



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

2017-00015021

CRASH SEVERITY

3 1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

2 1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

☐ 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 *

06062017

TIME OF CRASH

1148

DAY OF WEEK

Tue

DEGREES / MINUTES / SECONDS

LATITUDE 0 ' " LONGITUDE 0 ' "

DECIMAL DEGREES

LATITUDE 40.046827 LONGITUDE -81.247785

ROADWAY DIVISION

☐ DIVIDED
☒ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

W 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 - TRAILCR LOCATION
ROUTE
TYPE 1

LOCATION ROUTE NUMBER

REDDINGTON

LOC PREFIX

N, S, E, W

LOCATION ROAD NAME

REDDINGTON

RD LOCATION
ROAD
TYPE 2

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

☐ MILES
☐ FEET
☐ YARDS

DIR FROM REF

N, S, E, W

REFERENCE

ROUTE
TYPE 1

REFERENCE ROUTE NUMBER

CHERRY VALLEY

REF PREFIX

N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

CHERRY VALLEY

RD REFERENCE

ROAD
TYPE 2

REFERENCE POINT USED

1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER

CRASH LOCATION

02

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/ROUNDOUT 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

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

WEATHER

1 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

1 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
* 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 1 FAILED TO YIELD AND TURNED IN FRONT OF UNIT 2,

STRIKING IT.

Diagram



REPORT TAKEN BY:

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

DATE CRASH REPORTED

06062017

TIME CRASH REPORTED

1148

DISPATCH TIME

1159

ARRIVAL TIME

1242

TIME CLEARED

1400

OTHER INVESTIGATION TIME

TOTAL MINUTES

OFFICER'S NAME *

Snodde, Mike

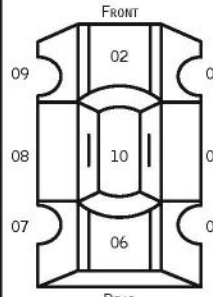
OFFICER'S BADGE NUMBER

45NPD-340

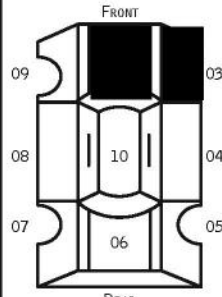
CHECKED BY

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2017-00015021

UNIT NUMBER 01		OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)		OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER)		DAMAGE SCALE ☐ 1 - NONE ☐ 2 - MINOR ☐ 3 - FUNCTIONAL ☐ 4 - DISABLING ☐ 9 - UNKNOWN		DAMAGED AREA 			
OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER)											
LP STATE OH	LICENSE PLATE NUMBER 12345678		VEHICLE IDENTIFICATION NUMBER 1G1ZB5H45D1234567				# OCCUPANTS 1				
VEHICLE YEAR 2015	VEHICLE MAKE FORD		VEHICLE MODEL F-150		VEHICLE COLOR WHITE						
☐ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY STATE FARM		POLICY NUMBER 123456789		TOWED BY NO						
CARRIER NAME, ADDRESS, CITY, STATE, ZIP								CARRIER PHONE - INCLUDE AREA CODE			
US DOT 1234		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 ☒ 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					
HM PLACARD ID No. 1234		☐ 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		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					
HM CLASS NUMBER 1											
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 99 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			
SPECIAL FUNCTION ☐ 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 ☐ 01 - NONE ☐ 02 - CENTER FRONT ☐ 03 - RIGHT FRONT ☐ 04 - RIGHT SIDE ☐ 05 - RIGHT REAR ☐ 06 - REAR CENTER ☐ 07 - LEFT REAR		IMPACT AREA ☐ 08 - LEFT SIDE ☐ 09 - LEFT FRONT ☐ 10 - TOP AND WINDOWS ☐ 11 - UNDERCARRIAGE ☐ 12 - LOAD/TRAILER ☐ 13 - TOTAL(ALL AREAS) ☐ 14 - OTHER		ACTION ☐ 1 - NON-CONTACT ☐ 2 - NON-COLLISION ☐ 3 - STRIKING ☐ 4 - STRUCK ☐ 5 - STRIKING/STRUCK ☐ 9 - UNKNOWN	
PRE-CRASH ACTIONS 06 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 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION 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 01 3 01 4 01 5 01 6 01 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 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							
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2017-00015021

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER) HUTCHINSON, TYLER, A	OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER) 740-975-9645	DAMAGE SCALE 2	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER) 176 LINDEN AVE , OH 43055			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE OH	LICENSE PLATE NUMBER GXN9020	VEHICLE IDENTIFICATION NUMBER 1G2ZG558364198027	# OCCUPANTS 01	
VEHICLE YEAR 2006	VEHICLE MAKE Pontiac	VEHICLE MODEL G 6	VEHICLE COLOR	
☐ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE- INCLUDE AREA CODE
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2017-00015021

UNIT NUMBER 01		NAME: LAST, FIRST, MIDDLE UNKNOWN, 01, 2017-00015021				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 01		AIR BAG USAGE 9		EJECTION 1		TRAPPED 1					
OL STATE		OPERATOR LICENSE NUMBER		OL CLASS		No VALID OL		M/C END.		CONDITION		ALCOHOL/DRUG SUSPECTED		ALCOHOL TEST STATUS		ALCOHOL TEST TYPE		ALCOHOL TEST VALUE		DRUG TEST STATUS		DRUG TEST TYPE	
OFFENSE CHARGED (LOCAL CODE)		OFFENSE DESCRIPTION				CITATION NUMBER				HANDS-FREE DEVICE USED				DRIVER DISTRACTED BY									
UNIT NUMBER 02		NAME: LAST, FIRST, MIDDLE HUTCHINSON, TYLER, A				DATE OF BIRTH 02221997		AGE 020		GENDER M F - FEMALE M - MALE													
ADDRESS, CITY, STATE, ZIP 176 LINDEN AVE ,OH 43055						CONTACT PHONE- INCLUDE AREA CODE 740-975-9645																	
INJURIES 1		INJURED TAKEN BY		EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED 04		DOT COMPLIANT MOTORCYCLE HELMET		SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1					
OL STATE OH		OPERATOR LICENSE NUMBER UC154913		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, 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													
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													
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					