



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
L P 1 8 1 1 1 4 0 0 5 6 1 3	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 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"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 0 8 3 1 6	REPORTING AGENCY NAME * Clearcreek Twp. Police Department	NUMBER OF UNITS 0 1	UNIT IN ERROR 0 1 98 - ANIMAL 99 - UNKNOWN
--	---	---	--------------------------------------	--	------------------------	---

COUNTY * 8 3	CITY * <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP * Clearcreek	CITY, VILLAGE, TOWNSHIP *	CRASH DATE * 1 1 1 4 2 0 1 8	TIME OF CRASH 1 1 2 9	DAY OF WEEK W E D
-----------------	---	---------------------------	---------------------------------	--------------------------	----------------------

DEGREES / MINUTES / SECONDS LATITUDE 0 / /	LONGITUDE 0 / /	OR	DECIMAL DEGREES LATITUDE 3 9 . 5 2 8 9 2 9	LONGITUDE - 8 4 . 1 5 8 6 4 4
--	--------------------	----	--	----------------------------------

ROADWAY DIVISION <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
---	--	-----------------------------	--

LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC. PREFIX N, S, E, W	LOCATION ROAD NAME E Lower Springboro	LOCATION ROAD TYPE 2 RD	ROUTE TYPES 1 IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE	OR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE
-----------------------	-----------------------	---------------------------	--	----------------------------	---	--

DISTANCE FROM REFERENCE 200 MILES <input checked="" type="checkbox"/> FEET YARDS	DIR FROM REF W N, S, E, W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF. PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 2000	REFERENCE ROAD TYPE 2
--	------------------------------	------------------------	------------------------	---------------------------	--	-----------------------

REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 0 1 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUT	06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 4 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
--	--	---	--	---	---

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

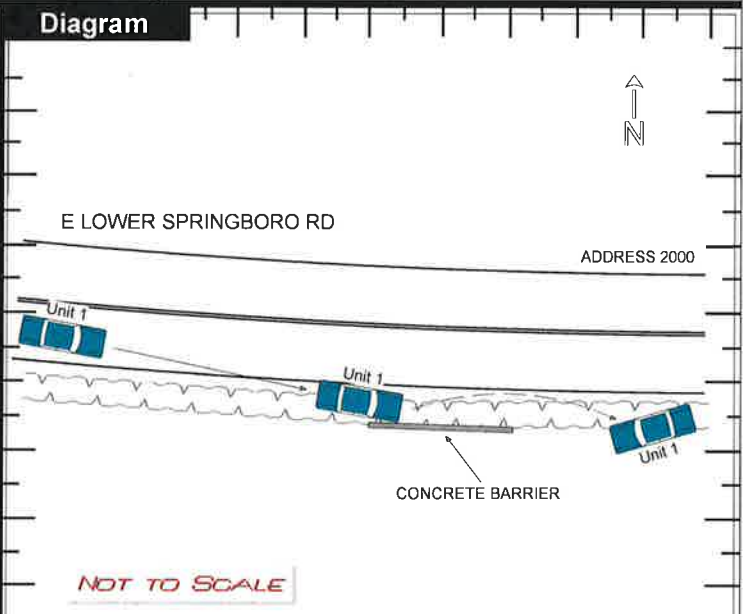
MANNER OF CRASH COLLISION/IMPACT 1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES 2 - REAR-TO-REAR 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
---	--

ROAD SURFACE 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 ZONE RELATED	SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
---	--	--	--

<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 <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 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 4 - ACTIVITY AREA 5 - TERMINATION AREA
---	--	--

NARRATIVE

Unit One was traveling eastbound on E Lower Springboro RD when the driver failed to maintain control of the vehicle. Unit One left the roadway to the right and entered and struck a ditch. Unit One then struck a concrete barrier and spun around before coming to final rest facing west in the ditch. The operator reported that she was adjusting the heater controls at the time of the crash.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED 1 1 1 4 2 0 1 8	TIME CRASH REPORTED 1 1 2 9	DISPATCH TIME 1 1 2 9	ARRIVAL TIME 1 1 3 7	TIME CLEARED 1 2 3 3	OTHER INVESTIGATION TIME	TOTAL MINUTES 0 0 5 6
--	---	--	--------------------------------	--------------------------	-------------------------	-------------------------	--------------------------	--------------------------

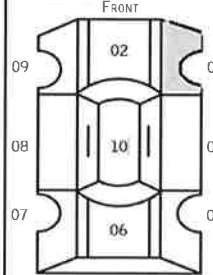
OFFICER'S NAME * Morgan, Daniel - LP	OFFICER'S BADGE NUMBER 1 L 2 3	CHECKED BY JLB705	Page 1 of 3
---	-----------------------------------	----------------------	-------------



UNIT

LOCAL REPORT NUMBER

LP 1 8 1 1 1 4 0 0 5 6 1 3

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Frommling, Richard L	OWNER PHONE NUMBER - INC AREA CODE (<input type="checkbox"/> SAME AS DRIVER) (513)256-1570	DAMAGE SCALE 4	DAMAGED AREA FRONT 
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 3346 Hatfield RD, Lebanon, Ohio 45036-9734				
LP STATE OH	LICENSE PLATE NUMBER HMU6305	VEHICLE IDENTIFICATION NUMBER 1G4CW52K6Y4142750	# OCCUPANTS 011	
VEHICLE YEAR 2000	VEHICLE MAKE Buic	VEHICLE MODEL Park Avenue	VEHICLE COLOR GRN	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Central Mutual Ins	POLICY NUMBER 3646385	TOWED BY Case Towing	
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 (9-15 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"/> 07 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 08 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 09 - GRAIN, CHIPS, GRAVEL	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	HM CLASS NUMBER	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>	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 04 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	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) NON-MOTORIST 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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
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 03 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STUCK 9 - UNKNOWN
PRE-CRASH ACTIONS 13 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	MOTORIST 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	NON-MOTORIST 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 17 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN SECONDARY <input type="checkbox"/> 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 /SIGNAL/SOFFICER 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	
SEQUENCE OF EVENTS 1 08 2 44 3 52 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT 3 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 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/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 55	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 6 TO 3 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 8 1 1 1 4 0 0 5 6 1 3

UNIT NUMBER 01	NAME LAST, FIRST, MIDDLE Frommling, Kerry Marie	DATE OF BIRTH 06 15 1999	AGE 19	GENDER F F - FEMALE M - MALE
--------------------------	---	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP 3346 Hatfield RD, Lebanon, Ohio 45036	CONTACT PHONE - INCLUDE AREA CODE (937)952-9681
---	---

INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER UL014608	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 0.000	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.202	OFFENSE DESCRIPTION Operation Without Reasonable Control	CITATION NUMBER 017306	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 6
---	--	----------------------------------	--	----------------------------------

UNIT NUMBER	NAME LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER 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	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL <input type="checkbox"/>	M/C END <input type="checkbox"/>	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	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY
--	---------------------	-----------------	--	----------------------

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER (ELBOWS, KNEES, ETC)
--	---	--	---	---

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
--	--	---	---

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
---	--	--	---	---	---

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/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)	6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
---	--	--	---	---	--

UNIT NUMBER	NAME LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER 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	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

UNIT NUMBER	NAME LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER 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	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------