



TRAFFIC CRASH REPORT

LOGAL REPORT NUMBER * **2017-00023047** CRASH SEVERITY **3** HIT/SKIP **2**
 1 - FATAL 2 - INJURY 3 - PDO 1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION **Manning St**

PHOTOS TAKEN OH-2 OH-1P OH-3 OTHER
 PDD UNDER STATE REPORTABLE DOLLAR AMOUNT PRIVATE PROPERTY
 REPORTING AGENCY NCIC * **04501** REPORTING AGENCY NAME * **Newark Police Department**
 NUMBER OF UNITS **10** UNIT IN ERROR **01** 98 - ANIMAL 99 - UNKNOWN

COUNTY * **45** CITY * CITY * VILLAGE * TOWNSHIP * **NEWARK**
 CRASH DATE * **08192017** TIME OF CRASH **1718** DAY OF WEEK **Sat**

DEGREES / MINUTES / SECONDS LATITUDE **40.071571** LONGITUDE **-81.238374**

ROADWAY DIVISION DIVIDED UNDIVIDED
 DIVIDED LANE DIRECTION OF TRAVEL 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 NUMBER **01** LOCATION ROUTE TYPE **1** LOCATION ROAD NAME **MANNING** LOCATION ROAD TYPE **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 **15** DIR FROM REF **4** REFERENCE ROUTE NUMBER **01** REFERENCE NAME (ROAD, MILEPOST, HOUSE #) **Cedar** REFERENCE ROAD TYPE **ST**

REFERENCE POINT USED **1** CRASH LOCATION **01** LOCATION OF FIRST HARMFUL EVENT **5**
 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER
 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUNT
 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
 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

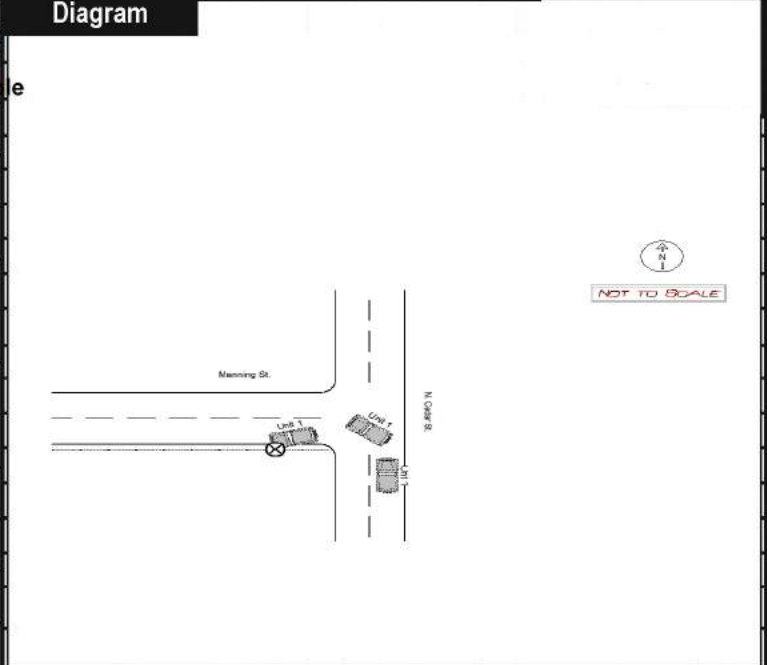
ROAD CONTOUR **2** ROAD CONDITIONS PRIMARY **01** SECONDARY
 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN
 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS*
 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN
 * SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT **1** WEATHER **1**
 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 - 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 **2** LIGHT CONDITIONS PRIMARY **1** SECONDARY
 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER
 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
 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 01 failed to control the vehicle and struck a fence off road. Unit 01 did not report the accident. Witness reported the incident. Unable to locate Unit 01.



REPORT TAKEN BY POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED **08192017** TIME CRASH REPORTED **1718** DISPATCH TIME **1728** ARRIVAL TIME **1750** TIME CLEARED **1800** OTHER INVESTIGATION TIME **0015** TOTAL MINUTES **25**
 OFFICER'S NAME * **Rubio, Chelsea** OFFICER'S BADGE NUMBER **45NPD-35** CHECKED BY **Shaffer, Al**



UNIT

LOCAL REPORT NUMBER

2017-00023047

UNIT NUMBER 01		OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) UNKNOWN, 01, 2017-00023047		OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER)		DAMAGE SCALE 9		DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) UNKNOWN, UNKNOWN, OH									
LP STATE OH		LICENSE PLATE NUMBER		VEHICLE IDENTIFICATION NUMBER		# OCCUPANTS		2 - MINOR	
VEHICLE YEAR		VEHICLE MAKE Jeep (after 1988)		VEHICLE MODEL CHEROKEE		VEHICLE COLOR		3 - FUNCTIONAL	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY		POLICY NUMBER		TOWED BY		4 - DISABLING	
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 <input type="checkbox"/>		TRAFFICWAY DESCRIPTION 1		9 - UNKNOWN	
HM PLACARD ID NO.		<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 06		MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS		BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)	
HM CLASS NUMBER		TYPE OF USE <input type="checkbox"/>		UNIT TYPE 99 - UNKNOWN OR HIT / SKIP		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		21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/>		IN EMERGENCY RESPONSE <input type="checkbox"/>		12 - OTHER PASSENGER VEHICLE		<input type="checkbox"/> HAS HM PLACARD			
SPECIAL FUNCTION 01		09 - AMBULANCE		17 - FARM VEHICLE		MOST DAMAGED AREA 99		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 06		MOTORIST		NON-MOTORIST		08 - LEFT SIDE			
01 - STRAIGHT AHEAD		07 - MAKING U-TURN		13 - NEGOTIATING A CURVE		09 - LEFT FRONT			
02 - BACKING		08 - ENTERING TRAFFIC LANE		14 - OTHER MOTORIST ACTION		10 - TOP AND WINDOWS			
03 - CHANGING LANES		09 - LEAVING TRAFFIC LANE				11 - UNDERCARRIAGE			
04 - OVERTAKING/PASSING		10 - PARKED				12 - LOAD/TRAILER			
05 - MAKING RIGHT TURN		11 - SLOWING OR STOPPED IN TRAFFIC				13 - TOTAL(ALL AREAS)			
06 - MAKING LEFT TURN		12 - DRIVERLESS				14 - OTHER			
CONTRIBUTING CIRCUMSTANCES 06		MOTORIST		NON-MOTORIST		VEHICLE DEFECTS <input type="checkbox"/>			
01 - NONE		11 - IMPROPER BACKING		22 - NONE		01 - TURN SIGNALS			
02 - FAILURE TO YIELD		12 - IMPROPER START FROM PARKED POSITION		23 - IMPROPER CROSSING		02 - HEAD LAMPS			
03 - RAN RED LIGHT		13 - STOPPED OR PARKED ILLEGALLY		24 - DARTING		03 - TAIL LAMPS			
04 - RAN STOP SIGN		14 - OPERATING VEHICLE IN NEGLIGENT MANNER		25 - LYING AND/OR ILLEGALLY IN ROADWAY		04 - BRAKES			
05 - EXCEEDED SPEED LIMIT		15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)		26 - FAILURE TO YIELD RIGHT OF WAY		05 - STEERING			
06 - UNSAFE SPEED		16 - WRONG SIDE/WRONG WAY		27 - NOT VISIBLE (DARK CLOTHING)		06 - TIRE BLOWOUT			
07 - IMPROPER TURN		17 - FAILURE TO CONTROL		28 - INATTENTIVE		07 - WORN OR SLICK TIRES			
08 - LEFT OF CENTER		18 - VISION OBSTRUCTION		29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER		08 - TRAILER EQUIPMENT DEFECTIVE			
09 - FOLLOWED TOO CLOSELY/ACDA		19 - OPERATING DEFECTIVE EQUIPMENT		30 - WRONG SIDE OF THE ROAD		09 - MOTOR TROUBLE			
10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD		20 - LOAD SHIFTING/FALLING/SPILLING		31 - OTHER NON-MOTORIST ACTION		10 - DISABLED FROM PRIOR ACCIDENT			
SEQUENCE OF EVENTS		NON-COLLISION EVENTS		COLLISION WITH FIXED OBJECT		COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED			
1 09 2 46 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>		01 - OVERTURN/ROLLOVER		25 - IMPACT ATTENUATOR/CRASH CUSHION		14 - PEDESTRIAN			
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 2		02 - FIRE/EXPLOSION		26 - BRIDGE OVERHEAD STRUCTURE		15 - PEDALCYCLE			
		03 - IMMERSION		27 - BRIDGE PIER OR ABUTMENT		16 - RAILWAY VEHICLE (TRAIN, ENGINE)			
		04 - JACKKNIFE		28 - BRIDGE PARAPET		17 - ANIMAL - FARM			
		05 - CARGO/EQUIPMENT LOSS OR SHIFT		29 - BRIDGE RAIL		18 - ANIMAL - DEER			
		06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)		30 - GUARDRAIL FACE		19 - ANIMAL - OTHER			
		07 - SEPARATION OF UNITS		31 - GUARDRAIL END		20 - MOTOR VEHICLE IN TRANSPORT			
		08 - RAN OFF ROAD RIGHT		32 - PORTABLE BARRIER					
		09 - RAN OFF ROAD LEFT							
		10 - CROSS MEDIAN OR SUPPORT							
		11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL							
		12 - DOWNHILL RUNAWAY							
		13 - OTHER NON-COLLISION							
		33 - MEDIAN CABLE BARRIER		34 - MEDIAN GUARDRAIL BARRIER		41 - OTHER POST, POLE OR SUPPORT		48 - TREE	
		35 - MEDIAN CONCRETE BARRIER		36 - MEDIAN OTHER BARRIER		42 - CULVERT		49 - FIRE HYDRANT	
		37 - TRAFFIC SIGN POST		38 - OVERHEAD SIGN POST		43 - CURB		50 - WORK ZONE MAINTENANCE EQUIPMENT	
		39 - LIGHT/LUMINARIES SUPPORT		40 - UTILITY POLE		44 - DITCH		51 - WALL, BUILDING, TUNNEL	
						45 - EMBANKMENT		52 - OTHER FIXED OBJECT	
						46 - FENCE			
						47 - MAILEOX			
UNIT SPEED 35		POSTED SPEED 35		TRAFFIC CONTROL 12		UNIT DIRECTION FROM 2 TO 4		1 - NORTH 5 - NORTHEAST 9 - UNKNOWN	
<input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED		01 - NO CONTROLS		07 - RAILROAD CROSSBUCKS		11 - NORTHWEST		2 - SOUTH 6 - SOUTHWEST	
		02 - STOP SIGN		08 - RAILROAD FLASHERS		3 - EAST 7 - SOUTHEAST		3 - EAST 7 - SOUTHEAST	
		03 - YIELD SIGN		09 - RAILROAD GATES		4 - WEST 8 - SOUTHWEST			
		04 - TRAFFIC SIGNAL		10 - CONSTRUCTION BARRICADE					
		05 - TRAFFIC FLASHERS		11 - PERSON (FLAGGER, OFFICER)					
		06 - SCHOOL ZONE		12 - PAVEMENT MARKINGS					



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2017-00023047

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE UNKNOWN, 01, 2017-00023047	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP UNKNOWN, UNKNOWN, OH	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES 1	INJURED TAKEN BY 1	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 (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 (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 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 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
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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 Smith, Corbin	DATE OF BIRTH	AGE NaN	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 78 MANNING ST, OH 43055	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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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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