



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
<b>2018-00004275</b>	<b>3</b> 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

LOCAL INFORMATION		REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<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	<b>04501</b> Newark Police Department	<b>01</b>	<b>01</b> 98 - ANIMAL 99 - UNKNOWN

COUNTY *	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
<b>45</b>	<input checked="" type="checkbox"/>	<b>NEWARK</b>	<b>02132018</b>	<b>2308</b>	<b>Tue</b>

DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	DECIMAL DEGREES LATITUDE	LONGITUDE
0 / 0 / 0	0 / 0 / 0	<b>40.072496</b>	<b>-8.237858</b>

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST 2
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND	<b>02</b>	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

LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME	ROUTE TYPES 1
<b>AV</b>		<b>NEW HAVEN</b>	IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF N,S,E,W	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 2
<input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	<input type="checkbox"/>		<input type="checkbox"/>	<b>475 NEW HAVEN</b>	<b>AV</b>

REFERENCE POINT USED	CRASH LOCATION	INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT
<b>3</b> 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	<b>01</b> 01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE 02 - FOUR-WAY INTERSECTION 07 - ON RAMP 03 - T-INTERSECTION 08 - OFF RAMP 04 - Y-INTERSECTION 09 - CROSSOVER 05 - TRAFFIC CIRCLE/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS	<input type="checkbox"/>	<b>1</b> 1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNKNOWN 4 - ON ROADSIDE

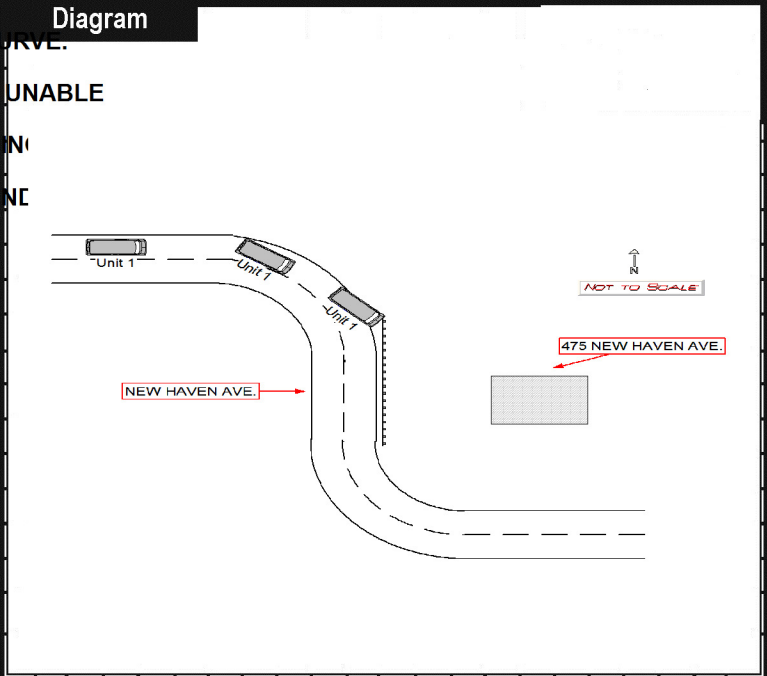
ROAD CONTOUR	ROAD CONDITIONS	WEATHER
<b>4</b> 1 - STRAIGHT LEVEL 4 - CURVE GRADE 2 - STRAIGHT GRADE 9 - UNKNOWN 3 - CURVE LEVEL	<b>01</b> PRIMARY SECONDARY 01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER 03 - SNOW 07 - SLUSH 99 - UNKNOWN 04 - ICE 08 - DEBRIS*	<b>1</b> 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN

MANNER OF CRASH COLLISION/IMPACT	WEATHER
<b>1</b> 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	<b>1</b> 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
<b>2</b> 1 - CONCRETE 4 - SLAG, GRAVEL, STONE 2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT 3 - BRICK/BLOCK 6 - OTHER	<b>4</b> PRIMARY SECONDARY 1 - DAYLIGHT 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN 2 - DAWN 6 - DARK - UNKNOWN ROADWAY LIGHTING 3 - DUSK 7 - GLARE* 4 - DARK - LIGHTED ROADWAY 8 - OTHER	<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	<input type="checkbox"/> 1 - LANE CLOSURE 4 - INTERMITTENT OR MOVING WORK 2 - LANE SHIFT/CROSSOVER 5 - OTHER 3 - WORK ON SHOULDER OR MEDIAN	<input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA 2 - ADVANCE WARNING AREA 5 - TERMINATION AREA 3 - TRANSITION AREA

**NARRATIVE**  
**UNIT#1 WAS WEST ON NEW HAVEN AVE APPROACHING AN "S" CURVE.**  
**THE STEERING MALFUNCTIONED AND BROKE. OPERATOR WAS UNABLE**  
**TO CONTROL VEHICLE. UNIT#1 SLIDE INTO A GUARD RAIL CAUSING**  
**MINOR DAMAGE TO THE GUARD RAIL AND MODERATE FRONT END**  
**DAMAGE TO UNIT#1**



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	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
<b>02132018</b>	<b>2308</b>	<b>2317</b>	<b>2322</b>	<b>0020</b>	<b>0000</b>	<b>72</b>
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY				
<b>Trotter, Mike</b>	<b>45NPD-317</b>	<b>Trotter, Mike</b>				



# UNIT

LOCAL REPORT NUMBER

**2018-00004275**

UNIT NUMBER <b>01</b>		OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER) <b>BELCHER, FRANK, W</b>		OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER) <b>740-405-3523</b>		DAMAGE SCALE <b>3</b>		DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER) <b>741 RUSSELL AVE ,OH 43055</b>									
LP STATE <b>OH</b>		LICENSE PLATE NUMBER <b>GVP1279</b>		VEHICLE IDENTIFICATION NUMBER <b>2B6HB11Y5XK550041</b>				# OCCUPANTS <b>1</b>	
VEHICLE YEAR <b>1999</b>		VEHICLE MAKE <b>Dodge</b>		VEHICLE MODEL <b>RAM 1500 (VAN)</b>		VEHICLE COLOR			
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY <b>STATEFARM</b>		POLICY NUMBER <b>D160194A1735I</b>		TOWED BY <b>JAE'S</b>			
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>05</b>		TRAFFICWAY DESCRIPTION <b>1</b>		<input type="checkbox"/> HIT / SKIP UNIT	
HM PLACARD ID NO.		<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) <b>05</b>		MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS		BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)	
HM CLASS NUMBER		TYPE OF USE <b>1</b>		UNIT TYPE <b>05</b>		IMPACT AREA <b>09</b>		ACTION <b>3</b>	
NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b>		TYPE OF USE <b>1</b>		UNIT TYPE <b>05</b>		IMPACT AREA <b>09</b>		ACTION <b>3</b>	
SPECIAL FUNCTION <b>01</b>		01 - NONE		09 - AMBULANCE		17 - FARM VEHICLE		MOST DAMAGED AREA <b>09</b>	
02 - TAXI		10 - FIRE		18 - FARM EQUIPMENT		01 - NONE		08 - LEFT SIDE	
03 - RENTAL TRUCK (OVER 10K LBS)		11 - HIGHWAY/MAINTENANCE		19 - MOTORHOME		02 - CENTER FRONT		09 - LEFT FRONT	
04 - BUS - SCHOOL (PUBLIC OR PRIVATE)		12 - MILITARY		20 - GOLF CART		03 - RIGHT FRONT		10 - TOP AND WINDOWS	
05 - BUS - TRANSIT		13 - POLICE		21 - TRAIN		04 - RIGHT SIDE		11 - UNDERCARRIAGE	
06 - BUS - CHARTER		14 - PUBLIC UTILITY		22 - OTHER (EXPLAIN IN NARRATIVE)		05 - RIGHT REAR		12 - LOAD/TRAILER	
07 - BUS - SHUTTLE		15 - OTHER GOVERNMENT				06 - REAR CENTER		13 - TOTAL(ALL AREAS)	
08 - BUS - OTHER		16 - CONSTRUCTION EQUIP.				07 - LEFT REAR		14 - OTHER	
PRE-CRASH ACTIONS <b>01</b>		MOTORIST		NON-MOTORIST		09 - UNKNOWN		ACTION <b>3</b>	
01 - STRAIGHT AHEAD		07 - MAKING U-TURN		13 - NEGOTIATING A CURVE		01 - NONE		1 - NON-CONTACT	
02 - BACKING		08 - ENTERING TRAFFIC LANE		14 - OTHER MOTORIST ACTION		02 - CENTER FRONT		2 - NON-COLLISION	
03 - CHANGING LANES		09 - LEAVING TRAFFIC LANE				03 - RIGHT FRONT		3 - STRIKING	
04 - OVERTAKING/PASSING		10 - PARKED				04 - RIGHT SIDE		4 - STRUCK	
05 - MAKING RIGHT TURN		11 - SLOWING OR STOPPED IN TRAFFIC				05 - RIGHT REAR		5 - STRIKING/STRUCK	
06 - MAKING LEFT TURN		12 - DRIVERLESS				06 - REAR CENTER		9 - UNKNOWN	
CONTRIBUTING CIRCUMSTANCES <b>01</b>		MOTORIST		NON-MOTORIST		07 - LEFT REAR			
01 - NONE		11 - IMPROPER BACKING		22 - NONE		08 - LEFT SIDE			
02 - FAILURE TO YIELD		12 - IMPROPER START FROM PARKED POSITION		23 - IMPROPER CROSSING		09 - LEFT FRONT			
03 - RAN RED LIGHT		13 - STOPPED OR PARKED ILLEGALLY		24 - DARTING		10 - TOP AND WINDOWS			
04 - RAN STOP SIGN		14 - OPERATING VEHICLE IN NEGLIGENCE MANNER		25 - LYING AND/OR ILLEGALLY IN ROADWAY		11 - UNDERCARRIAGE			
05 - EXCEEDED SPEED LIMIT		15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)		26 - FAILURE TO YIELD RIGHT OF WAY		12 - LOAD/TRAILER			
06 - UNSAFE SPEED		16 - WRONG SIDE/WRONG WAY		27 - NOT VISIBLE (DARK CLOTHING)		13 - TOTAL(ALL AREAS)			
07 - IMPROPER TURN		17 - FAILURE TO CONTROL		28 - INATTENTIVE		14 - OTHER			
08 - LEFT OF CENTER		18 - VISION OBSTRUCTION		29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER					
09 - FOLLOWED TOO CLOSELY/ACDA		19 - OPERATING DEFECTIVE EQUIPMENT		30 - WRONG SIDE OF THE ROAD					
10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD		20 - LOAD SHIFTING/FALLING/SPILLING		31 - OTHER NON-MOTORIST ACTION					
SEQUENCE OF EVENTS		NON-COLLISION EVENTS		VEHICLE DEFECTS <b>05</b>					
1 <b>31</b>		01 - OVERTURN/ROLLOVER		01 - TURN SIGNALS					
2 <b>1</b>		02 - FIRE/EXPLOSION		02 - HEAD LAMPS					
3 <b>1</b>		03 - IMMERSION		03 - TAIL LAMPS					
4 <b>1</b>		04 - JACKKNIFE		04 - BRAKES					
5 <b>1</b>		05 - CARGO/EQUIPMENT LOSS OR SHIFT		05 - STEERING					
6 <b>1</b>		06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)		06 - TIRE BLOWOUT					
		07 - SEPARATION OF UNITS		07 - WORN OR SLICK TIRES					
		08 - RAN OFF ROAD RIGHT		08 - TRAILER EQUIPMENT DEFECTIVE					
		09 - RAN OFF ROAD LEFT		09 - MOTOR TROUBLE					
		10 - CROSS MEDIAN OR SUPPORT		10 - DISABLED FROM PRIOR ACCIDENT					
		11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL		11 - OTHER DEFECTS					
		12 - DOWNHILL RUNAWAY							
		13 - OTHER NON-COLLISION							
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED		COLLISION WITH FIXED OBJECT							
14 - PEDESTRIAN		25 - IMPACT ATTENUATOR/CRASH CUSHION		33 - MEDIAN CABLE BARRIER		41 - OTHER POST, POLE OR SUPPORT		48 - TREE	
15 - PEDALCYCLE		26 - BRIDGE OVERHEAD STRUCTURE		34 - MEDIAN GUARDRAIL BARRIER		42 - CULVERT		49 - FIRE HYDRANT	
16 - RAILWAY VEHICLE (TRAIN, ENGINE)		27 - BRIDGE PIER OR ABUTMENT		35 - MEDIAN CONCRETE BARRIER		43 - CURB		50 - WORK ZONE MAINTENANCE EQUIPMENT	
17 - ANIMAL - FARM		28 - BRIDGE PARAPET		36 - MEDIAN OTHER BARRIER		44 - DITCH		51 - WALL, BUILDING, TUNNEL	
18 - ANIMAL - DEER		29 - BRIDGE RAIL		37 - TRAFFIC SIGN POST		45 - EMBANKMENT		52 - OTHER FIXED OBJECT	
19 - ANIMAL - OTHER		30 - GUARDRAIL FACE		38 - OVERHEAD SIGN POST		46 - FENCE			
20 - MOTOR VEHICLE IN TRANSPORT		31 - GUARDRAIL END		39 - LIGHT/LUMINARIES SUPPORT		47 - MAILBOX			
		32 - PORTABLE BARRIER		40 - UTILITY POLE					
UNIT SPEED <b>25</b>		POSTED SPEED <b>35</b>		TRAFFIC CONTROL <b>12</b>		UNIT DIRECTION FROM <b>E</b> TO <b>W</b>			
<input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED		01 - NO CONTROLS		07 - RAILROAD CROSSBUCKS		1 - NORTH		5 - NORTHEAST	
		02 - STOP SIGN		08 - RAILROAD FLASHERS		2 - SOUTH		6 - NORTHWEST	
		03 - YIELD SIGN		09 - RAILROAD GATES		3 - EAST		7 - SOUTHEAST	
		04 - TRAFFIC SIGNAL		10 - CONSTRUCTION BARRICADE		4 - WEST		8 - SOUTHWEST	
		05 - TRAFFIC FLASHERS		11 - PERSON (FLAGGER, OFFICER)					
		06 - SCHOOL ZONE		12 - PAVEMENT MARKINGS					



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

**2018-00004275**

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>BELCHER, FRANK, W</b>	DATE OF BIRTH <b>10191980</b>	AGE <b>037</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>741 RUSSELL AVE ,OH 43055</b>	CONTACT PHONE- INCLUDE AREA CODE <b>740-405-3523</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RQ407574</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE .	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <b>1</b>
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <b>1</b>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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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
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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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	99 - UNKNOWN SAFETY EQUIPMENT MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	Non-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS,KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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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-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	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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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'S "D") 5 - MC/MOPED 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
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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/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)	6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE M - MALE
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