TRAFFIC CRASH REPORT

Local Information	Local Report Number *	Crash Severity	Hit/Skip
17-3377	17- 3377	3 (1 - Fatal, 2 - Injury, 3 - PDO)	(1 - Solved, 2. Unsolved)

☐ Photos Taken ☐ OH -2 ☐ OH -1P ☐ OH -3 ☐ Other	☐ PDO Under State Reportable Dollar Amount	☐ Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in Error (98 - Animal, 99 - Unknown)
			04501	Newark Division of Police	1	1

County *	■ City * ☐ Village* ☐ Township *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
Licking		Newark	02/09/2017	1051	Thu

Degrees/Minutes/Seconds Latitude	Degrees/Minutes/Seconds Longitude	OR	Decimal Degrees Latitude	Decimal Degrees Longitude
::	::		40.055244	82.458186

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes
■ Divided ☐ Undivided	W (N - Northbound, S - Southbound, E - Eastbound, W -Westbound)	2

Road Types or Milepost: AL - Alley; AV - Avenue; BL - Boulevard; CR - Circle; CT - Court; DR - Drive; HE - Heights; HW - Highway; LA - Lane; MP - Milepost; PK - Parkway; PI - Pike; PL - Place; RD - Road; SQ - Square; ST - Street; TE - Terrace; TL - Trail; WA - Way

Location Route Number	Loc Prefix	Location Road Name	Location Road Type	Route Types
SR (Location Route Type) 16	☐ N,S, E,W			IR - Interstate Route (inc. turnpike); US - US Route; SR - State Route; CR - Numbered County Route; TR - Numbered Township Route

Distance From Reference	Dir From Ref	OF	Reference Route Type	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type
☐ Miles ☐ Feet ☐ Yards	☐ N,S, E,W				☐ N,S, E,W	Granville	RD

Reference Point Used	Crash Location	☐ Intersection Related	Location Of First Harmful Event
1 (1 -Intersection, 2 -Mile Post, 3 -House Number)	08 (01 - Not an Intersection; 02 - Four- Way Intersection; 03 - T-Intersection; 04 - Y-Intersection; 05 - Traffic Circle/ Roundabout; 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)		1 (1 - On Roadway; 2 - On Shoulde; 3 - In Median; 4 - On Roadside; 5 - On Gore; 6 - Outside Trafficway; 9 - Unknown)

Road Contour	Road Conditions Primary	Road Conditions Secondary
1 (1 - Straight Level; 2 - Straight Grade; 3 - Curve Level; 4 - Curve Grade; 9 - Unknown)	03 (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

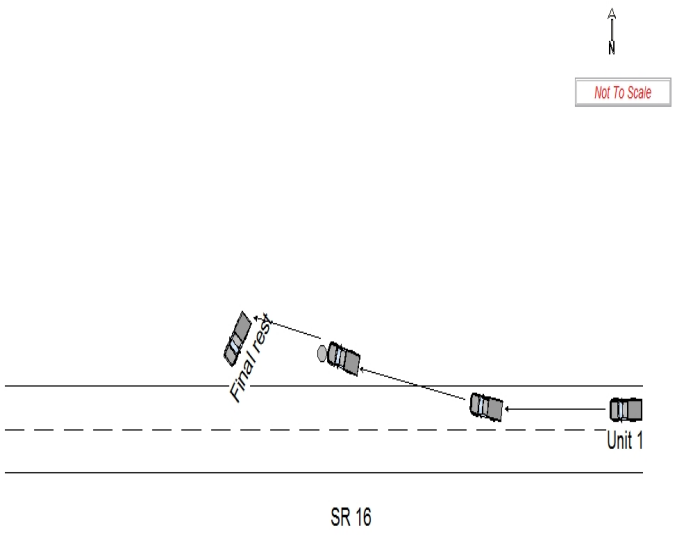
Manner of Crash Collision/Impact	Weather
1 (1 - Not Collision Between Two motor Vehicles In Transport; 2 - Rear-End; 3 - Head-On; 4 - Rear-to-Rear; 5 - Backing; 6 - Angle; 7 - Sideswipe, -Same Direction; 8 - Sideswipe, Opposite Direction; 9 - Unknown)	6 (1 - Clear; 2 - Cloudy; 3 - Fog,Smog, Smoke; 4 - Rain; 5 - Sleet, Hail; 6 - Snow; 7 - Severe Crosswinds; 8 - Blowing Sand,Soil, Dirt, Snow; 9 - Other/Unknown)

Road Surface	Light Conditions Primary	Light Conditions Secondar	☐ School Zone Related	School Bus Related
2 (1 - Concrete; 2 - Blacktop, Bituminous, Asphalt; 3 - Brick/Block; 4 - Slag , Gravel, Stone; 5 - Dirt; 6 - Other)	1 (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	☐	☐	☐ 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	Location of Crash in Work Zone
		☐ 1 - Lane Closure; 2 - Lane Shift/ Crossover; 3 - Work on Shoulder or Median; 4 - Intermittent or Moving Work; 5 - Other	☐ 1 - Before the First Work Zone Warning Sign; 2 - Advance Warning Area; 3 - Transition Area; 4 - Activity Area; 5 - Termination Area

Narrative

On the stated date and time unit 1 was traveling westbound on SR 16 in the area of the Granville Rd exit. Unit 1 began to lose control on the snowy road and began sliding. unit 1 slid off the road and struck a light pole. There were no reported injuries and disabling damage to unit 1. Driver of unit 1 was suspended. Pole # A6



Report Taken By	■ Supplement (Correction or Addition to an Existing Report Sent to ODPS)
■ Police Agency ☐ Motorist	

Date CrashReported	Time CrashReported	Dispatch Time	Arrival Time	Time Cleared	Other InvestigationTime	Total Minutes
02/09/2017	1051	1052	1103	1200	0	68

Officer's Name*	Officer's Badge Number	Checked By
Maring, Brody	3162	2811

UNIT

LOCAL REPORT NUMBER: 17- 3377

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE NUMBER	DAMAGE SCALE	DAMAGE AREA
1	Hoffman, Jamie,		4	FRONT / REAR

OWNER ADDRESS: CITY, STATE, ZIP ☐SAME AS DRIVER)

1000 Jo Ann Dr Apt 9C, Utica, OH, 43080

DAMAGE SCALE: 1 - NONE; 2 - MINOR; 3 - FUNCTIONAL; 4 - DISABLING; 9 - UNKNOWN

LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
OH	HAF1888	1B7GL22X1YS549007	1

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
2000	Dodge	Dakota	RED

■ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
	Geico	4141027898	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE

US DOT

HM PLACARD ID NO.

HM CLASS NUMBER

VEHICLE WEIGHT **GVWR/GCWR**: ☐ 1 - LESS THAN OR EQUAL TO 10K LBS; 2 - 10,001 TO 26,000K LBS; 3 - MORE THAN 26,000K LBS.

☐ HAZARDOUS MATERIAL RELATED

CARGO BODY TYPE: **01**
01 - NO CARGO BODY TYPE/NOT APPLICABL; 02 - BUS/ VAN (9-15 SEATS, INC DRIVER); 03 - BUS (16+ SEATS, INC DRIVER); 04 - VEHICLE TOWING ANOTHER VEHICLE; 05 - LOGGING; 06 - INTERMODAL CONTAINER CHASIS; 07 - CARGO VAN/ENCLOSED BOX; 08 - GRAIN, CHIPS, GRAVEL; 09 - POLE; 10 - CARGO TANK; 11 - FLAT BED; 12 - DUMP; 13 - CONCRETE MIXER; 14 - AUTO TRANSPORTER; 15 - GARBAGE /REFUSE; 99 - OTHER/UNKNOWN

TRAFFICWAY DESCRIPTION: **4**
1 - TWO-WAY, NOT DIVIDED; 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE; 3 - TWO-WAY, DIVIDED, UNPROTECTED(PAINTED OR GRASS >4FT.) MEDIA; 4 - TWO-WAY, DIVIDED, POSITIVE MEDIANBARRIER; 5 - ONE-WAY TRAFFICWAY

☐ HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT
01 - INTERSECTION - MARKED CROSSWAL; 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 - DRIVE WAY 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: **07** (99 - UNKNOWN OR HIT/SKIP)

PASSENGER VEHICLES (LESS THAN 9 PASSENGERS MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO(9 OR MORE INCLUDING DRIVER)
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
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)
NON-MOTORIST
23 - ANIMAL WITH RIDER; 24 - ANIMAL WITH BUGGY, WAGON, SURREY; 25 - BICYCLE/PEDACYCLIST; 26 - PEDESTRIAN/SKATER; 27 - OTHER NON-MOTORIST

☐ HAS HM PLACARD

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 EQIP.; 17 - FARM VEHICLE; 18 - FARM EQUIPMENT; 19 - MOTORHOME; 20 - GOLF CART; 21 - TRAIN; 22 - OTHER (EXPLAIN IN NARRATIVE)

MOST DAMAGED AREA: **02**
IMPACT ARE: **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; 99 - UNKNOWN

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 ACTIO

NON-MOTORIST
15 - ENTERING OR CROSSING SPECIFIED LOCATIO; 16 - WALKING,RUNNING, JOGGING, PLAYING, CYCLING; 17 - WORKING; 18 - PUSHING VEHICLE; 19 - APPROACHING OR LEAVING VEHICLE; 20 - STANDING; 21 - OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCE

PRIMARY: **17**

SECONDARY:

99 - UNKNOWN

MOTORIST
01 - NONE; 02 - FAILURE TO YIELD; 03 - RAN RED LIGHT; 04 - RAN STOP SIGN; 05 - EXCEEDED SPEED LIMIT; 06 - UNSAFE SPEED; 07 - IMPROPER TURN; 08 - LEFT OF CENTER; 09 - FOLLOWED TOO CLOSELY/ACDA; 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD; 11 - IMPROPER BACKING; 12 - IMPROPER START FROM PARKED POSITION; 13 - STOPPED OR PARKED ILLEGALLY; 14 - OPERATING VEHICLE IN NEGLIGENT MANNER; 15 - SWERING TO AVOID (DUE TO EXTERNAL CONDITIONS); 16 - WRONG SIDE/WRONG WAY; 17 - FALURE TO CONTROL; 18 - VISION OBSTRUCTION; 19 - OPERATING DEFECTIVE EQUIPMENT; 20 - LOAD SHIFTING/FALLING/SPILLING; 21 - OTHER IMPROPER ACTION

NON-MOTORIST
22 - NONE; 23 - IMPROPER CROSSING; 24 - DARTING; 25 - LYING AND/OR ILLEGALLY IN ROADWAY; 26 - FALURE TO YIELD RIGHT OF WAY; 27 - NOT VISIBLE (DARK CLOTHING); 28 - INATTENTIVE; 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER; 30 - WRONG SIDE OF THE ROAD; 31 - OTHER NON-MOTORIST ACTION

VEHICLE DEFECTS
01 - TURN SIGNALS; 02 - HEAD LAMPS; 03 - TAIL LAMPS; 04 - BRAKES; 05 - STEERING; 06 - TIRE BLOWOUT; 07 - WORN OR SLICK TIRES; 08 - TRAILER EQUIPMENT DEFECTIVE; 09 - MOTOR TROUBLE; 10 - DISABLED FROM PRIOR ACCIDENT; 11 - OTHER DEFECTS

SEQUENCE OF EVENTS

1	2	3	4	5	6
40					

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 OPPOSITE DIRECTION OF TRAVEL; 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

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 - GUARDRAILEND; 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

UNIT SPEED	POSTED SPEED	TRAFFIC CONTROL	UNIT DIRECTION
40	55	12	FROM 3 TO 4

☐ STATED ■ ESTIMATED

TRAFFIC CONTROL: **12**
01 - NO CONTROLS; 02 - STOP SIGN; 03 - YIELD SIGN; 04 - TRAFFIC SIGNAL; 05 - TRAFFIC FLASHERS; 06 - SCHOOL ZONE; 07 - RAILROAD CROSSBUCKS; 08 - RAILROAD FLASHERS; 09 - RAILROAD GATES; 10 - COSTRUCTION BARRICADE; 11 - PERSON (FLAGGER, OFFICER; 12 - PAVEMENT MARKINGS; 13 - CROSSWALK LINES; 14 - WALK/DON'T WALK; 15 - OTHER; 16 - NOT REPORTED

UNIT DIRECTION: FROM **3** TO **4**
1 - NORTH; 2 - SOUTH; 3 - EAST; 4 - WEST; 5 - NORTHEAST; 6 - NORTHWEST; 7 - SOUTHEAST; 8 - SOUTHWEST; 9 - UNKNOWN

MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER: 17- 3377

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
1	Hoffman, Jamie	10/28/1979	37	F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
1000 Jo Ann Dr Apt 9C, Utica, OH, 43080	

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
1	1			04	☐	01	2	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID DL	M/C END	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	RR169023	4	☐	☐	1	1	1	1		1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
4511.202	Operating vehicle without reasonable con		☐	1

MOTORIST/NON-MOTORIST

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
					☐				

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID DL	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
			☐	

INJURIES
1 - NO INJURY / NONE REPORTE
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
99 - UNKNOWN SAFETY EQUIPMENT

MOTORIST
01 - NONE USED - VEHICLE OCCUPANT
02 - S HOULDER BELT ONLY USED
03 - LAP BELT ONLY USED
04 - S HOULDER AND LAP BELT ONLY USED
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 COATING
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 - EMOTIONL (DEPRESSED, ANGRY, DISTURBE
4 - ILLNESS
5 - FELL ASLEEP, FAINTED, FATIGUE
6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL
7 - OTHER

ALCOHOL/DRUG SUSPECTED
1 - NONE
2 - YES - ALCOHOL SUSPECTED
3 - YES -HBD NOTIMPAIRED
4 - YES -DRUGS SUSPECTED
5 - YES -ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS
1 - NONE GIVEN
2 - TEST REFUSED
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABL
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/UNUSABL
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 /EMAILING
4 - ELCTRONIC COMMUNICATION DEVICE
5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)
6 - OTHER INSIDE THE VEHICLE
7 - EXTERNAL DISTRACTION

OCCUPANT

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
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					☐				