



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

152808

CRASH SEVERITY

3 1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

2 1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

 PHOTOS TAKEN  
 OH-2  OH-1P  
 OH-3  OTHER

 PDO UNDER STATE REPORTABLE DOLLAR AMOUNT  
 PRIVATE PROPERTY
REPORTING AGENCY NCIC\*  
2506REPORTING AGENCY NAME\*  
Grove City Division of Police

2 NUMBER OF UNITS

UNIT IN ERROR  
1 98 ANIMAL  
99 UNKNOWNCOUNTY\*  
25CITY\*  
 VILLAGE\*  
 TOWNSHIP\*CITY, VILLAGE, TOWNSHIP\*  
GROVE CITYCRASH DATE\*  
07/18/2015TIME OF CRASH  
22:23DAY OF WEEK  
SATDEGREES/MINUTES/SECONDS  
LATITUDE

LONGITUDE

DECIMAL DEGREES  
LATITUDE

LONGITUDE

39.883073

83.092755

ROADWAY DIVISION  
 DIVIDED  
 UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL  
N - NORTHBOUND E - EASTBOUND  
S - SOUTHBOUND W - WESTBOUND

NUMBER OF THRU LANES

ROAD TYPES OR MILEPOST2

 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 TYPE1  
USLOCATION ROUTE NUMBER  
62LOC PREFIX  
N,S  
E,W

LOCATION ROAD NAME

LOCATION ROAD TYPE2

ROUTE TYPES1  
IR - INTERSTATE ROUTE (INC. TURNPIKE)  
US - US ROUTE  
SR - STATE ROUTECR - NUMBERED COUNTY ROUTE  
TR - NUMBERED TOWNSHIP ROUTEDISTANCE FROM REFERENCE  
 MILES  
 FEET  
 YARDSDIR FROM REF  
N,S  
E,W

OF

REFERENCE ROUTE TYPE1

REFERENCE ROUTE NUMBER

REF PREFIX  
N,S  
E,WREFERENCE NAME (ROAD, MILEPOST, HOUSE #)  
3984

REFERENCE ROAD TYPE2

REFERENCE POINT USED  
3 1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBERCRASH LOCATION  
01
 01 - NOT AN INTERSECTION  
 02 - FOUR-WAY INTERSECTION  
 03 - T-INTERSECTION  
 04 - Y-INTERSECTION  
 05 - TRAFFIC CIRCLE/ROUNDBOUT  
 06 - FIVE-POINT, OR MORE  
 07 - ON RAMP  
 08 - OFF RAMP  
 09 - CROSSOVER  
 10 - DRIVEWAY/ALLEY ACCESS

 11 - RAILWAY GRADE CROSSING  
 12 - SHARED-USE PATHS OR TRAILS  
 99 - UNKNOWN

 INTERSECTION RELATED
LOCATION OF FIRST HARMFUL EVENT  
1 1 - ON ROADWAY  
2 - ON SHOULDER  
3 - IN MEDIAN  
4 - ROADSIDE
 5 - ON GORE  
 6 - OUTSIDE TRAFFICWAY  
 9 - UNKNOWN
ROAD CONTOUR  
1 1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL4 - CURVE GRADE  
9 - UNKNOWNROAD CONDITIONS  
PRIMARY  
01

SECONDARY

 01 - DRY 05 - SAN, MUD, DIRT, OL, GRAVEL  
 02 - WET 06 - WATER (STANDING, MOVING)  
 03 - SNOW 07 - SLUSH  
 04 - ICE 08 - DEBRIS\*

 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*  
 10 - OTHER  
 99 - UNKNOWN

\*SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT  
7 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
2 - REAR-END  
3 - HEAD-ON  
4 - REAR TO REAR5 - BACKING  
6 - ANGLE  
7 - SIDESWIPE, SAME DIRECTION8 - SIDESWIPE, OPPOSITE DIRECTION  
9 - UNKNOWNWEATHER  
1
 1 - CLEAR  
 2 - CLOUDY  
 3 - FOG, SMOG, SMOKE

 4 - RAIN  
 5 - SLEET, HAL  
 6 - SNOW

 7 - SEVERE CROSSWINDS  
 8 - BLOWING SAND, SOIL, DIRT, SNOW  
 9 - OTHER/UNKNOWN
ROAD SURFACE  
2 1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK4 - SLUG, GRAVEL, STONE  
5 - DIRT  
6 - OTHERLIGHT CONDITIONS  
PRIMARY  
4

SECONDARY

 1 - DAYLIGHT  
 2 - DAWN  
 3 - DUSK  
 4 - DARK - LIGHTED ROADWAY

 5 - DARK - ROADWAY NOT LIGHTED  
 6 - DARK - UNKNOWN ROADWAY LIGHTING  
 7 - GLARE\*  
 8 - OTHER

9 - UNKNOWN

\*SECONDARY CONDITION ONLY

 SCHOOL BUS RELATED  
 SCHOOL ZONE RELATED

 YES, SCHOOL BUS DIRECTLY INVOLVED  
 YES, SCHOOL BUS INDIRECTLY INVOLVED

 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)  
 LAW ENFORCEMENT PRESENT (VEHICLE ONLY)
TYPE OF WORK ZONE  
1 - LANE CLOSURE  
2 - LANE SHIFT/CROSSOVER  
3 - WORK ON SHOULDER OR MEDIAN4 - INTERMITTENT OR MOVING WORK  
5 - OTHERLOCATION OF CRASH IN WORK ZONE  
1 - BEFORE THE FIRST WORK ZONE WARNING SIGN  
2 - ADVANCE WARNING AREA  
3 - TRANSITION AREA4 - ACTIVITY AREA  
5 - TERMINATION AREA

## Crash Report Narrative

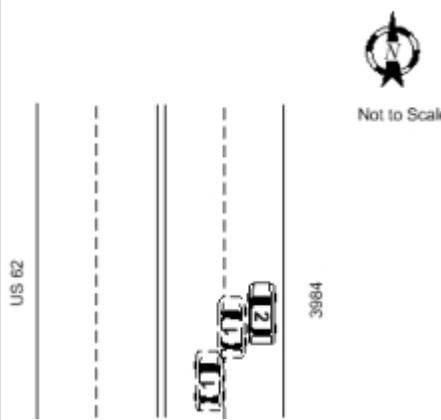
NARRATIVE

UNIT 2 WAS TRAVELING NORTHBOUND ON US 62 IN THE CURB LANE. UNIT 1 WAS TRAVELING NORTHBOUND ON US 62 IN THE INSIDE LANE NEXT TO UNIT 2. UNIT 1 ENTERED THE LANE OF UNIT 2 AND STUCK UNIT 2 ON THE DRIVER SIDE DOOR WITH IT'S RIGHT FRONT PASSENGER SIDE. UNIT 1 THEN TURNED EAST ON COLUMBUS ST AND SOUTH ON FIRST ST THEN EAST ON PARK ST IN AN ATTEMPT TO LEAVE THE SCENE. UNIT 1 WAS NOT IDENTIFIED.

## Diagram



Write an "N" on the compass diagram to indicate the direction of north.

REPORT TAKEN BY  
 POLICE AGENCY  MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)
DATE CRASH REPORTED  
07/18/2015TIME CRASH REPORTED  
22:23DISPATCH TIME  
22:32ARRIVAL TIME  
22:40TIME CLEARED  
23:29

OTHER INVESTIGATION TIME

TOTAL MINUTES  
49OFFICER'S NAME\*  
YORK ANGELA IRENEOFFICER'S BADGE NUMBER  
B57

CHECKED BY

SHAW PATRICK J

PAGE 1 OF 5

UNIT NUMBER <b>01</b>	OWNER'S NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	OWNER'S PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )	DAMAGE SCALE <b>9</b>	DAMAGE AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS	
VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR <b>RED</b>	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY	

CARRIER NAME ADDRESS: CITY, STATE, ZIP  
CARRIER PHONE: INC. 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	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO.	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/>			1 HIT / SKIP UNIT

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 <input type="checkbox"/> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT IN EMERGENCY RESPONSE <input checked="" type="checkbox"/>	UNIT TYPE <b>07</b> 99 - UNKNOWN OR HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VAN 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/LMO (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
<input type="checkbox"/> <b>Has HM Placard</b>					

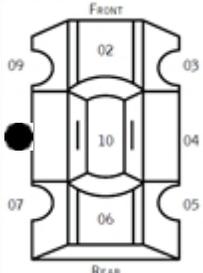
SPECIAL FUNCTION <input type="checkbox"/> 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS- TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 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 <b>99</b> IMPACT AREA <input type="checkbox"/>	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 <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>99</b> 99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY <b>10</b> 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	MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID(DUE TO EXTERNAL CONDITIONS) 16 - WRONGS SIDE/WRONGS WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING /PASSING/OFF ROAD 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 <input type="checkbox"/> 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
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SEQUENCE OF EVENTS 1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 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	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 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
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UNIT SPEED <b>25</b> <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED <b>25</b>	TRAFFIC CONTROL <b>12</b> 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 <b>2</b> TO <b>1</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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UNIT NUMBER <b>02</b>	OWNER'S NAME: LAST, FIRST, MIDDLE <b>HORTON CAROL</b>	( <input checked="" type="checkbox"/> SAME AS DRIVER )	OWNER'S PHONE NUMBER - INC. AREA CODE <b>614-599-3479</b>	( <input checked="" type="checkbox"/> SAME AS DRIVER )	DAMAGE SCALE <b>2</b>	DAMAGE AREA 
OWNER ADDRESS: CITY, STATE, ZIP <b>202 PARK ST BUCKEYE LAKE OH 43008-</b>					1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>750WBL</b>	VEHICLE IDENTIFICATION NUMBER <b>2G4WS52J831177522</b>	# OCCUPANTS <b>2</b>			
VEHICLE YEAR <b>2003</b>	VEHICLE MAKE <b>BUICK</b>	VEHICLE MODEL <b>CENTURY</b>	VEHICLE COLOR <b>BEIGE</b>			
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>GRANGE</b>	POLICY NUMBER <b>FA3869933</b>	TOWED BY			

CARRIER NAME ADDRESS: CITY, STATE, ZIP \_\_\_\_\_ CARRIER PHONE: INC. AREA CODE \_\_\_\_\_

US DOT <input type="checkbox"/>	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 - INTERMEDIATE CONTAINER CHASSIS 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 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO. <input type="checkbox"/>	HAZARDOUS MATERIALS RELEASED <input checked="" type="checkbox"/>			<input type="checkbox"/> HIT / SKIP UNIT

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 <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT  <input checked="" type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>04</b> 99 - UNKNOWN OR HIT /SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VAN 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/LMO (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
<input type="checkbox"/> <b>Has HM Placard</b>					

SPECIAL FUNCTION <b>01</b> 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 <b>08</b> 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 <b>4</b> 1 - Non-CONTACT 2 - Non-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>01</b> 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
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CONTRIBUTING CIRCUMSTANCES PRIMARY <b>01</b> 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	MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT 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 <input type="checkbox"/> 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
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SEQUENCE OF EVENTS 1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 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	Non-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 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	06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 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	10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER Non-COLLISION 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
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UNIT SPEED <b>25</b>	POSTED SPEED <b>25</b>	TRAFFIC CONTROL <b>12</b> 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 <b>2</b> TO <b>1</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**152808**

Motorist/New-Motorist

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

Motorist/New-Motorist

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

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	Non-MOTORIST	12 - REFLECTIVE CLOTHING
1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED/TREATED AT SCENE	MOTORIST	05 - CHILD RESTRAINT SYSTEM-FORWARD FACING	09 - NONE USED	13 - LIGHTING
2 - POSSIBLE	2 - EMS	01 - NONE USED-VEHICLE OCCUPANT	06 - CHILD RESTRAINT SYSTEM-REAR FACING	10 - HELMET USED	14 - OTHER
3 - NON-INCAPACITATING	3 - POLICE	02 - SHOULDER BELT ONLY USED	07 - BOOSTER SEAT	11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	
4 - INCAPACITATING	4 - OTHER	03 - LAP BELT ONLY USED	08 - HELMET USED		
5 - FATAL	9 - UNKNOWN	04 - SHOULDER AND LAP BELT USED			

SEATING POSITION	01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA	AIRBAG USAGE
	02 - FRONT - MIDDLE	08 - THIRD - MIDDLE	13 - TRAILING UNIT	1 - NOT DEPLOYED
	03 - FRONT - RIGHT SIDE	09 - THIRD - RIGHT SIDE	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - DEPLOYED FRONT
	04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	10 - SLEEPER SECTION OF CAB (TRUCK)	15 - NON-MOTORIST	3 - DEPLOYED SIDE
	05 - SECOND - MIDDLE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	16 - OTHER	4 - DEPLOYED BOTH FRONT/SIDE
	06 - SECOND - RIGHT SIDE	NON-TRAILING UNIT SUCH A BUS, PICK-UP WITH CAP)	99 - UNKNOWN	5 - NOT APPLICABLE
				9 - DEPLOYMENT UNKNOWN

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED	1 - NOT TRAPPED	1 - CLASS A	1 - APPARENTLY NORMAL	1 - NONE
2 - TOTALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS	2 - CLASS B	2 - PHYSICAL IMPAIRMENT	2 - YES - ALCOHOL SUSPECTED
3 - PARTIALLY EJECTED	3 - EXTRICATED BY NON-MECHANICAL MEANS	3 - CLASS C	3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)	3 - YES - HBD NOT IMPAIRED
4 - NOT APPLICABLE		4 - REGULAR CLASS (OHIO IS "D")	4 - ILLNESS	4 - YES - DRUGS SUSPECTED
		5 - MC/MOPED ONLY	5 - FELL ASLEEP, FAINTED, FATIGUED	5 - YES - ALCOHOL AND DRUGS SUSPECTED
			6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL	
			7 - OTHER	

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY	6 - OTHER INSIDE THE VEHICLE
1 - NONE GIVEN	1 - NONE	1 - NONE GIVEN	1 - NONE	1 - NO DISTRACTION REPORTED	7 - EXTERNAL DISTRACTION
2 - TEST REFUSED	2 - BLOOD	2 - TEST REFUSED	2 - BLOOD	2 - PHONE	
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEXTING/E-MAILING	
4 - TEST GIVEN, RESULTS KNOWN	4 - BREATH	4 - TEST GIVEN, RESULTS KNOWN	4 - ILLNESS	4 - ELECTRONIC COMMUNICATION DEVICE (NAVIGATION DEVICE, RADIO, DVD)	
5 - TEST GIVEN, RESULTS UNKNOWN	5 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN		5 - OTHER ELECTRONIC DEVICE	

Occupant

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE			
<b>02</b>	<b>WONG MARY</b>		<b>02/07/1948</b>		<b>67</b>	<input checked="" type="checkbox"/>			
ADDRESS, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
<b>3853 GROVE CITY RD GROVE CITY OH 43123-</b>					<b>614-277-4787</b>				
INJURIES	INJURIES TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input checked="" type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Occupant

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE			
	<b>MOON MELISSA</b>					<input checked="" type="checkbox"/>			
ADDRESS, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
<b>2808 WYNNLEAF ST HILLIARD OH 43026-</b>					<b>614-499-0843</b>				
INJURIES	INJURIES TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input checked="" type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**152808**

MOTORIST/Non-MOTORIST

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

MOTORIST/Non-MOTORIST

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

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED		99 - UNKNOWN SAFETY EQUIPMENT		Non-MOTORIST		12 - REFLECTIVE CLOTHING	
1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED/ TREATED AT SCENE	MOTORIST		01 - NONE USED-VEHICLE OCCUPANT		09 - NONE USED		13 - LIGHTING	
2 - POSSIBLE	2 - EMS	02 - SHOULDER BELT ONLY USED		05 - CHILD RESTRAINT SYSTEM-FORWARD FACING		10 - HELMET USED		14 - OTHER	
3 - NON-INCAPACITATING	3 - POLICE	03 - LAP BELT ONLY USED		06 - CHILD RESTRAINT SYSTEM-REAR FACING		11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			
4 - INCAPACITATING	4 - OTHER	04 - SHOULDER AND LAP BELT USED		07 - BOOSTER SEAT					
5 - FATAL	9 - UNKNOWN			08 - HELMET USED					

SEATING POSITION		07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		12 - PASSENGER IN UNENCLOSED CARGO AREA		AIRBAG USAGE	
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		08 - THIRD - MIDDLE		13 - TRAILING UNIT		1 - NOT DEPLOYED	
02 - FRONT - MIDDLE		09 - THIRD - RIGHT SIDE		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - DEPLOYED FRONT	
03 - FRONT - RIGHT SIDE		10 - SLEEPER SECTION OF CAB (TRUCK)		15 - NON-MOTORIST		3 - DEPLOYED SIDE	
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		16 - OTHER		4 - DEPLOYED BOTH FRONT/SIDE	
05 - SECOND - MIDDLE		NON-TRAILING UNIT SUCH A BUS, PICK-UP WITH CAP)		99 - UNKNOWN		5 - NOT APPLICABLE	
06 - SECOND - RIGHT SIDE						9 - DEPLOYMENT UNKNOWN	

EJECTION	TRAPPED	OPERATOR LICENSE CLASS		CONDITION		ALCOHOL/DRUG SUSPECTED	
1 - NOT EJECTED	1 - NOT TRAPPED	1 - CLASS A		1 - APPARENTLY NORMAL		1 - NONE	
2 - TOTALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS	2 - CLASS B		2 - PHYSICAL IMPAIRMENT		2 - YES - ALCOHOL SUSPECTED	
3 - PARTIALLY EJECTED	3 - EXTRICATED BY NON-MECHANICAL MEANS	3 - CLASS C		3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)		3 - YES - HBD NOT IMPAIRED	
4 - NOT APPLICABLE		4 - REGULAR CLASS (OHIO IS "D")		4 - ILLNESS		4 - YES - DRUGS SUSPECTED	
		5 - MC/MOPED ONLY		5 - FELL ASLEEP, FAINTED, FATIGUED		5 - YES - ALCOHOL AND DRUGS SUSPECTED	
				6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL			
				7 - OTHER			

ALCOHOL TEST STATUS		ALCOHOL TEST TYPE		DRUG TEST STATUS		DRUG TEST TYPE		DRIVER DISTRACTED BY		6 - OTHER INSIDE THE VEHICLE	
1 - NONE GIVEN		1 - NONE		1 - NONE GIVEN		1 - NONE		1 - NO DISTRACTION REPORTED		7 - EXTERNAL DISTRACTION	
2 - TEST REFUSED		2 - BLOOD		2 - TEST REFUSED		2 - BLOOD		2 - PHONE			
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE		3 - URINE		3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE		3 - URINE		3 - TEXTING/E-MAILING			
4 - TEST GIVEN, RESULTS KNOWN		4 - BREATH		4 - TEST GIVEN, RESULTS KNOWN		4 - ILLNESS		4 - ELECTRONIC COMMUNICATION DEVICE			
5 - TEST GIVEN, RESULTS UNKNOWN		5 - OTHER		5 - TEST GIVEN, RESULTS UNKNOWN				5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)			

OCCUPANT

UNIT NUMBER		NAME: LAST, FIRST, MIDDLE <b>CROSBY DAVID</b>				DATE OF BIRTH		AGE	GENDER <input checked="" type="checkbox"/> M <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE			
ADDRESS, CITY, STATE, ZIP <b>3946 BROADWAY GROVE CITY OH 43123-</b>							CONTACT PHONE - INCLUDE AREA CODE <b>614-203-2694</b>					
INJURIES	INJURIES TAKEN BY	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED	<input checked="" type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OL CLASS	<input checked="" type="checkbox"/> No VALID OL	<input checked="" type="checkbox"/> M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE)			OFFENSE DESCRIPTION			CITATION NUMBER		<input checked="" type="checkbox"/> HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY			

OCCUPANT

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