



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HITS/SKIP
LP161118005577	2 1 - FATAL 2 - INJURY 3 - PDO	1 SOLVED 2 - UNSOLVED

<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"/> PDD UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 08316	REPORTING AGENCY NAME * Clearcreek Twp. Police Department	NUMBER OF UNITS 02	UNIT IN ERROR 01 99 - ANIMAL 99 - UNKNOWN
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COUNTY * 83	<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * Clearcreek	CRASH DATE * 11182016	TIME OF CRASH 1516	DAY OF WEEK FRI
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DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	DECIMAL DEGREES LATITUDE	LONGITUDE
0 / 0	0 / 0	39.482865	-84.142696

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 02	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 PI - PIKE PL - PLACE RD - ROAD TE - TERRACE SQ - SQUARE ST - STREET VA - WAY
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LOCATION ROUTE TYPE 1 US	LOCATION ROUTE NUMBER 42	LOG PREFIX N, S, 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
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DISTANCE FROM REFERENCE MILES 100	DIR FROM REF N, S, E, W W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) Township Line	REFERENCE ROAD TYPE 2 RD
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 04	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 checked="" 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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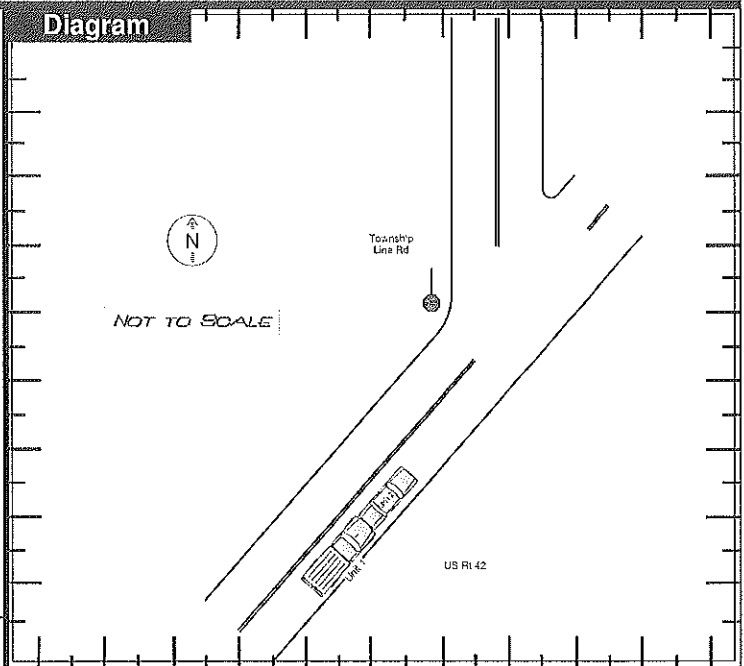
ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY SECONDARY	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
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NUMBER OF CRASH COLLISION/IMPACT 2	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	WEATHER 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 - 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	SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE 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 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**  
Traffic Unit # 1 was traveling Northeast on US Rt 42. Traffic Unit # 2 was stopped in traffic waiting for vehicles to make the right hand turn onto Township Line Rd. Traffic Unit # 1 failed to stop within assured clear distance ahead and struck Traffic Unit # 2.



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 COFS)	DATE CRASH REPORTED 11182016	TIME CRASH REPORTED 1516	DISPATCH TIME 1520	ARRIVAL TIME 1528	TIME CLEARED 1757	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 0179
OFFICER'S NAME * Sweet, Charles - LP	OFFICER'S BADGE NUMBER 1 L 3 0	CHECKED BY COH530	Page 1 of 4					



UNIT

LOCAL REPORT NUMBER LP161118005577

UNIT NUMBER: 01, OWNER NAME: Young, Robert E, OWNER PHONE NUMBER: [blank], DAMAGE SCALE: 2, DAMAGED AREA: FRONT

OWNER ADDRESS: 5434 N Waynesville RD, Unit 49, Oregonia, Ohio 45054

LP STATE: OH, LICENSE PLATE NUMBER: GWK8800, VEHICLE IDENTIFICATION NUMBER: 1FTEX15Y7NKA08419, OCCUPANTS: 01

VEHICLE YEAR: 1992, VEHICLE MAKE: FORD, VEHICLE MODEL: F-150, VEHICLE COLOR: RED

PROOF OF INSURANCE SHOWN: Safe Auto, POLICY NUMBER: OH01073363A-11, TOWED BY: Sandys

CARRIER NAME, ADDRESS, CITY, STATE, ZIP; CARRIER PHONE, HIGH USE AREA CODE

US DOT, HAZARDOUS MATERIAL, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HIT/SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MED/HEAVY TRUCKS, BUS/VAN/LIMO

SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION, IMPACT AREA

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST

CONTRIBUTING CIRCUMSTANCES, PRIMARY, SECONDARY, VEHICLE DEFECTS

SEQUENCE OF EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION



# UNIT

LOCAL REPORT NUMBER  
**L P 1 6 1 1 1 8 0 0 5 5 7 7**

UNIT NUMBER: **02** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER ) **Jones, Mary L**  
 OWNER PHONE NUMBER - INC AREA CODE (  SAME AS DRIVER ) **(513)250-2037**

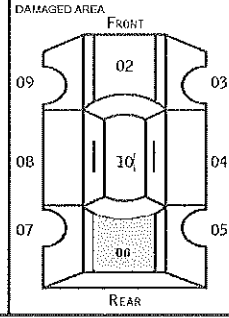
OWNER ADDRESS: CITY, STATE, ZIP (  SAME AS DRIVER )  
**5434 N Waynesville RD, Unit 62, Oregonia, Ohio 45054**

LP STATE: **OH** LICENSE PLATE NUMBER: **GIM4020** VEHICLE IDENTIFICATION NUMBER: **J T L K T 3 2 4 0 6 4 1 1 3 3 5 6** # OCCUPANTS: **0 2**

VEHICLE YEAR: **2006** VEHICLE MAKE: **TOYT** VEHICLE MODEL: **Scion** VEHICLE COLOR: **WHI**

PROOF OF INSURANCE SHOWN INSURANCE COMPANY: **Nationwide** POLICY NUMBER: **9324P049488** TOWED BY: \_\_\_\_\_

CARRIER NAME, ADDRESS, CITY, STATE, ZIP: \_\_\_\_\_ CARRIER PHONE - INCLUDE AREA CODE: \_\_\_\_\_



US DOT: \_\_\_\_\_ VEHICLE WEIGHT GVWR/GCWR:  1 - LESS THAN OR EQUAL TO 10K LBS.  2 - 10,001 TO 26,000 LBS.  3 - MORE THAN 26,000 LBS.  
 CARGO BODY TYPE:  01 - NO CARGO BODY TYPE (NOT APPLICABLE)  02 - BUS/VAN (9-15 SEATS, INC DRIVER)  03 - BUS (16+ SEATS, INC DRIVER)  04 - VEHICLE TOWING ANOTHER VEHICLE  05 - LOGGING  06 - INTERMODAL CONTAINER CHASSIS  07 - CARGO VAN/ENCLOSED BOX  08 - GRAIN, CHIPS, GRAVEL  09 - POLE  10 - CARGO TANK  11 - FLAT BED  12 - DUMP  13 - CONCRETE MIXER  14 - AUTO TRANSPORTER  15 - GARBAGE/REFUSE  99 - OTHER/UNKNOWN  
 TRAFFICWAY DESCRIPTION:  1 - TWO-WAY, NOT DIVIDED  2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE  3 - TWO-WAY, DIVIDED, UNPROTECTED (PAVEMENT OR GRASS-4 FT.) MEDIAN  4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER  5 - ONE-WAY TRAFFICWAY  
 HIT/SKIP UNIT

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:  1 - PERSONAL  2 - COMMERCIAL  3 - GOVERNMENT  
 IN EMERGENCY RESPONSE  
 UNIT TYPE:  04 - 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  
 99 - UNKNOWN or HIT / SKIP  
 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/TRIFLES  20 - OTHER MED/HEAVY VEHICLE  
 BUS/VAN/UMV (9 OR MORE INCLUDING DRIVER)  21 - BUS/VAN (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/PEDESTAL CYCLIST  26 - PEDESTRIAN/SKATER  27 - OTHER NON-MOTORIST  
 HAS HM PLACARD

SPECIAL FUNCTION:  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:  06 - IMPACT AREA  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:  4 - 1 - NON-CONTACT  2 - HOV-I COLLISION  3 - STRIKING  4 - STRUCK  5 - STRIKING/STRUCK  9 - UNKNOWN

PRE-CRASH ACTIONS:  11 - 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  
 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  
 SECONDARY:  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 SLUGG TIRES  08 - TRAILER EQUIPMENT DEFECTIVE  09 - MOTOR TROUBLE  10 - DISABLED FROM PRIOR ACCIDENT  11 - OTHER DEFECTS

SEQUENCE OF EVENTS: 1  20 - FIRST HARMFUL EVENT 2  3  4  5  6  MOST HARMFUL EVENT:  1  
 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 OR SUPPORT  35 - MEDIAN CONCRETE BARRIER  36 - MEDIAN OTHER BARRIER  37 - TRAFFIC SIGN POST  38 - OVERHEAD SIGN POST  39 - LIGHT/UMINARIES 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  
 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  12 - DOWNHILL RUNAWAY  13 - OTHER NON-COLLISION

UNIT SPEED:  STATED  ESTIMATED **0** 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/DONT WALK  15 - OTHER  16 - NOT REPORTED  
 UNIT DIRECTION: FROM **8** TO **5**  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 6 1 1 1 8 0 0 5 5 7 7**

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>Young, Robert E</b>	DATE OF BIRTH <b>07221964</b>	AGE <b>52</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>5434 N Waynesville RD, Unit 49, Oregonia, Ohio 45054</b>	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET	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>RF436290</b>	OL CLASS <b>4</b>	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>6</b>	ALCOHOL/DRUG SUSPECTED <b>2</b>	ALCOHOL TEST STATUS <b>4</b>	ALCOHOL TEST TYPE <b>4</b>	ALCOHOL TEST VALUE <b>.128</b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) <b>4511.21A</b>	OFFENSE DESCRIPTION <b>Assured Clear Distance</b>	CITATION NUMBER <b>16431</b>	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <b>1</b>
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UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>Jones, Mary L</b>	DATE OF BIRTH <b>07011957</b>	AGE <b>59</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>5434 N Waynesville RD, Unit 62, Oregonia, Ohio 45054</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(513)250-2037</b>
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INJURIES <b>2</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET	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>RN089951</b>	OL CLASS <b>4</b>	NO VALID OL <input type="checkbox"/>	M/C END. <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	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>
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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 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 NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	HON-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 FRONT/SIDE 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 - MOP/POD 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 - HBG 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 (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>Jones, Nathan Skylar</b>	DATE OF BIRTH <b>06282004</b>	AGE <b>12</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>5434 N Waynesville RD, Unit 62, Waynesville, Ohio 45068</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(513)282-9437</b>
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INJURIES <b>2</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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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 MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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