



# Traffic Crash Report

Local Report Number \*

14-083

Crash Severity  
3 1 - Fatal  
2 - Injury  
3 - PDOHit/Skip  
1 - Solved  
2 - Unsolved

Local Information

<input 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 * 10181310131	Reporting Agency Name * Lebanon P.D.	Number of Units 1021	Unit in error 01 98 - Animal 99 - Unknown
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County * 83	City * Lebanon	City, Village, Township *	Crash Date * 10/21/18 20114	Time of Crash 10848	Day of Week TUE
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Degrees / Minutes / Seconds Latitude 0 / / Longitude 0 / /	Decimal Degrees Latitude 319.14536871	Longitude -814.118187531
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Roadway Division <input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound	Number of Thru Lanes 1021	Road Types or Milepost <sup>2</sup> 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
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Location Route Type 1	Location Route Number	Loc Prefix N,S,E,W	Location Road Name Calderswood	Location Road Type 2 C+	Route Types <sup>1</sup> IR - Interstate Route (Inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route
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Distance From Reference 500 Miles Feet Yards	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 #) Huntersrun	Reference Road Type 2 DF
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Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number	Crash Location 01 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 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown
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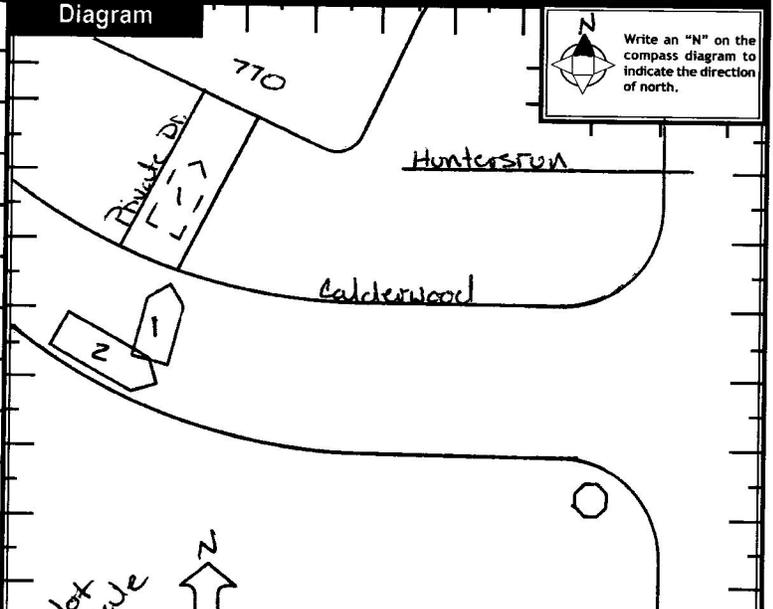
Road Contour 3 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Road Conditions Primary 04 Secondary 02 01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	* Secondary Condition Only
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Manner of Crash Collision/Impact 1 - 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 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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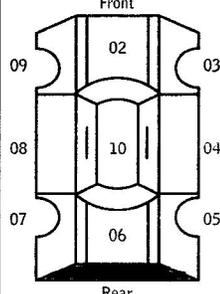
Road Surface 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light Conditions 1 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other 9 - Unknown	<input type="checkbox"/> School 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  
Unit # 1 was backing out of a private drive (770 Calderwood Ct). Unit # 2 was occupied and parked on the south side of the street. Unit # 1 backed into 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 ODPS)	Date Crash Reported 10/21/18 20114	Time Crash Reported 10848	Dispatch Time 108511	Arrival Time 10853	Time Cleared 10923	Other Investigation Time 1010210	Total Minutes 101055
Officer's Name * Nate Trout	Officer's Badge Number 129	Checked By [Signature]	131	Page of				

Unit Number <b>1011</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>Estobedo Romon Gonzalez</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>513-374-9903</b>	Damage Scale <b>2</b>	Damaged Area 
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>2708 Tylersville RD. Indian Springs OH 45015</b>			1 - None	
LP State <b>OH</b>	License Plate Number <b>PHW 4277</b>	Vehicle Identification Number <b>11FTRE1141Z1YH1B1066315</b>	# Occupants <b>1011</b>	
Vehicle Year <b>2010</b>	Vehicle Make <b>Ford</b>	Vehicle Model <b>Eoline</b>	Vehicle Color <b>White</b>	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>ALFA Spec. Insurance</b>	Policy Number <b>1434-005237074</b>	Towed By	
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 <b>01</b> 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	Trafficway Description <b>1</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected/Paved or Grass > 4 Ft Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released		<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact <b>01</b> 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 <b>1</b> 1 - Personal 2 - Commercial 3 - Government	Unit Type <b>08</b> 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) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Scurry 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> Has HM Placard					

Special Function <b>01</b> 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 <b>06</b> 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 <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>02</b> 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	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
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Contributing Circumstances <b>11</b> Primary 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign Secondary 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 99 - Unknown	Motorist 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 <b>01</b> 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
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Sequence of Events 1 <b>21</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 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 - Pedacycle 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
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Unit Speed <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated <b>25</b>	Posted Speed <b>25</b>	Traffic Control <b>01</b> 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 <b>1</b> To <b>2</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Unit Number <b>1021</b>		Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>Warren County Commissioners</b>		Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )		Damage Scale <b>2</b>		
Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )								
LP State <b>OH</b>	License Plate Number <b>0A8211</b>	Vehicle Identification Number <b>11FIDE1E131FL131B1D1B112131910</b>			# Occupants <b>1011</b>	1 - None		
Vehicle Year <b>120111</b>	Vehicle Make <b>SUP</b>	Vehicle Model <b>BU</b>	Vehicle Color <b>White</b>		2 - Minor			
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>Natl. Interstate</b>	Policy Number <b>XPR2419380-09</b>	Towed By		3 - Functional			
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 <b>99</b> 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 - International Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chits, 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 <b>1</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Gravel 4 Ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released			<input type="checkbox"/> Hit / Skip Unit
HM Class Number				

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Special Function <b>15</b> 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 <b>09</b> 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	Action <b>4</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>10</b> 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
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Sequence of Events 1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 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 <b>000</b>	Posted Speed <b>25</b>	Traffic Control <b>01</b> 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 - Walky/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From <b>4</b> To <b>3</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

14-083

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE Deanda Jose Ernesto	DATE OF BIRTH 02/07/1983	AGE 31	GENDER M
ADDRESS, CITY, STATE, ZIP 770 Calderwood Ct. Lebanon OH 45036		CONTACT PHONE- INCLUDE AREA CODE 513-238-5338		
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	OPERATOR LICENSE NUMBER	OL CLASS No VALID OL	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 (X LOCAL CODE) 331.13	OFFENSE DESCRIPTION Improper Bucking	CITATION NUMBER 67825
HANDS-FREE <input type="checkbox"/>	DEVICE USED	DRIVER DISTRACTED BY 1		

UNIT NUMBER 1022	NAME: LAST, FIRST, MIDDLE Travillo Gary T.	DATE OF BIRTH 10/11/1945	AGE 68	GENDER M
ADDRESS, CITY, STATE, ZIP 406 Justice Dr. Lebanon OH 45036		CONTACT PHONE- INCLUDE AREA CODE 513-858-7907		
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 RS381578	OL CLASS 4	M/C END. <input checked="" 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 (LOCAL CODE) <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
HANDS-FREE <input type="checkbox"/>	DEVICE USED	DRIVER DISTRACTED BY 1		

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST
1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED / TREATED AT SCENE	MOTORIST	01 - NONE USED - VEHICLE OCCUPANT	09 - NONE USED
2 - POSSIBLE	2 - EMS	02 - SHOULDER BELT ONLY USED	05 - CHILD RESTRAINT SYSTEM-FORWARD FACING	10 - HELMET USED
3 - NON-INCAPACITATING	3 - POLICE	03 - LAP BELT ONLY USED	06 - CHILD RESTRAINT SYSTEM-REAR FACING	11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)
4 - INCAPACITATING	4 - OTHER	04 - SHOULDER AND LAP BELT USED	07 - BOOSTER SEAT	12 - REFLECTIVE CLOTHING
5 - FATAL	9 - UNKNOWN		08 - HELMET USED	13 - LIGHTING
				14 - OTHER

SEATING POSITION	AIR BAG USAGE
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
02 - FRONT - MIDDLE	2 - DEPLOYED FRONT
03 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
05 - SECOND - MIDDLE	5 - NOT APPLICABLE
06 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
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	

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED	1 - NOT TRAPPED	1 - CLASS A	1 - APPARENTLY NORMAL	1 - NONE
2 - TOTALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS	2 - CLASS B	2 - PHYSICAL IMPAIRMENT	2 - YES - ALCOHOL SUSPECTED
3 - PARTIALLY EJECTED	3 - EXTRICATED BY NON-MECHANICAL MEANS	3 - CLASS C	3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)	3 - YES - HBD NOT IMPAIRED
4 - NOT APPLICABLE		4 - REGULAR CLASS (OHIO IS "D")	4 - ILLNESS	4 - YES - DRUGS SUSPECTED
		5 - MC/MOPED ONLY	5 - FELL ASLEEP, FAINTED, FATIGUED	5 - YES - ALCOHOL AND DRUGS SUSPECTED
			6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL	
			7 - OTHER	

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN	1 - NONE	1 - NONE GIVEN	1 - NONE	1 - NO DISTRACTION REPORTED
2 - TEST REFUSED	2 - BLOOD	2 - TEST REFUSED	2 - BLOOD	2 - PHONE
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEXTING/E-MAILING
4 - TEST GIVEN, RESULTS KNOWN	4 - BREATH	4 - TEST GIVEN, RESULTS KNOWN	4 - OTHER	4 - ELECTRONIC COMMUNICATION DEVICE
5 - TEST GIVEN, RESULTS UNKNOWN	5 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN		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 <input type="checkbox"/>	MOTORCYCLE HELMET	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 <input type="checkbox"/>	MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
TRAPPED				

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				