



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

2017-00028300

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 *

10102017

TIME OF CRASH

1652

DAY OF WEEK

Tue

DEGREES / MINUTES / SECONDS

LATITUDE

LONGITUDE

0 / 0 00.000000

0 / 0 00.000000

DECIMAL DEGREES

LATITUDE

40.058147

LONGITUDE

-81.240661

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
AV - AVENUE CT - COURT
BL - BOULEVARD DR - DRIVE
LA - LAKE HW - HIGHWAY
PK - PARKWAY PI - PIKE
SQ - SQUARE TL - TRAIL

HE - HEIGHTS

MP - MILEPOST

PL - PLACE

RD - ROAD

ST - STREET

WA - WAY

PK - PARKWAY

RD - ROAD

TE - TERRACE

SQ - SQUARE

TL - TRAIL

LOCATION ROUTE TYPE 1

LOCATION ROUTE NUMBER

N

LOC PREFIX

N, S, E, W

LOCATION ROAD NAME

5

ST

LOCATION ROAD TYPE 2

ST

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC. TURNPIKE)

US - US ROUTE

SR - STATE ROUTE

CR - NUMBERED COUNTY ROUTE

TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE

☐ MILES
☐ FEET
☐ YARDS

DIR FROM REF

N, S, E, W

REFERENCE ROUTE TYPE 1

N

REFERENCE ROUTE NUMBER

5

REF PREFIX

N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

CHURCH

REFERENCE ROAD TYPE 2

ST

REFERENCE POINT USED

1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER

CRASH LOCATION

02

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

11 - RAILWAY GRADE CROSSING

12 - SHARED-USE PATHS OR TRAILS

99 - UNKNOWN

☐ INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

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

ROAD CONTOUR

1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL

4 - CURVE GRADE

9 - UNKNOWN

ROAD CONDITIONS

01

SECONDARY

01

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

2 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

WEATHER

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

2 1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK

4 - SLAG, GRAVEL, STONE

5 - DIRT

6 - OTHER

LIGHT CONDITIONS

1

PRIMARY

1

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

* SECONDARY CONDITION ONLY

☐ SCHOOL ZONE RELATED☐ YES, SCHOOL BUS DIRECTLY INVOLVED
☐ YES, SCHOOL BUS INDIRECTLY INVOLVED

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 #1 WAS TRAVELING SB ON N. 5TH ST. AT W. CHURCH ST.

UNIT #1 FAILED TO YIELD FOR STOP TRAFFIC AND STRUCK UNIT

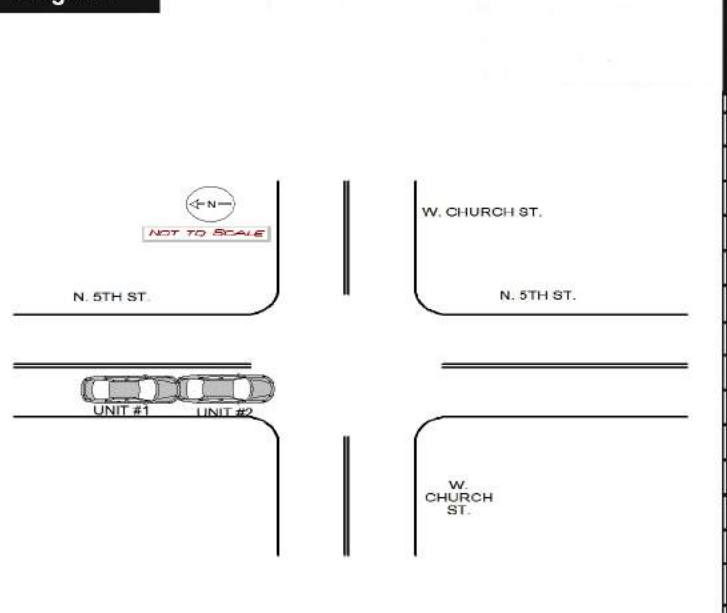
#2. UNIT #2 WAS TRAVELING SB ON N. 5TH ST. AND WAS STOPPED

FOR A TRAFFIC SIGNAL AT W. CHURCH ST. UNIT #1 WAS

DESCRIBED AS A BLACK FORD MUSTANG AND LEFT THE SCENE C

THE ACCIDENT. UNIT #1 IS THE AT FAULT UNIT.

Diagram



REPORT TAKEN BY

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

DATE CRASH REPORTED

10102017

TIME CRASH REPORTED

1652

DISPATCH TIME

1652

ARRIVAL TIME

1652

TIME CLEARED

1752

OTHER INVESTIGATION TIME

TOTAL MINUTES

60

OFFICER'S NAME *

Beach, Derrick

OFFICER'S BADGE NUMBER

45NPD-355

CHECKED BY

PAGE 1 OF 4

2017-00028300

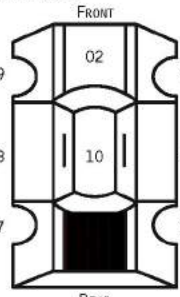
UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER) UNKNOWN, 01, 2017-00028300	OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER)	DAMAGE SCALE 9	DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER)			1 - NONE		
LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	2 - MINOR		
VEHICLE YEAR	VEHICLE MAKE Ford	VEHICLE MODEL MUSTANG	3 - FUNCTIONAL		
☐ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	4 - DISABLING		
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN		
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 1 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.	☐ 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					
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 03 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 (BOATAIL) 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/PEDALCYCLIST 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 - TRAM 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 99 IMPACT AREA 02 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	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-CRASH ACTIONS 01 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	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	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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UNIT

LOCAL REPORT NUMBER

2017-00028300

UNIT NUMBER 02		OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER) WORSTELL, AMANDA, J		OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER)		DAMAGE SCALE 1		DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER) 15 GRANT ST, OH 43055									
LP STATE OH		LICENSE PLATE NUMBER E949089		VEHICLE IDENTIFICATION NUMBER 1N4AL3AP5G174475				# OCCUPANTS 01	
VEHICLE YEAR 2016		VEHICLE MAKE Nissan		VEHICLE MODEL ALTIMA		VEHICLE COLOR			
☒ PROOF OF INSURANCE SHOWN		INSURANCE COMPANY American Family Ins		POLICY NUMBER 410227191065		TOWED BY		9 - UNKNOWN	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP								CARRIER PHONE - INCLUDE AREA CODE	
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SEQUENCE OF EVENTS 1 20 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN 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 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 OR SUPPORT 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 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 - MAILEOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT									
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2017-00028300

UNIT NUMBER 01		NAME: LAST, FIRST, MIDDLE UNKNOWN, 01, 2017-00028300				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 ☐		AIR BAG USAGE ☐		EJECTION ☐		TRAPPED ☐					
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 WORSTELL, AMANDA, J				DATE OF BIRTH 02091989		AGE 028		GENDER F F - FEMALE M - MALE	
ADDRESS, CITY, STATE, ZIP 15 GRANT ST ,OH 43055								CONTACT PHONE - INCLUDE AREA CODE ____			
INJURIES 1		INJURED TAKEN BY 1		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 SW549815		OL CLASS 4		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 1		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			
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 ☐					
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 ____		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 ☐					
OL STATE ____		OPERATOR LICENSE NUMBER ____		OL CLASS ☐		No VALID OL ☐		M/C END. ☐		CONDITION ☐	
ALCOH											