



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

2017-00006843

CRASH SEVERITY

3 1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

4th St

☐ PHOTOS TAKEN
☐ OH-2 ☐ OH-1P
☐ OH-3 ☐ OTHER☐ PDO UNDER STATE REPORTABLE DOLLAR AMOUNT☐ PRIVATE PROPERTY

REPORTING AGENCY NCIC *

04501

REPORTING AGENCY NAME *

Newark Police Department

NUMBER OF UNITS

02

UNIT IN ERROR

01 98 - ANIMAL
99 - UNKNOWN

COUNTY *

45

☒ CITY *☐ VILLAGE *
☐ TOWNSHIP *

CITY, VILLAGE, TOWNSHIP *

NEWARK

CRASH DATE *

03202017

TIME OF CRASH

1029

DAY OF WEEK

Mon

DEGREES / MINUTES / SECONDS

LATITUDE 0 ' " LONGITUDE 0 ' "

DECIMAL DEGREES

LATITUDE 40.059498 LONGITUDE -82.405754

ROADWAY DIVISION

☐ DIVIDED
☒ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

E N - NORTHBOUND E - EASTBOUND
S - SOUTHBOUND W - WESTBOUND

NUMBER OF THRU LANES

02

ROAD TYPES OR MILEPOST 2

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 TYPE 1

LOCATION ROUTE NUMBER

LOC PREFIX N, S, E, W

LOCATION ROAD NAME

N

4

LOCATION ROUTE TYPE 2

ST

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
SR - STATE ROUTE

DISTANCE FROM REFERENCE

50

MILES

☒ FEET
☐ YARDS

DIR FROM REF

4 N, S, E, W

REFERENCE ROUTE TYPE 1

REFERENCE ROUTE NUMBER

REF PREFIX N, S, E, W

4th

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

REFERENCE ROAD TYPE 2

ST

REFERENCE POINT USED

1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER

CRASH LOCATION

01

01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE 11 - RAILWAY GRADE CROSSING
02 - FOUR-WAY INTERSECTION 07 - ON RAMP 12 - SHARED-USE PATHS OR TRAILS
03 - T-INTERSECTION 08 - OFF RAMP 99 - UNKNOWN
04 - Y-INTERSECTION 09 - CROSSOVER
05 - TRAFFIC CIRCLE/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS☐ INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

1 - ON ROADWAY 5 - ON GORE
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY
3 - IN MEDIAN 9 - UNKNOWN
4 - ON ROADSIDE

ROAD CONTOUR

1 - STRAIGHT LEVEL 4 - CURVE GRADE
2 - STRAIGHT GRADE 9 - UNKNOWN
3 - CURVE LEVEL

ROAD CONDITIONS

PRIMARY 01

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*

* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

7 1 - NOT COLLISION BETWEEN 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSITE DIRECTION
TWO MOTOR VEHICLES 3 - HEAD-ON 6 - ANGLE
IN TRANSPORT 4 - REAR-TO-REAR 7 - SIDESWIPE, SAME DIRECTION 9 - UNKNOWN

WEATHER

2

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

2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE
2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT
3 - BRICK/BLOCK 6 - OTHER

LIGHT CONDITIONS

PRIMARY 1

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

* 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 4 - INTERMITTENT OR MOVING WORK
2 - LANE SHIFT/CROSSOVER 5 - OTHER
3 - WORK ON SHOULDER OR MEDIAN

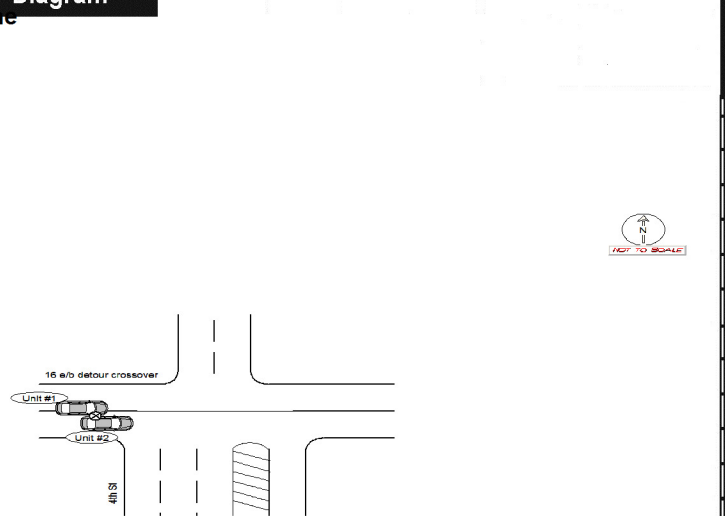
LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA
2 - ADVANCE WARNING AREA 5 - TERMINATION AREA
3 - TRANSITION AREA

NARRATIVE

Unit #2 was e/b on SR16 e/b detour over 4th St when Unit #1 crossed the center line and struck Unit #2 in the drivers side of his vehicle causing a crash. Both unit's initially stopped but the driver of Unit #1 (at fault unit) got out of her vehicle and started screaming at the driver of Unit #2 then got back in her vehicle and left the scene of the crash. The driver of Unit #2 was able to take a photo of Unit #1 for vehicle identification including the license plate. Unit #1 was at fault.

Diagram



REPORT TAKEN BY

☒ POLICE AGENCY ☐ MOTORIST☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED

03202017

TIME CRASH REPORTED

1029

DISPATCH TIME

1034

ARRIVAL TIME

1038

TIME CLEARED

1100

OTHER INVESTIGATION TIME

TOTAL MINUTES

31

OFFICER'S NAME *

Litzinger, Christy

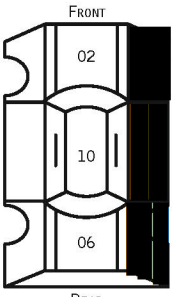
OFFICER'S BADGE NUMBER

45NPD-349

CHECKED BY

PAGE 1 OF 4

2017-00006843

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) Collmar, Thomas, R	OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER)	DAMAGE SCALE 3	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER) 45 1/2 5 ST, NEWARK, OH 43055			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER GUE2034	VEHICLE IDENTIFICATION NUMBER 1FAFP56U25A118281	2 - MINOR	
VEHICLE YEAR 2005	VEHICLE MAKE Ford	VEHICLE MODEL CONTOUR	3 - FUNCTIONAL	
VEHICLE COLOR	PROOF OF INSURANCE SHOWN ☐	INSURANCE COMPANY	4 - DISABLING	
POLICY NUMBER	TOWED BY		9 - UNKNOWN	
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 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 5 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	
HM PLACARD ID No. 1111	HAZARDOUS MATERIAL RELEASED ☐	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	☒ HIT / SKIP UNIT	
HM CLASS NUMBER 1				
Non-Motorist Location Prior to Impact 01 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 03 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
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 04 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
PRE-CRASH ACTIONS 14 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	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 20 2 11 3 11 4 11 5 11 6 11 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 12 - DOWNHILL RUNAWAY 13 - OTHER Non-Collision	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		
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2017-00006843

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) Adrian, Samuel, E	OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER) 740-975-3364	DAMAGE SCALE 3	DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER) 650 MAIN ST, OH 43055			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN		
LP STATE OH	LICENSE PLATE NUMBER 215WZS	VEHICLE IDENTIFICATION NUMBER 1G2JB12F037187083	# OCCUPANTS 01		
VEHICLE YEAR 2003	VEHICLE MAKE Pontiac	VEHICLE MODEL SUNFIRE	VEHICLE COLOR		
PROOF OF INSURANCE SHOWN ☒	INSURANCE COMPANY Riley 740-344-2141	POLICY NUMBER A010104328	TOWED BY		
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE		
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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		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			
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2017-00006843

UNIT NUMBER 01		NAME: LAST, FIRST, MIDDLE UNKNOWN, 01, 2017-00006843						DATE OF BIRTH			AGE		GENDER F - FEMALE M - MALE											
ADDRESS, CITY, STATE, ZIP									CONTACT PHONE- INCLUDE AREA CODE															
INJURIES 1		INJURED TAKEN BY		EMS AGENCY			MEDICAL FACILITY INJURED TAKEN TO			SAFETY EQUIPMENT USED		DOT COMPLIANT 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.		CONDITION 1		ALCOHOL/DRUG SUSPECTED 1		ALCOHOL TEST STATUS 1		ALCOHOL TEST TYPE 1		ALCOHOL TEST VALUE		DRUG TEST STATUS		DRUG TEST TYPE 1	
OFFENSE CHARGED (LOCAL CODE)					OFFENSE DESCRIPTION							CITATION NUMBER				HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY						
UNIT NUMBER 02		NAME: LAST, FIRST, MIDDLE Thacker, Gary, L						DATE OF BIRTH 05291969			AGE 047		GENDER M - MALE											
ADDRESS, CITY, STATE, ZIP 650 E MAIN ST ,OH 43055									CONTACT PHONE- INCLUDE AREA CODE 740-975-3364															
INJURIES 1		INJURED TAKEN BY		EMS AGENCY			MEDICAL FACILITY INJURED TAKEN TO			SAFETY EQUIPMENT USED		DOT COMPLIANT MOTORCYCLE HELMET		SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1				
OL STATE OH		OPERATOR LICENSE NUMBER RS801229			OL CLASS 4		No VALID OL		M/C END.		CONDITION 1		ALCOHOL/DRUG SUSPECTED 1		ALCOHOL TEST STATUS 1		ALCOHOL TEST TYPE		ALCOHOL TEST VALUE		DRUG TEST STATUS		DRUG TEST TYPE 1	
OFFENSE CHARGED (LOCAL CODE)					OFFENSE DESCRIPTION							CITATION NUMBER				HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY 1						
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 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																
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				
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 Is "D") 5 - MC/MOPED ONLY		CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS		5 - Fell Asleep, Injured, 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														
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														
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 MOTORCYCLE HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED				
UNIT NUMBER 		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE		GENDER F - FEMALE M - MALE											
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INJURIES		INJURED TAKEN BY		EMS AGENCY			MEDICAL FACILITY INJURED TAKEN TO			SAFETY EQUIPMENT USED		DOT COMPLIANT MOTORCYCLE HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED				
UNIT NUMBER 		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE		GENDER F - FEMALE M - MALE											
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PAGE 4		OF 4																						