TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY

Local Information	Local Report Number *	Crash Severity	Hit/Skip
15-17090	15-299	2 (1 - Fatal, 2 - Injury, 3 - PDO)	1 - Solved, 2 - Unsolved

Photos Taken	PDO Under Stat. Reportable Dollar Amount	Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in Error
OH-2, OH-1P, OH-3, Other			08003	Lebanon Police Dept.	2	01 (98 - Animal, 99 - Unknown)

County *	City / Village / Township *	Crash Date *	Time of Crash	Day of Week
83	☑ City ☐ Village ☐ Township	09262015	0948	SAT

Degrees / Minutes / Seconds: Latitude ___° ___' ___.___" Longitude -___° ___' ___.___"

Decimal Degrees: Latitude 39.433628 Longitude -84.212555

Roadway Division: ☐ Divided ☑ Undivided

Divided Land Direction of Travel: N - Northbound, E - Eastbound, S - Southbound, W - Westbound

Number of Thru Lanes: 2

Road Types or Milepost [2]: 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: SR — Location Route Number: 63

Location Road Type: ☐ N,S, E,W

Route Types [1]: IR - Interstate Route (inc. turnpike), US - US Route, SR - State Route, CR - Numbered County Route, TR - Numbered Township Route

Distance From Reference: 5 (☐ Miles, ☐ Feet, ☑ Yards)

Dir From Ref: W (N,S, E,W)

Reference Route Type [3] / Reference Route Number

Ref Prefix: ☐ N,S, E,W — Reference Name (Road, Milepost, House #): Corwin — Reference Road Type [4]: ST

Reference Point Used: 1 (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)

☐ Intersection Related

Location of First Harmful Event: 1 (1 - On Roadway, 2 - On Shoulder, 3 - In Median, 4 - On Roadside, 5 - On Gore, 6 - Outside Trafficway, 9 - Unknown)

Road Contour: 1 (1 - Straight Level, 2 - Straight Grade, 3 - Curve Level, 4 - Curve Grade, 9 - Unknown)

Road Conditions: Primary 01, 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: 2 (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 Crosswind, 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: 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)

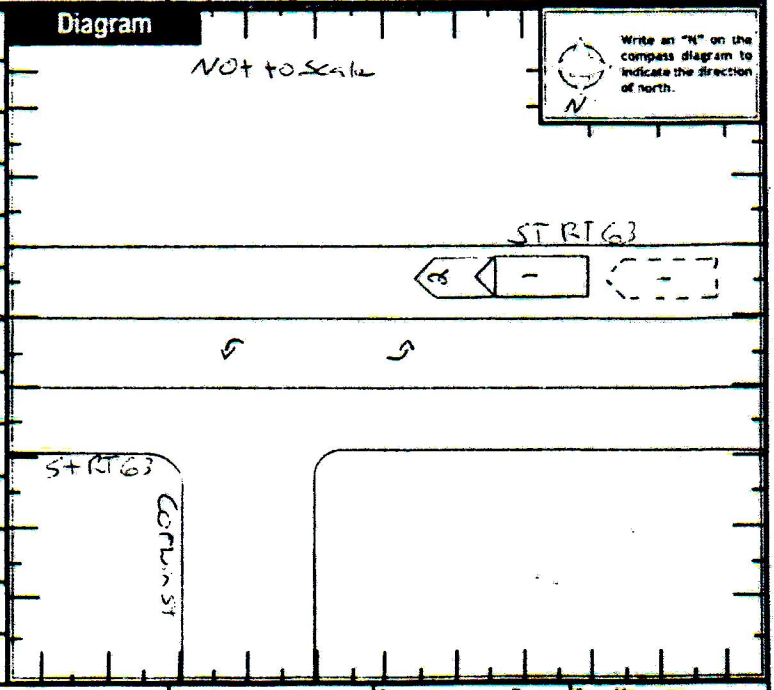
Type of Work Zone: ☐ (1 - Lane Closure, 2 - Lane Shift/Crossover, 3 - Work on Shoulder or Median, 4 - Intermittent or Moving Work, 5 - Other)

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 2 was traveling eastbound on ST RT 63 and was stopped in traffic. Unit 1 was also traveling eastbound on ST RT 63. Unit 1 failed to leave an assure clear distance striking Unit 2 in the rear.

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
09262015	0948	0952	0954	1019	0000	0021

Officer's Name *	Officer's Badge Number	Checked By	
Ptl. Crockett Brummett	111	lCm 131	Page 1 of 4

HSY7001 OH1 (Rev 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY — UNIT

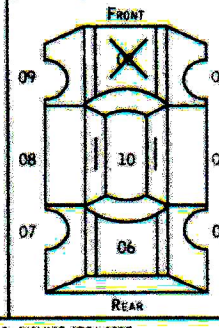
LOCAL REPORT NUMBER: 15-2919

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (☑ SAME AS DRIVER)	DAMAGE SCALE	DAMAGED AREA
01			3	

OWNER ADDRESS: CITY, STATE, ZIP (☑ SAME AS DRIVER)

DAMAGE SCALE: 1 - NONE; 2 - MINOR; 3 - FUNCTIONAL; 4 - DISABLING; 9 - UNKNOWN

DAMAGED AREA



LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
OH	GOK3470	3C6URSHL5FG587245	01

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
2015	Dodge	RAM 2500	White

☐ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
	Geico	4306354665	N/A

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE - INCLUDE AREA CODE

US DOT

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 - 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 - 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 - PERSONAL; 2 - COMMERCIAL; 3 - GOVERNMENT

☐ IN EMERGENCY RESPONSE

UNIT TYPE: 07

99 - UNKNOWN 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 (BOB-TAIL); 17 - TRACTOR/SEMI-TRAILER; 18 - TRACTOR/DOUBLE; 19 - TRACTOR/TRIPLES; 20 - OTHER MED/HEAVY VEHICLE

☐ HAS HM PLACARD

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

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: 02

IMPACT 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 - UNDERCARRIAGE; 12 - LOAD/TRAILER; 13 - TOTAL (ALL AREAS); 14 - OTHER; 99 - UNKNOWN

ACTION: 3

1 - NON-CONTACT; 2 - NON-COLLISION; 3 - STRIKING; 4 - STRUCK; 5 - STRIKING/STRUCK; 9 - UNKNOWN

PRE-CRASH ACTIONS: 01

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; 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: 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

1	2	3	4	5	6
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 - 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

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: 35

TRAFFIC CONTROL: 01

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 4 TO 3

1 - NORTH; 2 - SOUTH; 3 - EAST; 4 - WEST; 5 - NORTHEAST; 6 - NORTHWEST; 7 - SOUTHEAST; 8 - SOUTHWEST; 9 - UNKNOWN

OHIO DEPARTMENT OF PUBLIC SAFETY — UNIT

15-299

Unit Number	Owner Name: Last, First, Middle (if Same as Driver)	Owner Phone Number: Include Area Code (if Same as Driver)	Damage Scale	Damaged Area
02	CAB East LLC		4	

Owner Address: City, State, Zip (if Same as Driver)

260 Interstate N Cir NW., Atlanta, GA., 30339

LP State	License Plate Number	Vehicle Identification Number	VIN Year
OH	GCF5435	1FA6P0H7XE5368595	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2014	Ford	Fusion	Blue

Insurance Company	Policy Number	Towed By
State Farm	8291143D2935	Jacobs Towing

Carrier Name, Address, City, State, Zip

Carrier Phone: Include Area Code

USDOT	Vehicle Weight GVWR/GCWR	Cargo Body Type	Traffic Way Description
		01	1

HM Placard ID No.

HM Class Number

Hazardous Materials Release

Trailer Unit

Non-Motorist Location Prior to Impact

Type of Use: 1

In Emergency Response

Unit Type: 04

Has HM Placard

Special Function: 01

Most Damaged Area: 06

Impact Area: 06

Action: 4

Pre-Crash Actions: 11

Contributing Circumstances

Primary: 01

Secondary:

99 Unknown

Vehicle Defects

Sequence of Events

1: 20 (First Harmful Event: 1)

2:

3: (Most Harmful Event: 1)

4:

5:

6:

99 = Unknown

Non-Collision Events

Collision with Person, Vehicle or Object Not Fixed

Collision with Fixed Object

Unit Speed

Posted Speed: 35

Stated

Estimated

Traffic Control: 01

Unit Direction: From 4 To 3

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

OHIO DEPARTMENT OF PUBLIC SAFETY — MOTORIST / NON-MOTORIST / OCCUPANT

15-299

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Klan, Michael, A	10011987	27	M

Address: City, State, Zip: 745 Claire DR., Trenton, OH., 45067

Contact Phone - Including Area Code: (513) 265-9264

Injured	Injured Taken By	EMS Agency	Medical Facility (Name, City) Transported To	Safety Equipment Used	DOT Commercial Motor Vehicle	Seating Position	Air Bag Usage	Ejection	Trapped
1	1	N/A	N/A	04		01	1	1	1

DL State	Driver License Number	DL Class	Motorcycle Endorsement	CDL	Restrictions	Driver Distracted By	Alcohol Test Status	Drug Test Status	Drug Test Type	Test Refused	Driver Condition
OH	SS060389	4			1	1	1	1		1	1

Offense Charged	Local Code	Offense Description	Citation Number	Police Agency Ordered	Driver Charged With Other Offense
333.03		ACDA	68049		1

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	Wright, Dennis, D	06011960	55	M

Address: City, State, Zip: 205 Easton Manor DR., Monroe, OH., 45050

Contact Phone - Including Area Code: (513) 435-1832

Injured	Injured Taken By	EMS Agency	Medical Facility (Name, City) Transported To	Safety Equipment Used	DOT Commercial Motor Vehicle	Seating Position	Air Bag Usage	Ejection	Trapped
2	2	Lebanon FD	Atrium Medical Cen.	04		01	1	1	1

DL State	Driver License Number	DL Class	Motorcycle Endorsement	CDL	Restrictions	Driver Distracted By	Alcohol Test Status	Drug Test Status	Drug Test Type	Test Refused	Driver Condition
OH	RN677997	4			1	1	1	1		1	1

Offense Charged	Local Code	Offense Description	Citation Number	Police Agency Ordered	Driver Charged With Other Offense
N/A		N/A	N/A		1

Injured
1 - No Apparent Injury
2 - Possible Injury
3 - Non-Incapacitating Injury
4 - Incapacitating Injury
5 - Fatal

Injured Taken By
1 - Not Transported
2 - EMS
3 - Police
4 - Other
5 - Driver

Safety Equipment Used
01 - None Used
02 - Shoulder Belt Only Used
03 - Lap Belt Only Used
04 - Shoulder & Lap Belt Used
05 - Child Restraint System - Forward Facing
06 - Child Restraint System - Rear Facing
07 - Booster Seat
08 - Helmet Used
09 - Protective Pads Used
10 - Reflective Clothing
11 - Lighting
12 - Child Restraint System - Type Unknown
13 - Motorcycle Safety Glasses
14 - Other Eye Protection
15 - Helmet & Reflective Clothing
16 - Helmet & Eye Protection
17 - Reflective Clothing & Eye Protection
18 - Helmet, Reflective Clothing & Eye Protection
19 - Child Restraint System - Booster Seat
20 - Helmet, Pads & Reflective Clothing
21 - Helmet, Pads & Eye Protection
22 - Pads & Reflective Clothing
23 - Pads & Eye Protection
24 - Pads, Reflective Clothing & Eye Protection
25 - Lap Belt & Child Restraint System - Forward Facing
26 - Lap Belt & Child Restraint System - Booster Seat
27 - Helmet & Other Protective Gear
28 - Other Protective Gear
99 - Unknown

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
08 - Third - Middle
09 - Third - Right Side
10 - Sleeping Area
11 - Pickup Truck Area (Other Than Cargo Area; Open or Closed Box)
12 - Cargo Area (Open or Closed Box)
13 - Trailing Unit (Any Number)
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
5 - Not Applicable
6 - Deployed - Unknown

Ejection
1 - Not Ejected
2 - Totally Ejected
3 - Partially Ejected
4 - Not Applicable

Trapped
1 - Not Trapped
2 - Extricated Mechanically
3 - Extricated Non-Mechanically
4 - Not Applicable

Alcohol Test Status
1 - Not Given
2 - Test Refused
3 - Test Given, Contaminated Sample / Unknown
4 - Test Given, Results Known
5 - Test Given, Results Unknown

Alcohol Test Type
1 - Blood
2 - Breath
3 - Urine
4 - Unknown
5 - Other

Drug Test Status
1 - Not Given
2 - Test Refused
3 - Test Given, Contaminated Sample / Unknown
4 - Test Given, Results Known
5 - Test Given, Results Unknown

Drug Test Type
1 - Blood
2 - Urine
3 - Both
4 - Unknown

Driver Condition
1 - Apparently Normal
2 - Ill
3 - Medicated
4 - Sleeping
5 - Other Physical Impairment
6 - Under the Influence of Alcohol
7 - Under the Influence of Medications, Drugs or Alcohol
8 - Unknown

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

Address: City, State, Zip

Contact Phone - Including Area Code

Injured	Injured Taken By	EMS Agency	Medical Facility (Name, City) Transported To	Safety Equipment Used	DOT Commercial Motor Vehicle	Seating Position	Air Bag Usage	Ejection	Trapped

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

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