



TRAFFIC CRASH REPORT

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

LOCAL INFORMATION		REPORTING AGENCY INDIC * 0 8 3 1 6	REPORTING AGENCY NAME * Clearcreek Twp. Police Department	NUMBER OF UNITS 0 1	UNIT IN ERROR 0 1 88-ANIMAL 99-UNKNOWN
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COUNTY * 8 3	CITY * <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * Clearcreek	CRASH DATE * 1 2 0 6 2 0 1 6	TIME OF CRASH 1 5 0 6	DAY OF WEEK T U E
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DEGREES / MINUTES / SECONDS LATITUDE 0 / /	LONGITUDE 0 / /	DECIMAL DEGREES LATITUDE 3 9 . 3 3 4 9 8 2	LONGITUDE - 8 4 . 1 2 1 8 1 0
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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 VA-WAY AV-AVENUE CT-COURT HW-HIGHWAY RD-ROAD TE-TERRACE BL-BOULEVARD DR-DRIVE LA-LANE PI-PIKE SQ-SQUARE TL-TRAIL
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LOCATION ROUTE NUMBER LOG PREFIX N, S, E, W	LOCATION ROAD NAME Red Lion 5 Points	LOCATION ROAD TYPE 2 RD	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 <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF N, S, E, W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 8148	REFERENCE ROAD TYPE 2
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REFERENCE POINT USED 3 1-INTERSECTION 2-MILE POST 3-HOUSE NUMBER	CRASH LOCATION 0 1 01-NOT AN INTERSECTION 02-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 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
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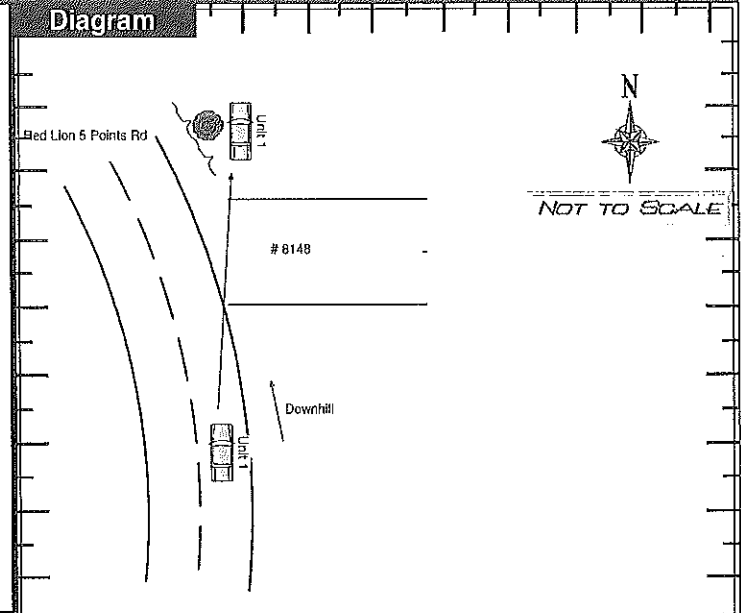
ROAD CONTOUR 4 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-UNKNOWN	ROAD CONDITIONS PRIMARY 0 2 SECONDARY	01-DRY 02-WET 03-SNOW 04-ICE 05-SAND, MUD, DIRT, OIL, GRAVEL 06-WATER (STANDING, MOVING) 07-SLUSH 08-DEBRIS*	09-RUT, HOLES, BUMPS, UNEVEN PAVEMENT * 10-OTHER 99-UNKNOWN	*SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/IMPACT 1 1-NOT COLLISION/IMPACT 2-TWO MOTOR VEHICLES IN TRANSPORT 3-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-UNKNOWN	WEATHER 1 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-OTHER/UNKNOWN
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ROAD SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 6-OTHER	LIGHT CONDITIONS 1 1-PRIMARY 2-SECONDARY 1-DAYLIGHT 2-DAWN 3-DUSK 4-DARK-LIGHTED ROADWAY 5-DARK-ROADWAY NOT LIGHTED 6-DARK-UNKNOWN ROADWAY LIGHTING 7-GLARE* 8-OTHER 9-UNKNOWN	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> 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
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NARRATIVE
Unit 1 was traveling northbound at the 8100 block on Red Lion 5 Points Road. Unit 1 failed to maintain control of his vehicle and went off the right side of the road causing him to go into a ditch and strike large rocks in the ditch line.



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 2 0 6 2 0 1 6	TIME CRASH REPORTED 1 5 0 6	DISPATCH TIME 1 5 0 6	ARRIVAL TIME 1 5 1 0	TIME CLEARED 1 5 5 0	OTHER INVESTIGATION TIME 2 0	TOTAL MINUTES 0 0 6 0
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OFFICER'S NAME * Cordero, Nicole - LP	OFFICER'S BADGE NUMBER 1 L 2 7	CHECKED BY COH530	Page 1 of 3
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UNIT

LOCAL REPORT NUMBER LP161206005838

UNIT NUMBER: 01
 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER): Heyse, Jason P
 OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER): (937)885-9540
 DAMAGE SCALE: 3
 DANGED AREA: FRONT (02), 09, 03, 08, 10, 04, 07, 06, 05, REAR

OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER): 35 Saddlebrook CT, Springboro, Ohio 45066

LP STATE: OH | LICENSE PLATE NUMBER: GLN4939 | VEHICLE IDENTIFICATION NUMBER: 1HGEM22573L022726 | # OCCUPANTS: 011

VEHICLE YEAR: 2003 | VEHICLE MAKE: HOND | VEHICLE MODEL: Civic | VEHICLE COLOR: TAN

PROOF OF INSURANCE SHOWN: [X] | INSURANCE COMPANY: Allstate | POLICY NUMBER: 0921172961 | TOWED BY: Sandys

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.
 HM PLACARD ID No.: _____ | HAZARDOUS MATERIAL RELEASED: []
 HM CLASS NUMBER: _____

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 VEHICLE/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, 00 - OTHER/UNKNOWN

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: 01 - INTERSECTION - MARKED CROSSWALK, 02 - INTERSECTION - NO CROSSWALK, 03 - INTERSECTION - OTHER, 04 - MIDBLOCK - 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

UNIT TYPE: 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): 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

MEDIA/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/TRIPLES, 20 - OTHER MEDIA/HEAVY VEHICLE

BUS/VAN/LIMO (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/PEDAGYCLIST, 26 - PEDESTRIAN/SKATER, 27 - OTHER NON-MOTORIST

IN EMERGENCY RESPONSE: []

HAS HM PLACARD: []

SPECIAL FUNCTION: 01 - NONE, 02 - TAXI, 03 - RENTAL TRUCK (OVER 10K LBS), 04 - BUS - SCHOOL (PUBLIC OR PRIVATE), 05 - BUS - TRAVEL, 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: 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: 1 - NON-CONTACT, 2 - NON-COLLISION, 3 - STRIKING, 4 - STRUCK, 5 - STRIKING/STRUCK, 9 - UNKNOWN

PRE-CRASH ACTIONS: 01 - 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 - AFFROACHING OR LEAVING VEHICLE, 20 - STANDING, 21 - OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES: PRIMARY: 17 - 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/WCDA, 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 /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 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 - 24, 4 - , 5 - , 6 - . FIRST HARMFUL EVENT: 2, MOST HARMFUL EVENT: 2, 99 - UNKNOWN

NON-COLLISION EVENTS: 01 - OVERTURN/ROLLOVER, 02 - FIRE/EXPLOSION, 03 - IMMERSION, 04 - JACKKNIFE, 05 - CARGO/EQUIPMENT LOSS OR SHIFT, 06 - EQUIPMENT FAILURE (BLOW/TIRE, BRAKE FAILURE, ETC), 07 - SEPARATION OF UNITS, 08 - RAN OFF ROAD RIGHT, 09 - RAN OFF ROAD LEFT, 10 - CROSS MEDIAN, 11 - CROSS CENTER LINE, 12 - DOWNHILL RUNAWAY, 13 - OTHER NON-COLLISION

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, 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: 35 | POSTED SPEED: 45 | TRAFFIC CONTROL: 12 | UNIT DIRECTION: FROM 2 TO 1

TRAFFIC CONTROL: 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 2 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 6 1 2 0 6 0 0 5 8 3 8

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Heyse, Andrew Paul	DATE OF BIRTH 06181999	AGE 17	GENDER M F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 35 Saddlebrook CT, Springboro, Ohio 45066			CONTACT PHONE - INCLUDE AREA CODE (937)885-9540								
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		
OL STATE OH	OPERATOR LICENSE NUMBER UL015437	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	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 016627	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1					
UNIT NUMBER 	NAME: LAST, FIRST, MIDDLE 	DATE OF BIRTH 	AGE 	GENDER <input type="checkbox"/> F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 			CONTACT PHONE - INCLUDE AREA CODE 								
INJURIES 	INJURED TAKEN BY 	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	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 09 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAINING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAINING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	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-TRAINING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 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/EMAILING 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 <input type="checkbox"/> F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 			CONTACT PHONE - INCLUDE AREA CODE 								
INJURIES 	INJURED TAKEN BY 	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED 		
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