



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * 113-1048	CRASH SEVERITY 1 - FATAL 2 - INJURY 3 - PDO 3	HIT/SKIP 1 - SOLVED 2 - UNSOLVED 0
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PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT <input type="checkbox"/>	PRIVATE PROPERTY <input type="checkbox"/>	REPORTING AGENCY NCIC * 1813103	REPORTING AGENCY NAME * LEBANON PD	NUMBER OF UNITS 1	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 01
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COUNTY * 1813	CITY * <input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * LEBANON	CRASH DATE * 12/14/13	TIME OF CRASH 12014	DAY OF WEEK SAT
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DEGREES / MINUTES / SECONDS LATITUDE 0 1 " 0 1 "	LONGITUDE 0 1 " 0 1 "	DECIMAL DEGREES LATITUDE 39.459215	LONGITUDE 78.421149
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	NUMBER OF THRU LANES 2	ROAD TYPES OR MILEPOST * 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 PL - PIKE SQ - SQUARE TL - TRAIL
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LOCATION ROUTE NUMBER 5	LOCATION ROUTE TYPE 1 S	LOC PREFIX N,S, E,W	LOCATION ROAD NAME BARRINGTON CT	LOCATION ROAD TYPE 2 CT	ROUTE TYPES * IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE 5	DIR FROM REF N,S, E,W	REFERENCE ROUTE TYPE 1 5	REFERENCE ROUTE NUMBER 1512	REF PREFIX N,S, E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 1512 BARRINGTON	REFERENCE ROAD TYPE 2 CT
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER 3	CRASH LOCATION 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 01	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 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN 1
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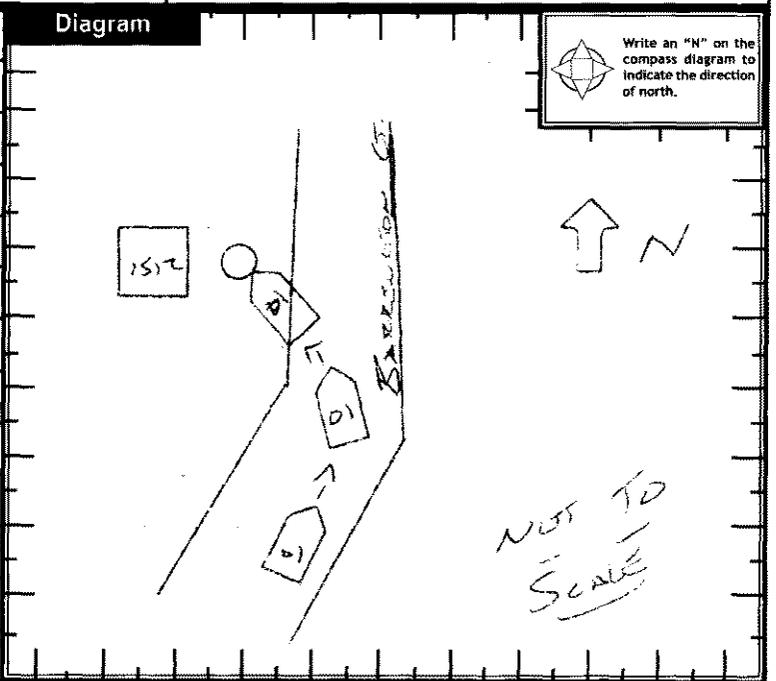
ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 3	4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 01	SECONDARY 01	01 - DRY 02 - WET 03 - SNOW 04 - ICE	05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS*	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN
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MANNER OF CRASH COLLISION/IMPACT 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	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 1
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ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER 1	LIGHT CONDITIONS PRIMARY 5	SECONDARY 5	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
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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
 CAR WENT OFF THE WEST SIDE OF THE ROADWAY AND INTO THE FRONT YARD OF 1512 BARRINGTON. CAR'S OPERATOR WAS APPEARED FOR DWI. CAR ALSO STRUCK A TREE IN THE YARD.



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 12/14/13	TIME CRASH REPORTED 12014	DISPATCH TIME 12015	ARRIVAL TIME 12018	TIME CLEARED 12028	OTHER INVESTIGATION TIME 0000	TOTAL MINUTES 1134
OFFICER'S NAME * P. WEITHEFER 134	OFFICER'S BADGE NUMBER 134	CHECKED BY LC 131	PAGE 1	OF				



UNIT

LOCAL REPORT NUMBER

113-048

UNIT NUMBER 011		OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER		OWNER PHONE NUMBER - INC. AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER		DAMAGE SCALE 4		DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER		LP STATE OH		LICENSE PLATE NUMBER EV56401		VEHICLE IDENTIFICATION NUMBER H7U1K1E1Z1K1Z1K181Z161Z1Z1Z1		# OCCUPANTS 011	
VEHICLE YEAR 2014		VEHICLE MAKE TOYOTA		VEHICLE MODEL CAMRY		VEHICLE COLOR SILVER		9 - UNKNOWN	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY NONE PROVIDED		POLICY NUMBER N/A		TOWED BY N/A		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 011		TRAFFICWAY DESCRIPTION 1	
HM PLACARD ID No.		<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 03		MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS		BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)	
HM CLASS NUMBER		NON-MOTORIST LOCATION PRIOR TO IMPACT 01		TYPE OF USE 1		UNIT TYPE 03		NON-MOTORIST	
NON-MOTORIST LOCATION PRIOR TO IMPACT		TYPE OF USE		UNIT TYPE		PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)		MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS	
SPECIAL FUNCTION 01		01 - NONE		09 - AMBULANCE		17 - FARM VEHICLE		MOST DAMAGED AREA 02	
02 - TAXI		10 - FIRE		18 - FARM EQUIPMENT		18 - FARM EQUIPMENT		IMPACT AREA 02	
03 - RENTAL TRUCK (OVER 10K LBS)		11 - HIGHWAY/MAINTENANCE		19 - MOTORHOME		19 - MOTORHOME		ACTION 3	
04 - BUS - SCHOOL (PUBLIC OR PRIVATE)		12 - MILITARY		20 - GOLF CART		20 - GOLF CART		1 - NON-CONTACT	
05 - BUS - TRANSIT		13 - POLICE		21 - TRAIN		21 - TRAIN		2 - NON-COLLISION	
06 - BUS - CHARTER		14 - PUBLIC UTILITY		22 - OTHER (EXPLAIN IN NARRATIVE)		22 - OTHER (EXPLAIN IN NARRATIVE)		3 - STRIKING	
07 - BUS - SHUTTLE		15 - OTHER GOVERNMENT						4 - STRUCK	
08 - BUS - OTHER		16 - CONSTRUCTION EQUIP.						5 - STRIKING/STRUCK	
PRE-CRASH ACTIONS 13		MOTORIST		NON-MOTORIST		NON-MOTORIST		9 - UNKNOWN	
01 - STRAIGHT AHEAD		07 - MAKING U-TURN		13 - NEGOTIATING A CURVE		15 - ENTERING OR CROSSING SPECIFIED LOCATION		21 - OTHER NON-MOTORIST ACTION	
02 - BACKING		08 - ENTERING TRAFFIC LANE		14 - OTHER MOTORIST ACTION		16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING			
03 - CHANGING LANES		09 - LEAVING TRAFFIC LANE				17 - WORKING			
04 - OVERTAKING/PASSING		10 - PARKED				18 - PUSHING VEHICLE			
05 - MAKING RIGHT TURN		11 - SLOWING OR STOPPED IN TRAFFIC				19 - APPROACHING OR LEAVING VEHICLE			
06 - MAKING LEFT TURN		12 - DRIVERLESS				20 - STANDING			
CONTRIBUTING CIRCUMSTANCES		PRIMARY		MOTORIST		NON-MOTORIST		VEHICLE DEFECTS	
01 - NONE		02 - FAILURE TO YIELD		11 - IMPROPER BACKING		22 - NONE		01 - TURN SIGNALS	
03 - RAN RED LIGHT		04 - RAN STOP SIGN		12 - IMPROPER START FROM PARKED POSITION		23 - IMPROPER CROSSING		02 - HEAD LAMPS	
05 - EXCEEDED SPEED LIMIT		06 - UNSAFE SPEED		13 - STOPPED OR PARKED ILLEGALLY		24 - DARTING		03 - TAIL LAMPS	
07 - IMPROPER TURN		08 - LEFT OF CENTER		14 - OPERATING VEHICLE IN NEGLIGENT MANNER		25 - LYING AND/OR ILLEGALLY IN ROADWAY		04 - BRAKES	
09 - FOLLOWED TOO CLOSELY/ACDA		10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD		15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)		26 - FAILURE TO YIELD RIGHT OF WAY		05 - STEERING	
				16 - WRONG SIDE/WRONG WAY		27 - NOT VISIBLE (DARK CLOTHING)		06 - TIRE BLOWOUT	
				17 - FAILURE TO CONTROL		28 - INATTENTIVE		07 - WORN OR SLICK TIRES	
				18 - VISION OBSTRUCTION		29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER		08 - TRAILER EQUIPMENT DEFECTIVE	
				19 - OPERATING DEFECTIVE EQUIPMENT		30 - WRONG SIDE OF THE ROAD		09 - MOTOR TROUBLE	
				20 - LOAD SHIFTING/FALLING/SPILLING		31 - OTHER NON-MOTORIST ACTION		10 - DISABLED FROM PRIOR ACCIDENT	
				21 - OTHER IMPROPER ACTION				11 - OTHER DEFECTS	
SEQUENCE OF EVENTS		1 43 2 48 3 01 4 01 5 01 6 01		NON-COLLISION EVENTS		01 - OVERTURN/ROLLOVER		10 - CROSS MEDIAN	
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 2		02 - FIRE/EXPLOSION		06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)		11 - CROSS CENTER LINE	
				03 - IMMERSION		07 - SEPARATION OF UNITS		OPPOSITE DIRECTION OF TRAVEL	
				04 - JACKKNIFE		08 - RAN OFF ROAD RIGHT		12 - DOWNHILL RUNAWAY	
				05 - CARGO/EQUIPMENT LOSS OR SHIFT		09 - RAN OFF ROAD LEFT		13 - OTHER NON-COLLISION	
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED		COLLISION WITH FIXED OBJECT		25 - IMPACT ATTENUATOR/CRASH CUSHION		33 - MEDIAN CABLE BARRIER		41 - OTHER POST, POLE	
14 - PEDESTRIAN		21 - PARKED MOTOR VEHICLE		26 - BRIDGE OVERHEAD STRUCTURE		34 - MEDIAN GUARDRAIL BARRIER		42 - OR SUPPORT	
15 - PEDALCYCLE		22 - WORK ZONE MAINTENANCE EQUIPMENT		27 - BRIDGE PIER OR ABUTMENT		35 - MEDIAN CONCRETE BARRIER		43 - CULVERT	
16 - RAILWAY VEHICLE (TRAIN/ENGINE)		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE		28 - BRIDGE PARAPET		36 - MEDIAN OTHER BARRIER		44 - CURB	
17 - ANIMAL - FARM		24 - OTHER MOVABLE OBJECT		29 - BRIDGE RAIL		37 - TRAFFIC SIGN POST		45 - DITCH	
18 - ANIMAL - DEER				30 - GUARDRAIL FACE		38 - OVERHEAD SIGN POST		46 - EMBANKMENT	
19 - ANIMAL - OTHER				31 - GUARDRAIL END		39 - LIGHT/LUMINARIES SUPPORT		47 - FENCE	
20 - MOTOR VEHICLE IN TRANSPORT				32 - PORTABLE BARRIER		40 - UTILITY POLE		48 - MAILBOX	
UNIT SPEED 025		POSTED SPEED 025		TRAFFIC CONTROL 01		01 - NO CONTROLS		07 - RAILROAD CROSSBUCKS	
<input type="checkbox"/> STATED		<input checked="" type="checkbox"/> ESTIMATED		02 - STOP SIGN		08 - RAILROAD FLASHERS		13 - CROSSWALK LINES	
				03 - YIELD SIGN		09 - RAILROAD GATES		14 - WALK/DON'T WALK	
				04 - TRAFFIC SIGNAL		10 - CONSTRUCTION BARRICADE		15 - OTHER	
				05 - TRAFFIC FLASHERS		11 - PERSON (FLAGGER, OFFICER)		16 - NOT REPORTED	
				06 - SCHOOL ZONE		12 - PAVEMENT MARKINGS		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

113-048

UNIT NUMBER 411	NAME: LAST, FIRST, MIDDLE HOLDEN-GARVEY, KIMBERLY S	DATE OF BIRTH 07/02/1977	AGE 35	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2179 STATE ROUTE 125 # 19 AMELIA, OH 45102	CONTACT PHONE- INCLUDE AREA CODE 513-375-9352
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY N/A	MEDICAL FACILITY INJURED TAKEN TO N/A	SAFETY EQUIPMENT USED 99	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 RC994211	OL CLASS 4	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION 6	ALCOHOL/DRUG SUSPECTED 4	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 0.00	DRUG TEST STATUS 5	DRUG TEST TYPE 3
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OFFENSE CHARGED <input checked="" type="checkbox"/> LOCAL CODE 333.01, 331.38	OFFENSE DESCRIPTION DVS, FAILURE TO CONTROL	CITATION NUMBER 6514	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 	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> 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	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	05 - CHILD RESTRAINT SYSTEM- FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER

SEATING POSITION	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA	AIR BAG USAGE
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	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) 99 - UNKNOWN	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	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	1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	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
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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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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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