S NAME *		TOTAL MINUTES
Getter, Geoffrey - LP		0 1 4 1

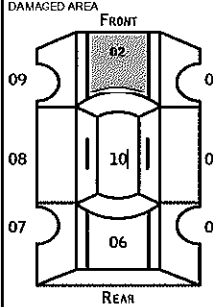
OFFICER'S BADGE NUMBER	CHECKED BY	Page 1 of 3
1 L 2 9	COH530	



UNIT

LOCAL REPORT NUMBER LP171103005286

UNIT NUMBER: 01, OWNER NAME: Schneider, Abigail L, OWNER PHONE NUMBER: (937)658-2085, DAMAGE SCALE: 3, DAMAGED AREA: FRONT, OWNER ADDRESS: 1050 Landing Way CT, Unit 363, Miamisburg, Ohio 45342, LP STATE: OH, LICENSE PLATE NUMBER: GUH8958, VEHICLE IDENTIFICATION NUMBER: 5J6RM4H78CL074641, # OCCUPANTS: 01, VEHICLE YEAR: 2012, VEHICLE MAKE: HOND, VEHICLE MODEL: CR-V, VEHICLE COLOR: WHI, INSURANCE COMPANY: Auto Owners, POLICY NUMBER: 4700577903, CARRIER NAME: Auto Owners, CARRIER PHONE: 4700577903



US DOT, HM PLACARD ID No., HM CLASS NUMBER, VEHICLE WEIGHT, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION: 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

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MEDIA/HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER), 21 - BUS/VAN (9-15 SEATS, INC DRIVER), 22 - BUS (16+ SEATS, INC DRIVER), 23 - ANIMAL WITH RIDER, 24 - ANIMAL WITH BUGGY, WAGON, SURREY, 25 - BICYCLE/PEDALCYCLIST, 26 - PEDESTRIAN/SKATER, 27 - OTHER NON-MOTORIST

SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION, 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), 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, 01 - NON-CONTACT, 02 - NON-COLLISION, 03 - STRIKING, 04 - STRUCK, 05 - STRIKING/STUCK, 09 - UNKNOWN

PRE-CRASH ACTIONS, MOTORIST, NON-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 - LEAVING TRAFFIC LANE, 10 - PARKED, 11 - SLOWING OR STOPPED IN TRAFFIC, 12 - DRIVERLESS, 13 - NEGOTIATING A CURVE, 14 - OTHER MOTORIST ACTION, 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, VEHICLE DEFECTS, PRIMARY, MOTORIST, NON-MOTORIST, SECONDARY, 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, 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 /SIGNAL/SOFFICER, 30 - WRONG SIDE OF THE ROAD, 31 - OTHER NON-MOTORIST ACTION, 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, NON-COLLISION EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT, 1 - 39, 2, 3, 4, 5, 6, 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, 12 - OPPOSITE DIRECTION OF TRAVEL, 13 - DOWNHILL RUNAWAY, 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/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, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION, 10, 25, 01, 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, FROM 1 TO 1, 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST, 5 - NORTHEAST, 6 - NORTHWEST, 7 - SOUTHEAST, 8 - SOUTHWEST, 9 - UNKNOWN



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
L P 1 7 1 1 1 0 3 0 0 5 2 8 6

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Schneider, Abigail L	DATE OF BIRTH 03191992	AGE 25	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 1050 Landing Way CT, Unit 363, Miamisburg, Ohio 45342	CONTACT PHONE - INCLUDE AREA CODE (937)658-2085
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER TK784732	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
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.202	OFFENSE DESCRIPTION Operation Without Reasonable Control	CITATION NUMBER 016603	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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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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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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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
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY
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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 5 - 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 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - 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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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> 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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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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