



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

2018-00016178

CRASH SEVERITY

3 1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

SR 13 @ North Vernon

☐ 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 *

06052018

TIME OF CRASH

1330

DAY OF WEEK

Tue

DEGREES / MINUTES / SECONDS

LATITUDE 0 / " LONGITUDE 0 / "

DECIMAL DEGREES

LATITUDE 40.107551 LONGITUDE -8.242718

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 TYPE 1

LOCATION ROUTE NUMBER

LOC PREFIX N, S, E, W

LOCATION ROAD NAME

Mt Vernon

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

REF PREFIX N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

North Vernon

AV

REFERENCE ROAD TYPE 2

REFERENCE POINT USED

1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER

CRASH LOCATION

03

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 02

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

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

WEATHER

4

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

PRIMARY 1

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

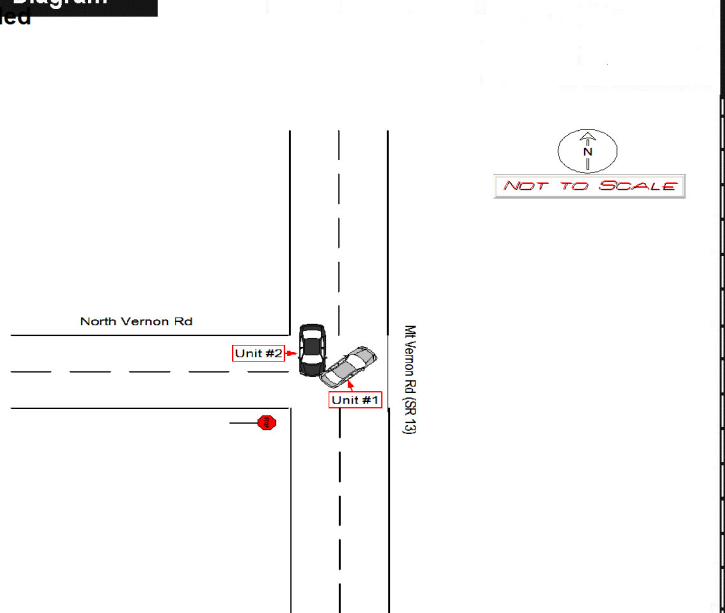
LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA
2 - ADVANCE WARNING AREA 5 - TERMINATION AREA
3 - TRANSITION AREA

NARRATIVE

Unit #2 was s/b on Mt Vernon Rd IAO North Vernon Rd when Unit #1 turned left to yield when turning left onto n/b Mt Vernon Rd and was struck by Unit #2 and caused a crash. Unit #1 admitted fault. Unit #1 is at fault.

Diagram



REPORT TAKEN BY

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

DATE CRASH REPORTED

06052018

TIME CRASH REPORTED

1330

DISPATCH TIME

1334

ARRIVAL TIME

1345

TIME CLEARED

1425

OTHER INVESTIGATION TIME

TOTAL MINUTES

OFFICER'S NAME *

Litzinger, Christy

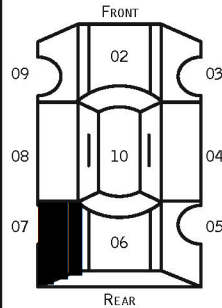
OFFICER'S BADGE NUMBER

45NPD-349

CHECKED BY

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2018-00016178

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER) MILLER, HANNAH, E	OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER) 740-403-9111	DAMAGE SCALE 3	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER) 19 31 ST, OH 43055			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE OH	LICENSE PLATE NUMBER HBP1424	VEHICLE IDENTIFICATION NUMBER 3 N 1 C E 2 C P 9 F L 3 9 0 4 3 6	# OCCUPANTS 1	
VEHICLE YEAR 2015	VEHICLE MAKE Nissan	VEHICLE MODEL VERSA	VEHICLE COLOR	
☒ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY STATE FARM	POLICY NUMBER D07 4104-C05-35K	TOWED BY	
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 ☐ 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 ☐ HIT / SKIP UNIT	
HM PLACARD ID No. 1	HAZARDOUS MATERIAL RELEASED ☐	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 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		
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 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT ☐ IN EMERGENCY RESPONSE	UNIT TYPE 02 99 - UNKNOWN OR HIT / SKIP	☐ 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 EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 08 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 4 1 - Non-CONTACT 2 - Non-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN				
PRE-CRASH ACTIONS 06 MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN 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				
CONTRIBUTING CIRCUMSTANCES PRIMARY 02 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 SECONDARY ☐ 99 - UNKNOWN 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENCE MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/Wrong Way 17 - FAILURE 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 - FAILURE 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 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 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT	
UNIT SPEED 10 ☐ STATED ☒ ESTIMATED	POSTED SPEED 35	TRAFFIC CONTROL 02 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 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM W TO N 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	



2018-00016178

HS Y8304 OH1U (REV 01/12)



MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

2018-00016178

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE MILLER, HANNAH, E				DATE OF BIRTH 02031989				AGE 029	GENDER ☐ F - FEMALE ☒ M - MALE		
ADDRESS, CITY, STATE, ZIP 19 N 31 ST ,OH 43055								CONTACT PHONE- INCLUDE AREA CODE 740-403-9111				
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 SY676156		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 ☐		

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE BLANKENSHIP, MICHAEL, JAY				DATE OF BIRTH 10221987				AGE 030	GENDER M F - FEMALE M - MALE		
ADDRESS, CITY, STATE, ZIP 1720 KING RD B2 ,OH 43055								CONTACT PHONE- INCLUDE AREA CODE 740-644-0206				
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 SV121215		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				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 ☐