



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
2017-00018747	3 1 - FATAL 2 - INJURY 3 - PDO	2 1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION		REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	04501	Newark Police Department	01
<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OH-3	<input type="checkbox"/> OTHER		01 98 - ANIMAL 99 - UNKNOWN

COUNTY *	<input checked="" type="checkbox"/> CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
45	<input type="checkbox"/> VILLAGE *	NEWARK	07112017	1245	Tue
<input type="checkbox"/> TOWNSHIP *					

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES	LONGITUDE
LATITUDE		LATITUDE	
0 ' 00 "	0 ' 00 "	40.064573	-82.386582

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST ²
<input type="checkbox"/> DIVIDED	<input type="checkbox"/> N - NORTHBOUND E - EASTBOUND	01	AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY
<input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND		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	LOCATION ROAD TYPE ²	ROUTE TYPES ¹
			ALLEY	AL	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	REFERENCE ROUTE TYPE ¹	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE ²
10	<input type="checkbox"/> MILES <input checked="" type="checkbox"/> FEET <input type="checkbox"/> YARDS	4			155 CEDAR	ST

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

ROAD CONTOUR	ROAD CONDITIONS	WEATHER
1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	01 PRIMARY SECONDARY	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

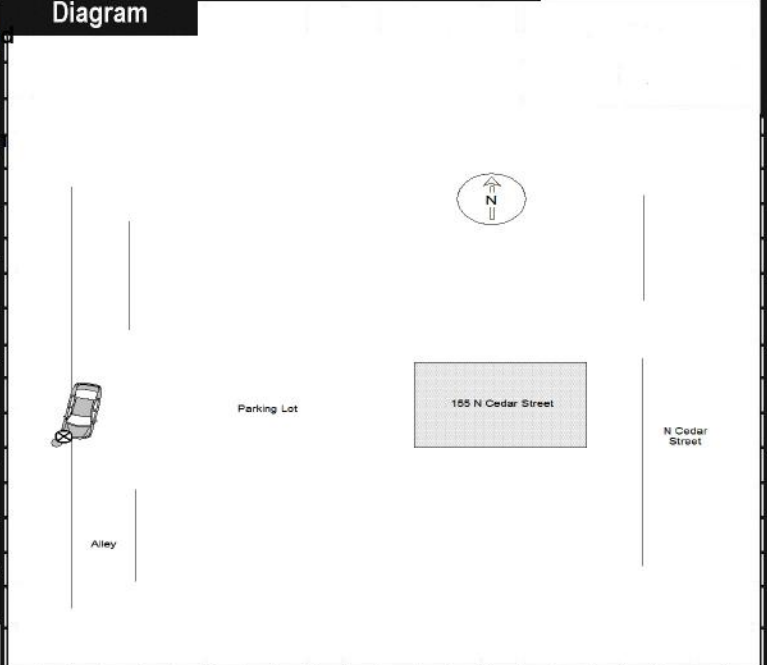
MANNER OF CRASH COLLISION/IMPACT	WEATHER
7 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	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 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 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	<input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE

Unit 1 was southbound in an alley to the west of N Cedar Street, and began to leave the travelled lane to the right side and struck an Alltel / Windstream utility pole. Unit 1 reportedly backed away from the pole and fled the scene.



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
07112017	1246	1246	1301	1315	0000	14
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE 1 OF 3			
Cochran, Troy	45NPD-304	Eskins, Clint				



UNIT

LOCAL REPORT NUMBER

2017-00018747

UNIT NUMBER 01		OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) UNKNOWN, 01, 2017-00018747		OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER)		DAMAGE SCALE 9		DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)								CARRIER PHONE- INCLUDE AREA CODE	
LP STATE OH	LICENSE PLATE NUMBER GLC????	VEHICLE IDENTIFICATION NUMBER				# OCCUPANTS 01			
VEHICLE YEAR	VEHICLE MAKE Ford	VEHICLE MODEL TAURUS		VEHICLE COLOR					
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER		TOWED BY					
US DOT								TRAFFICWAY DESCRIPTION 5	
HM PLACARD ID No.		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 03					
HM CLASS NUMBER		<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 03		MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 03		BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 03	
NON-MOTORIST LOCATION PRIOR TO IMPACT 01		TYPE OF USE 1		UNIT TYPE 03					
SPECIAL FUNCTION 01		09 - AMBULANCE		17 - FARM VEHICLE		MOST DAMAGED AREA 03		ACTION 3	
02 - TAXI		10 - FIRE		18 - FARM EQUIPMENT		01 - NONE		1 - NON-CONTACT	
03 - RENTAL TRUCK (OVER 10K LBS)		11 - HIGHWAY/MAINTENANCE		19 - MOTORHOME		02 - CENTER FRONT		2 - NON-COLLISION	
04 - BUS - SCHOOL (PUBLIC OR PRIVATE)		12 - MILITARY		20 - GOLF CART		03 - RIGHT FRONT		3 - STRIKING	
05 - BUS - TRANSIT		13 - POLICE		21 - TRAIN		04 - RIGHT SIDE		4 - STRUCK	
06 - BUS - CHARTER		14 - PUBLIC UTILITY		22 - OTHER (EXPLAIN IN NARRATIVE)		05 - RIGHT REAR		5 - STRIKING/STRUCK	
07 - BUS - SHUTTLE		15 - OTHER GOVERNMENT				06 - REAR CENTER		9 - UNKNOWN	
08 - BUS - OTHER		16 - CONSTRUCTION EQUIP.				07 - LEFT REAR			
PRE-CRASH ACTIONS 01		MOTORIST		NON-MOTORIST					
01 - STRAIGHT AHEAD		07 - MAKING U-TURN		13 - NEGOTIATING A CURVE		01 - NONE		08 - LEFT SIDE	
02 - BACKING		08 - ENTERING TRAFFIC LANE		14 - OTHER MOTORIST ACTION		02 - CENTER FRONT		09 - LEFT FRONT	
03 - CHANGING LANES		09 - LEAVING TRAFFIC LANE				03 - RIGHT FRONT		10 - TOP AND WINDOWS	
04 - OVERTAKING/PASSING		10 - PARKED				04 - RIGHT SIDE		11 - UNDERCARRIAGE	
05 - MAKING RIGHT TURN		11 - SLOWING OR STOPPED IN TRAFFIC				05 - RIGHT REAR		12 - LOAD/TRAILER	
06 - MAKING LEFT TURN		12 - DRIVERLESS				06 - REAR CENTER		13 - TOTAL(ALL AREAS)	
						07 - LEFT REAR		14 - OTHER	
CONTRIBUTING CIRCUMSTANCES		PRIMARY		NON-MOTORIST				VEHICLE DEFECTS	
17		MOTORIST		22 - NONE				01	
01 - NONE		11 - IMPROPER BACKING		23 - IMPROPER CROSSING				02 - HEAD LAMPS	
02 - FAILURE TO YIELD		12 - IMPROPER START FROM PARKED POSITION		24 - DARTING				03 - TAIL LAMPS	
03 - RAN RED LIGHT		13 - STOPPED OR PARKED ILLEGALLY		25 - LYING AND/OR ILLEGALLY IN ROADWAY				04 - BRAKES	
04 - RAN STOP SIGN		14 - OPERATING VEHICLE IN NEGLIGENCE MANNER		26 - FAILURE TO YIELD RIGHT OF WAY				05 - STEERING	
05 - EXCEEDED SPEED LIMIT		15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)		27 - NOT VISIBLE (DARK CLOTHING)				06 - TIRE BLOWOUT	
06 - UNSAFE SPEED		16 - WRONG SIDE/WRONG WAY		28 - INATTENTIVE				07 - WORN OR SLICK TIRES	
07 - IMPROPER TURN		17 - FAILURE TO CONTROL		29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER				08 - TRAILER EQUIPMENT DEFECTIVE	
08 - LEFT OF CENTER		18 - VISION OBSTRUCTION		30 - WRONG SIDE OF THE ROAD				09 - MOTOR TROUBLE	
09 - FOLLOWED TOO CLOSELY/ACDA		19 - OPERATING DEFECTIVE EQUIPMENT		31 - OTHER NON-MOTORIST ACTION				10 - DISABLED FROM PRIOR ACCIDENT	
10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD		20 - LOAD SHIFTING/FALLING/SPILLING						11 - OTHER DEFECTS	
		21 - OTHER IMPROPER ACTION							
SEQUENCE OF EVENTS		NON-COLLISION EVENTS							
1 08 2 40 3 01 4 01 5 01 6 01		01 - OVERTURN/ROLLOVER		06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)		10 - CROSS MEDIAN OR SUPPORT			
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 2		02 - FIRE/EXPLOSION		07 - SEPARATION OF UNITS		11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL			
		03 - IMMERSION		08 - RAN OFF ROAD RIGHT		12 - DOWNHILL RUNAWAY			
		04 - JACKKNIFE		09 - RAN OFF ROAD LEFT		13 - OTHER NON-COLLISION			
		05 - CARGO/EQUIPMENT LOSS OR SHIFT							
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 25		POSTED SPEED 15		TRAFFIC CONTROL 01		UNIT DIRECTION FROM 1 TO 2			
<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)				9 - UNKNOWN	
		06 - SCHOOL ZONE		12 - PAVEMENT MARKINGS					



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2017-00018747

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE UNKNOWN, 01, 2017-00018747	DATE OF BIRTH	AGE	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 99	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 9	EJECTION 1	TRAPPED 1
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OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No VALID OL <input type="checkbox"/>	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
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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 1
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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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
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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 NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	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 IS "M") 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 F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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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 <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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