OHIO TRAFFIC CRASH REPORT

Local Report Number: 14-005
Crash Severity: 3 (1 - Fatal, 2 - Injury, 3 - PDO)
Hit/Skip: 1 - Solved, 2 - Unsolved

Photos Taken: OH-2 OH-1P OH-3 Other
PDO Under $1000 Reportable Dollar Amount
✓ Primary Property
Reporting Agency NCIC: 0 8 3 0 3
Reporting Agency Name: Lebanon Police Department
Number of Units: 2
Unit in Error: 0 1 (98 - Animal, 99 - Unknown)

County: 83
✓ City / Village / Township
City, Village, Township: Lebanon
Crash Date: 0 1 0 4 2 0 1 4
Time of Crash: 1 1 0 1
Day of Week: SAT

Degrees / Minutes / Seconds — Latitude: ° ' " Longitude: ° ' "
Decimal Degrees — Latitude: 39.439499 Longitude: -84.197041

Roadway Division: Divided / ✓ Undivided
Divided Lane Direction of Travel: N - Northbound, E - Eastbound, S - Southbound, W - Westbound
Number of Thru Lanes: 1
Road Types or Milepost: AL - Alley, AV - Avenue, BL - Boulevard, CR - Circle, CT - Court, DR - Drive, HE - Heights, HW - Highway, LA - Lane, MP - Milepost, PK - Parkway, PI - Pike, PL - Place, RD - Road, SQ - Square, ST - Street, TE - Terrace, TL - Trail, WA - Way

Location Route Type: Location Route Number:
Loc. Prefix: N, S, E, W
Location Road Name: Highland
Location Road Type: AV
Route Types: IR - Interstate Route (inc. turnpike), US - US Route, SR - State Route, CR - Numbered County Route, TR - Numbered Township Route

Distance From Reference: Miles / Feet / Yards
Dir From Ref: N, S, E, W
Reference Route Type: US
Reference Route Number: 42
Ref Prefix: N, S, E, W
Reference Name (Road, Milepost, House #):
Reference Road Type:

Reference Point Used: 1 - Intersection, 2 - Mile Post, 3 - House Number
Crash Location: 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
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

Road Contour: 1 - Straight Level, 2 - Straight Grade, 3 - Curve Level, 4 - Curve Grade, 9 - Unknown
Road Conditions — Primary: 0 4 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 - 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

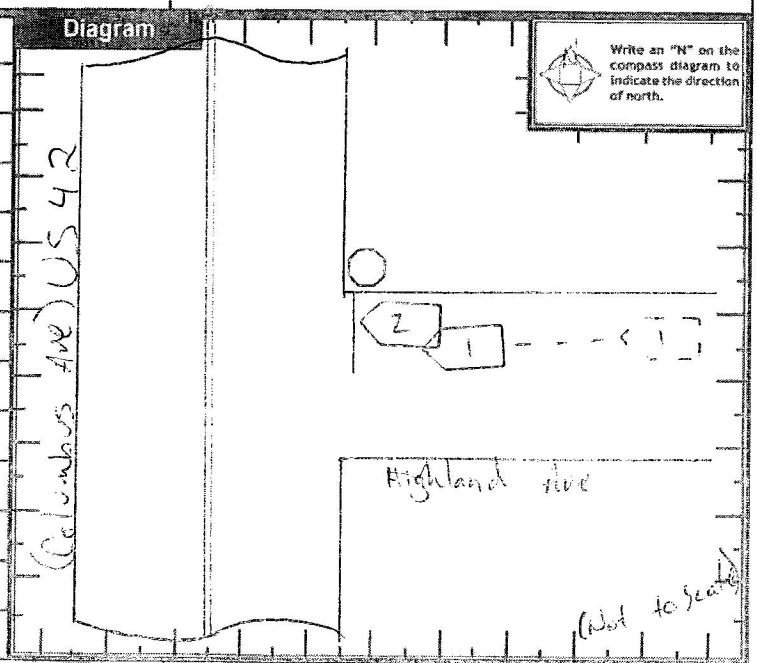
Road Surface: 1 - Concrete, 2 - Blacktop, Bituminous, Asphalt, 3 - Brick/Block, 4 - Slag, Gravel, Stone, 5 - Dirt, 6 - Other
Light Conditions — Primary: 1 Secondary:
1 - Daylight, 2 - Dawn, 3 - Dusk, 4 - Dark - Lighted Roadway, 5 - Dark - Roadway Not Lighted, 6 - Dark - Unknown Roadway Lighting, 7 - Glare*, 8 - Other, 9 - Unknown
* Secondary Condition Only
School Zone Related
School Bus Related: Yes, School Bus Directly Involved / Yes, School Bus Indirectly Involved

Work Zone Related
Workers Present / Law Enforcement Present (Officer/Vehicle) / 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

Narrative

Unit #1 and Unit #2 were traveling west on Highland Ave. Unit #2 came to a stop at the intersection of Highland Ave. and US 42 (Columbus Ave.) Unit #1 was unable to stop before striking Unit #2 in the center rear with it's center front.

Diagram



Report Taken By: Police Agency / Motorist
Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
01042014	1101	1101	1115	1122		21

Officer's Name: Ptl. T. Cooper
Officer's Badge Number: 125
Checked By: S. Morris

NSY7001 OH1 (Rev 01/12)

UNIT

Local Report Number: 14-005

Unit Number: 01

Owner Name: Last, First, Middle: (☑ Same As Driver)

Owner Phone Number - Inc. Area Code: (☑ Same As Driver)

Owner Address: City, State, Zip: (☑ Same As Driver)

Damage Scale: 2 - Minor

Damaged Area: Front; 09, 10, 11, 08, 04, 07, 06, 05; Rear

License Plate State: OH

License Plate Number: FWU8505

Vehicle Identification Number: 2T3BF4DV5CW182827

Occupants: 01

Vehicle Year: 2012

Vehicle Make: Toyota

Vehicle Model: Rav4

Vehicle Color: Black

☑ Proof of Insurance Shown

Insurance Company: Liberty Mutual

Policy Number: A022883033647037

Towed By:

Carrier Name, Address, City, State, Zip:

Carrier Phone - Include Area Code:

CMV: ☐

HM Placard ID No.:

HM Class Number:

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.

☐ Hazardous Material Released

Cargo Body Type: 01

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

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

☐ Hit / Skip Unit

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

1 - Personal
2 - Commercial
3 - Government

☐ In Emergency Response

Unit Type: 06

99 - Unknown or Hit / Skip

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

Med/Heavy Trucks or Combo Units > 10k lbs
13 - Single Unit Truck or Van 2Axle, 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 Med/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/Pedacyclist
26 - Pedestrian/Skater
27 - Other Non-Motorist

☐ Has HM Placard

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
08 - Left Side
09 - Left Front
10 - Top and Windows
11 - Undercarriage
12 - Load/Trailer
13 - Total (All Areas)
14 - Other
99 - Unknown

Impact Area: 03

Action: 3

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

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

99 - Unknown

Contributing Circumstances

Primary: 09

Secondary:

99 - Unknown

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

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/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: 20

First Harmful Event: 1

Most Harmful Event: 1

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 or 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
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: ☐ Stated ☐ Estimated

Posted Speed: 25

Traffic Control: 02

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 3 To 4

1 - North
2 - South
3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown

HSY6904 OH1U (Rev 01/12)

UNIT

Ohio Department of Public Safety — Ohio State Highway Patrol

LE Case Number: 14-095

Unit Number: 02

Owner Name: Last, First, Middle (☑ Same As Driver)

Owner Phone: Include Area Code (☑ Same As Driver)

Owner Address: City, State, Zip (☑ Same As Driver)

Damage Scale: 2 — 1 - None; 2 - Minor; 3 - Functional; 4 - Disabling; 9 - Unknown

Damaged Area: Front 02; 03; 05; 08; 10; 04; 07; 06; Rear

LP State: OH

License Plate Number: FEN3473

Vehicle Identification Number: 1G11H5SA4DF162774

Occupants: 01

Vehicle Year: 2013

Vehicle Make: Chevy

Vehicle Model: Malibu

Vehicle Color: Silver

☑ Proof of Insurance Shown

Insurance Company: State Farm

Policy Number: 1783749F2235E

Towed By:

Carrier Name, Address, City, State, Zip

Carrier Phone - Include Area Code

HM Placard ID No.

HM Class Number

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.

☐ Hazardous Material Released

Cargo Body Type: 01
01 - No Cargo Body Type/Not Applicable
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08 - Grain, Chips, Gravel
09 - Pole
10 - Cargo Tank
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12 - Dump
13 - Concrete Mixer
14 - Auto Transporter
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Trafficway Description: 1
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2 - One-Way, Not Divided, Continuous Left Turn Lane
3 - Two-Way, Divided, Unprotected (Painted or Grass) 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 - Mid-Block - 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
1 - Personal
2 - Commercial
3 - Government

☐ In Emergency Response

Unit Type: 03
99 - Unknown or Hit / Skip

Passenger Vehicles (Less Than or Equal to 9 Passengers)
01 - Sub-Compact
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05 - Minivan
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07 - Pickup
08 - Van
09 - Motorcycle
10 - Motorized Bicycle
11 - Snowmobile/ATV
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Med/Heavy Trucks or Combo Units > 10k Lbs
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27 - Other Non-Motorist

☐ Has HM Placard

Special Function: 01
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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: 02
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 - Underchassis
12 - Load/Trailer
13 - Total (All Areas)
14 - Other
99 - Unknown

Impact Area: 02

Action: 4
1 - Non-Contact
2 - Non-Collision
3 - Striking
4 - Struck
5 - Striking/Struck
9 - Unknown

Pre-Crash Actions: 11
99 - Unknown

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
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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

Secondary:

99 - Unknown

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
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Vehicle Defects
01 - Turn Signals
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11 - Other Defects

Sequence of Events
1: 20 2: 3: 4: 5: 6:
99 - Unknown

First Harmful Event: 1

Most Harmful Event: 1

Non-Collision Events
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Collision with Person, Vehicle or Object Not Fixed
14 - Pedestrian
15 - Pedalcycle
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17 - Animal - Farm
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40 - Utility Pole
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42 - Culvert
43 - Curb
44 - Ditch
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46 - Fence
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48 - Tree
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50 - Work Zone Maintenance Equipment
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Unit Speed: ____ ☐ Stated ☐ Estimated

Posted Speed: 25

Traffic Control: 02
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09 - Railroad Gates
10 - Construction Barricade
11 - Person Directing Traffic
12 - Pavement Markings
13 - Crosswalk Lines
14 - Walk/Don't Walk
15 - Other
16 - Not Reported

Unit Direction: From 3 To 4
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2 - South
3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown

HSY8304 0111U (Rev 03/12)

Motorist / Non-Motorist / Occupant

14-005

Unit Number	Name: Last, First, MI	Date of Birth	Age	Gender
01	Spitzer, Darlene	06301949	64	F

Address: City, State, Zip	Contact Phone Number
3991 SR 350, Lebanon, OH 45036	(513) 850-4213

Injured	Injured Taken By	EMS Agency	Hospital Name	Safety Equipment Used	DOT Commercial Motor Vehicle	Safety Equipment	Air Bag Deployed	Ejected	Trapped
1	1			99	☐	01	1	1	1

OL State	Operator License Number	OL Class	Endorsements	Restrictions	Alcohol Test Given	Alcohol Test Type	Alcohol Test Value	Drug Test Given	Drug Test Type
OH	RK224709	4	☐ ☐	1	1	1	1	1	1

Driver Exempt (☐ Exam Given)	Driver Date of Birth	Driver Address	☐ Driver Fatigued	Driver Distracted By
				1

Owner Number	Name: Last, First, Middle	Date of Birth	Age	Gender
OH	Johnson, Jearean	09221945	68	F

Address: City, State, Zip	Owner Phone Number
955 Balsam Wood Ln., Lebanon, OH 45036	(513) 932-6674

Injured	Injured Taken By	EMS Agency	Hospital Name	Safety Equipment Used	DOT Commercial Motor Vehicle	Safety Equipment	Air Bag Deployed	Ejected	Trapped
1	1			99	☐	01	1	1	1

OL State	Operator License Number	OL Class	Endorsements	Restrictions	Alcohol Test Given	Alcohol Test Type	Alcohol Test Value	Drug Test Given	Drug Test Type
OH	RK786600	4	☐ ☐	1	1	1	1	1	1

Operator Exempt (☐ Exam Given)	Operator Date of Birth	Owner Address	☐ Driver Fatigued	Driver Distracted By
				1

Injured

1 Not Injured
2 Fatal
3 Incapacitating Injury
4 Non-Incapacitating Injury
5 Possible Injury
6 Fatal

Injured Taken By

1 Not Transported
2 EMS
3 Police
4 Private
5 Other

Safety Equipment Used

All Vehicles

01 None Used
02 Lap Belt Only Used
03 Shoulder Belt Only Used
04 Lap and Shoulder Belt Used
05 Child Restraint Used
06 Booster Seat Used
07 Helmet Used
08 Protective Pads Used
09 Other Protective Equipment Used
10 Lap Belt Used but Improperly Adjusted
11 Shoulder Belt Used but Improperly Adjusted
12 Lap and Shoulder Belt Used but Improperly Adjusted
13 Child Restraint Used but Improperly Adjusted
14 Booster Seat Used but Improperly Adjusted
15 Helmet Used but Improperly Adjusted
16 Protective Pads Used but Improperly Adjusted
17 Other Protective Equipment Used but Improperly Adjusted

Non-Motorist

99 Not Applicable
10 Helmet
11 Other
12 Unknown

Seating Position

01 Front - Driver Side
02 Front - Middle
03 Front - Passenger Side
04 Second - Left Side (Behind Driver)
05 Second - Middle
06 Second - Right Side
07 Third - Left Side
08 Third - Middle
09 Third - Right Side
10 Sleeper Section of Cab
11 Passenger - Other Seating Area (Specify in Narrative)
12 Not Applicable (Not a Motor Vehicle Occupant)
13 Other Motor Vehicle
14 Bicycle Wheel (Pedal Powered Vehicle)
15 Bike Mounted
16 Other
99 Unknown

Air Bag Deployed

1 Not Deployed
2 Front - Single Stage
3 Front - Dual Stage
4 Side - Front Seat
5 Side - Rear Seat
6 Side - Curtain/Tubular
7 Other
8 Unknown

Ejected

1 Not Ejected
2 Totally Ejected
3 Partially Ejected
4 Unknown

Trapped

1 Not Trapped
2 Extricated
Manually by Motor Vehicle Occupant
3 Extricated
Not Manually by Motor Vehicle Occupant

Avoidance Location Driver

1 Right
2 Left
3 Straight
4 Backward - Turn Around
5 Not Applicable

Collision

1 Motorcycle Rider
2 Motor Vehicle Occupant
3 Pedestrian, Pedalcyclist, Animal, Other Object
4 Other
5 Pedalcyclist
6 Pedestrian
7 Animal
8 None

Fatal/Non-Fatal Collision

1 Fatal
2 Non-Fatal Injury
3 Non-Fatal Property Damage Only
4 Non-Fatal Property Damage Only - Hit and Run
5 Non-Fatal Injury - Hit and Run
6 Non-Fatal Property Damage Only - Drug Suspected

Approach Traffic Signals

1 Not Applicable
2 Fully Operational
3 Flashing Operation (Yellow or Red Flashing)
4 Partially Inoperative (Some Signals Inoperative)
5 Not Fully Operational (Inoperative)

Approach Stop Sign

1 None
2 Stop
3 Yield
4 Flashing Stop
5 Other

Driver Fatigue Signs

1 None
2 Yawning
3 Drowsy
4 Asleep
5 Other

Driver Distracted By

1 Not Distracted
2 Phone
3 Passenger
4 Passenger - Child
5 Passenger - Other Adult
6 Cell Phone - Talking
7 Cell Phone - Texting
8 Other Electronic Device

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender

Address: City, State, Zip	Contact Phone Number

Injured	Injured Taken By	EMS Agency	Hospital Name	Safety Equipment Used	DOT Commercial Motor Vehicle	Safety Equipment	Air Bag Deployed	Ejected	Trapped
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender

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