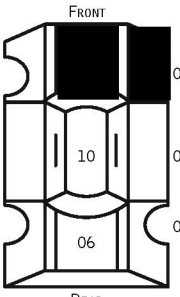




2018-00002628

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>JENKINS, MATTHEW, SCOTT</b>                                                                            | OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>740-212-5736</b>                                                                                                                                                                                                                                                                                                                                                                                      | DAMAGE SCALE<br><b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DAMAGED AREA<br>                                                         |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>325 UNION ST, OH 43055</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LICENSE PLATE NUMBER<br><b>HDK8607</b>                                                                                                                                                              | VEHICLE IDENTIFICATION NUMBER<br><b>1GCHK24U33E309328</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | # OCCUPANTS<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                             |
| VEHICLE YEAR<br><b>2003</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VEHICLE MAKE<br><b>Chevrolet</b>                                                                                                                                                                    | VEHICLE MODEL<br><b>SILVERADO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VEHICLE COLOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                             |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | INSURANCE COMPANY<br><b>GEICO INSURANCE</b>                                                                                                                                                         | POLICY NUMBER<br><b>4440-56-64-89</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TOWED BY<br><b>Speedy's Towing</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                             |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CARRIER PHONE- INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             |
| US DOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS.<br><input type="checkbox"/> 2 - 10,001 TO 26,000 LBS.<br><input type="checkbox"/> 3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br><input type="checkbox"/> 01 - No CARGO BODY TYPE/NOT APPLICABLE<br><input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br><input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER)<br><input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE<br><input type="checkbox"/> 05 - LOGGING<br><input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS<br><input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX<br><input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION<br><b>1</b> 1 - Two-Way, NOT DIVIDED<br>2 - Two-Way, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - Two-Way, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN<br>4 - Two-Way, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - One-Way Trafficway<br><input type="checkbox"/> HIT / SKIP UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             |
| HM PLACARD ID No.<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HAZARDOUS MATERIAL RELEASED<br><input type="checkbox"/>                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             |
| HM CLASS NUMBER<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             |
| Non-Motorist LOCATION Prior to Impact<br><input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - No CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - Non-Trafficway AREA<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                     | TYPE OF USE<br><b>1</b> 1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                             | UNIT TYPE<br><b>07</b> 99 - UNKNOWN OR HIT / SKIP<br>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE<br>MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE<br>BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>Non-Motorist<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER Non-Motorist<br><input type="checkbox"/> HAS HM PLACARD                                                                                                                                                                                              |                                                                                                                                                             |
| SPECIAL FUNCTION<br><b>01</b> 01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (Over 10k Lbs)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP.                                 | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE)                                                                                                                                                                                                                                                                                                                                                                        | MOST DAMAGED AREA<br><b>03</b> 01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER<br>99 - UNKNOWN |
| ACTION<br><b>3</b> 1 - Non-CONTACT<br>2 - Non-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             |
| PRE-CRASH ACTIONS<br><b>04</b> MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>99 - UNKNOWN<br>07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION<br>Non-Motorist<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING<br>21 - OTHER Non-Motorist ACTION                                                                                                         |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>10</b> 01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD<br>SECONDARY<br><input type="checkbox"/> 99 - UNKNOWN<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENCE MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/Wrong Way<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VEHICLE DEFECTS<br><input type="checkbox"/> 01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                             |
| SEQUENCE OF EVENTS<br>1 <b>08</b> FIRST HARMFUL EVENT <b>1</b><br>2 <input type="checkbox"/><br>3 <input type="checkbox"/><br>4 <input type="checkbox"/><br>5 <input type="checkbox"/><br>6 <input type="checkbox"/><br>Most HARMFUL EVENT <b>1</b><br>99 - UNKNOWN<br>COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN/ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Non-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN OR SUPPORT<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER Non-COLLISION<br>COLLISION WITH FIXED OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |                                                                                                                                                             |
| UNIT SPEED<br><b>30</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | POSTED SPEED<br><b>35</b>                                                                                                                                                                           | TRAFFIC CONTROL<br><b>01</b> 01 - No CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED                                                                                      | UNIT DIRECTION<br>FROM <b>W</b> TO <b>E</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             |



# MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

**2018-00002628**

|                                                            |                                                             |                                        |                                      |                                                               |                                      |                                    |                                    |                                                             |                                                    |                                           |                                  |                            |
|------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------|--------------------------------------|---------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|-------------------------------------------------------------|----------------------------------------------------|-------------------------------------------|----------------------------------|----------------------------|
| UNIT NUMBER<br><b>01</b>                                   | NAME: LAST, FIRST, MIDDLE<br><b>JENKINS, MATTHEW, SCOTT</b> |                                        |                                      |                                                               | DATE OF BIRTH<br><b>02231996</b>     |                                    |                                    |                                                             | AGE<br><b>021</b>                                  | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |                                  |                            |
| ADDRESS, CITY, STATE, ZIP<br><b>325 UNION ST ,OH 43055</b> |                                                             |                                        |                                      |                                                               |                                      |                                    |                                    | CONTACT PHONE- INCLUDE AREA CODE<br><b>740-212-5736</b>     |                                                    |                                           |                                  |                            |
| INJURIES<br><b>1</b>                                       | INJURED TAKEN BY<br><input type="checkbox"/>                | EMS AGENCY<br><input type="checkbox"/> |                                      | MEDICAL FACILITY INJURED TAKEN TO<br><input type="checkbox"/> |                                      | SAFETY EQUIPMENT USED<br><b>04</b> |                                    | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><b>01</b>                      | AIR BAG USAGE<br><b>1</b>                 | EJECTION<br><b>1</b>             | TRAPPED<br><b>1</b>        |
| OL STATE<br><b>OH</b>                                      | OPERATOR LICENSE NUMBER<br><b>UA691721</b>                  |                                        | OL CLASS<br><input type="checkbox"/> | No VALID OL<br><input type="checkbox"/>                       | M/C END.<br><input type="checkbox"/> | CONDITION<br><b>1</b>              | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b>                             | ALCOHOL TEST TYPE<br><b>1</b>                      | ALCOHOL TEST VALUE<br><b>1</b>            | DRUG TEST STATUS<br><b>1</b>     | DRUG TEST TYPE<br><b>1</b> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )    |                                                             |                                        | OFFENSE DESCRIPTION                  |                                                               |                                      |                                    | CITATION NUMBER                    |                                                             | HANDS-FREE<br><input type="checkbox"/> DEVICE USED |                                           | DRIVER DISTRACTED BY<br><b>1</b> |                            |

|                                                         |                                                       |                                        |                                      |                                                               |                                           |                                                   |                                                    |                                                              |                                                    |                                                |                                                  |                                            |
|---------------------------------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------|---------------------------------------------------------------|-------------------------------------------|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|------------------------------------------------|--------------------------------------------------|--------------------------------------------|
| UNIT NUMBER<br><input type="checkbox"/>                 | NAME: LAST, FIRST, MIDDLE<br><input type="checkbox"/> |                                        |                                      |                                                               | DATE OF BIRTH<br><input type="checkbox"/> |                                                   |                                                    |                                                              | AGE<br><input type="checkbox"/>                    | GENDER<br><input type="checkbox"/>             |                                                  |                                            |
| ADDRESS, CITY, STATE, ZIP<br><input type="checkbox"/>   |                                                       |                                        |                                      |                                                               |                                           |                                                   |                                                    | CONTACT PHONE- INCLUDE AREA CODE<br><input type="checkbox"/> |                                                    |                                                |                                                  |                                            |
| INJURIES<br><input type="checkbox"/>                    | INJURED TAKEN BY<br><input type="checkbox"/>          | EMS AGENCY<br><input type="checkbox"/> |                                      | MEDICAL FACILITY INJURED TAKEN TO<br><input type="checkbox"/> |                                           | SAFETY EQUIPMENT USED<br><input type="checkbox"/> |                                                    | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/>  | SEATING POSITION<br><input type="checkbox"/>       | AIR BAG USAGE<br><input type="checkbox"/>      | EJECTION<br><input type="checkbox"/>             | TRAPPED<br><input type="checkbox"/>        |
| OL STATE<br><input type="checkbox"/>                    | OPERATOR LICENSE NUMBER<br><input type="checkbox"/>   |                                        | OL CLASS<br><input type="checkbox"/> | No VALID OL<br><input type="checkbox"/>                       | M/C END.<br><input type="checkbox"/>      | CONDITION<br><input type="checkbox"/>             | ALCOHOL/DRUG SUSPECTED<br><input type="checkbox"/> | ALCOHOL TEST STATUS<br><input type="checkbox"/>              | ALCOHOL TEST TYPE<br><input type="checkbox"/>      | ALCOHOL TEST VALUE<br><input type="checkbox"/> | DRUG TEST STATUS<br><input type="checkbox"/>     | DRUG TEST TYPE<br><input type="checkbox"/> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE ) |                                                       |                                        | OFFENSE DESCRIPTION                  |                                                               |                                           |                                                   | CITATION NUMBER                                    |                                                              | HANDS-FREE<br><input type="checkbox"/> DEVICE USED |                                                | DRIVER DISTRACTED BY<br><input type="checkbox"/> |                                            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 |  |                                                                                                                                                                            |  |                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                             |  |                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|--|
| INJURIES<br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | INJURED TAKEN BY<br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN |  | SAFETY EQUIPMENT USED<br>MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED       |  | 99 - UNKNOWN SAFETY EQUIPMENT<br>05 - CHILD RESTRAINT SYSTEM- FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED                                                                        |  | Non-Motorist<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)                                                                                                                                                        |  | 12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER |  |
| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE<br>07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN |  |                                                                                                                 |  |                                                                                                                                                                            |  | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN                                                                             |  |                                                                                                                                                                                                                                                             |  |                                                         |  |
| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS      |  | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MC/MOPED ONLY                                                |  | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER |  | ALCOHOL/DRUG SUSPECTED<br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED                                                                                       |  |                                                         |  |
| ALCOHOL TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                              |  | DRUG TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |  | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                                                                        |  | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |  |                                                         |  |

|                                                       |                                                       |                                        |  |                                                               |                                           |                                                   |  |                                                              |                                              |                                           |                                      |                                     |
|-------------------------------------------------------|-------------------------------------------------------|----------------------------------------|--|---------------------------------------------------------------|-------------------------------------------|---------------------------------------------------|--|--------------------------------------------------------------|----------------------------------------------|-------------------------------------------|--------------------------------------|-------------------------------------|
| UNIT NUMBER<br><input type="checkbox"/>               | NAME: LAST, FIRST, MIDDLE<br><input type="checkbox"/> |                                        |  |                                                               | DATE OF BIRTH<br><input type="checkbox"/> |                                                   |  |                                                              | AGE<br><input type="checkbox"/>              | GENDER<br><input type="checkbox"/>        |                                      |                                     |
| ADDRESS, CITY, STATE, ZIP<br><input type="checkbox"/> |                                                       |                                        |  |                                                               |                                           |                                                   |  | CONTACT PHONE- INCLUDE AREA CODE<br><input type="checkbox"/> |                                              |                                           |                                      |                                     |
| INJURIES<br><input type="checkbox"/>                  | INJURED TAKEN BY<br><input type="checkbox"/>          | EMS AGENCY<br><input type="checkbox"/> |  | MEDICAL FACILITY INJURED TAKEN TO<br><input type="checkbox"/> |                                           | SAFETY EQUIPMENT USED<br><input type="checkbox"/> |  | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/>  | SEATING POSITION<br><input type="checkbox"/> | AIR BAG USAGE<br><input type="checkbox"/> | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
| UNIT NUMBER<br><input type="checkbox"/>               | NAME: LAST, FIRST, MIDDLE<br><input type="checkbox"/> |                                        |  |                                                               | DATE OF BIRTH<br><input type="checkbox"/> |                                                   |  |                                                              | AGE<br><input type="checkbox"/>              | GENDER<br><input type="checkbox"/>        |                                      |                                     |
| ADDRESS, CITY, STATE, ZIP<br><input type="checkbox"/> |                                                       |                                        |  |                                                               |                                           |                                                   |  | CONTACT PHONE- INCLUDE AREA CODE<br><input type="checkbox"/> |                                              |                                           |                                      |                                     |
| INJURIES<br><input type="checkbox"/>                  | INJURED TAKEN BY<br><input type="checkbox"/>          | EMS AGENCY<br><input type="checkbox"/> |  | MEDICAL FACILITY INJURED TAKEN TO<br><input type="checkbox"/> |                                           | SAFETY EQUIPMENT USED<br><input type="checkbox"/> |  | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/>  | SEATING POSITION<br><input type="checkbox"/> | AIR BAG USAGE<br><input type="checkbox"/> | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |