# TRAFFIC CRASH REPORT

OHIO Department of Public Safety — Education · Service · Protection

Local Information

Local Report Number *: 153489

Crash Severity: 3 (1 - Fatal, 2 - Injury, 3 - PDO)

Hit/Skip: [ ] 1 - Solved, 2 - Unsolved

[ ] Photos Taken [X] OH-2 [ ] OH-1P [ ] OH-3 [ ] Other

[ ] PDO Under State Reportable Dollar Amount

[X] Private Property

Reporting Agency NCIC*: 02506

Reporting Agency Name *: Grove City Division of Police

Number of Units: 01

Unit In Error: 01 (98 Animal, 99 Unknown)

County *: 25

[X] City * [ ] Village * [ ] Township *

City, Village, Township *: GROVE CITY

Crash Date *: 09/02/2015

Time of Crash: 16:50

Day of Week: WED

Degrees/Minutes/Seconds — Latitude: | Longitude:

OR

Decimal Degrees — Latitude: 39.892011 | Longitude: 83.086643

Roadway Division: [ ] Divided [ ] Undivided

Divided Lane Direction of Travel: N - Northbound, S - Southbound, E - Eastbound, W - Westbound

Number of Thru Lanes:

Road Types Or Milepost2: AL - Alley, AV - Avenue, BL - Boulevard, CR - Circle, CT - Court, DR - Drive, HE - Heights, HW - Highway, LA - Lane, MP - Milepost, PK - Parkway, PI - Pike, PL - Place, RD - Road, SQ - Square, ST - Street, TE - Terrace, TL - Trail, WA - Way

Location Route Type1: | Location Route Number:

Loc Prefix: N,S E,W | Location Road Name: SOUTHWEST | Location Road Type2: BL

Route Types1: IR - Interstate Route (inc. Turnpike), US - US Route, SR - State Route, CR - Numbered County Route, TR - Numbered Township Route

Distance From Reference: [ ] Miles [ ] Feet [ ] Yards

DIR FROM REF: N,S E,W

OF

Reference Route Type1: | Reference Route Number:

Ref Prefix: N,S E,W | Reference Name (Road, Milepost, House #): 3188 | Reference Road Type2:

Reference Point Used: 3 (1 - Intersection, 2 - Mile Post, 3 - House Number)

Crash Location: 01 (01 - Not an Intersection, 02 - Four-Way Intersection, 03 - T-Intersection, 04 - Y-Intersection, 05 - Traffic Circle/Roundabout, 06 - Five-Point, Or More, 07 - On Ramp, 08 - Off Ramp, 09 - Crossover, 10 - Driveway/Alley Access, 11 - Railway Grade Crossing, 12 - Shared-Use Paths or Trails, 99 - Unknown)

[ ] Intersection Related

Location of First Harmful Event: 6 (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 Level, 4 - Curve Grade, 9 - UNKNOWN)

Road Conditions — Primary: 02 | Secondary: 01

01 - Dry, 02 - Wet, 03 - Snow, 04 - Ice, 05 - San, Mud, Dirt, Oil, Gravel, 06 - Water (Standing, Moving), 07 - Slush, 08 - Debris*, 09 - Rut, Holes, Bumps, Uneven Pavement*, 10 - Other, 99 - Unknown

*Secondary Condition Only

Manner of Crash Collision/Impact: 1 (1 - Not Collision Between Two Motor Vehicles In Transport, 2 - Rear-End, 3 - Head-On, 4 - Rear to Rear, 5 - Backing, 6 - Angle, 7 - Sideswipe, Same Direction, 8 - Sideswipe, Opposite Direction, 9 - Unknown)

Weather: 4 (1- Clear, 2 - Cloudy, 3 - Fog, Smog, Smoke, 4 - Rain, 5 - Sleet, Hail, 6 - Snow, 7 - Severe Crosswinds, 8 - Blowing Sand, Soil, Dirt, Snow, 9 - Other/Unknown)

Road Surface: 1 (1 - Concrete, 2 - Blacktop, Bituminous, Asphalt, 3 - Brick/Block, 4 - Slag, Gravel, Stone, 5 - Dirt, 6 - Other)

Light Conditions — Primary: 1 | Secondary:

1 - Daylight, 2 - DAWN, 3 - DUSK, 4 - DARK - LIGHTED ROADWAY, 5 - DARK - ROADWAY NOT LIGHTED, 6 - DARK - UNKNOWN ROADWAY LIGHTING, 7 - GLARE*, 8 - OTHER, 9 - UNKNOWN

*Secondary Condition Only

[ ] School Zone Related

School Bus Related: [ ] Yes, School Bus Directly Involved [ ] Yes, School Bus Indirectly Involved

[ ] Work Zone Related

[ ] WORKERS PRESENT [ ] LAW ENFORCEMENT PRESENT (Officer/Vehicle) [ ] LAW ENFORCEMENT PRESENT (Vehicle Only)

TYPE OF WORK ZONE: 1 - LANE CLOSURE, 2 - LANE SHIFT/CROSSOVER, 3 - WORK ON SHOULDER OR MEDIAN, 4 - INTERMITTENT OR MOVING WORK, 5 - OTHER

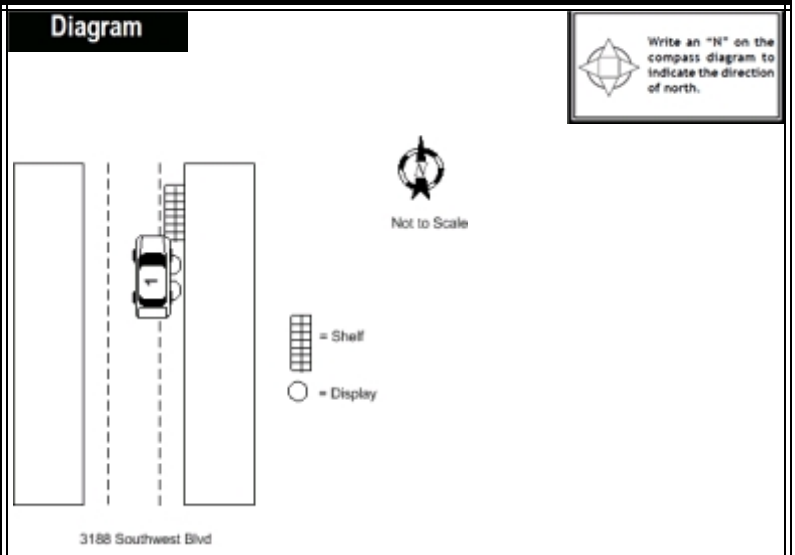
LOCATION OF CRASH IN WORK ZONE: 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN, 2 - ADVANCE WARNING AREA, 3 - TRANSITION AREA, 4 - ACTIVITY AREA, 5 - TERMINATION AREA

## Crash Report Narrative

Narrative

UNIT 1 WAS TRAVELLING SOUTH TO NORTH IN THE PARKING LOT AT 3188 SOUTHWEST BLVD, FAST LANE DRIVE THRU. UNIT 1 ENTERED THE DRIVE THRU FROM THE SOUTH AND STRUCK 2 DISPLAYS AND A SHELF ON THE EAST SIDE OF THE DRIVE THRU.

## Diagram




Report Taken By: [X] Police Agency [ ] Motorist

[ ] Supplement (Correction or Addition to an Existing Report Sent to ODPS)

| Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
|---|---|---|---|---|---|---|
| 09/02/2015 | 16:50 | 16:51 | 16:54 | 18:00 | 0 | 66 |

| Officer's Name* | Officer's Badge Number | Checked By |
|---|---|---|
| SMITH JOSHUA | B135 | S09 HOLMSTROM KEVIN M |



HSY7001 OH1(Rev 01/12)

# UNIT

Local Report Number: 153489

| Unit Number | Owner's Name: Last, First, Middle | Owner's Phone Number - Inc. Area Code |
|---|---|---|
| 01 | ( ☒ same as Driver) | ( ☒ same as Driver) |

Owner Address: City, State, Zip ( ☒ same as Driver)

| LP State | License Plate Number | Vehicle Identification Number | # Occupants |
|---|---|---|---|
| OH | ARM4764 | 1G6KD54Y7WU757234 | 1 |

| Vehicle Year | Vehicle Make | Vehicle Model | Vehicle Color |
|---|---|---|---|
| 1998 | CADILLAC | DEVILLE | WHITE |

| ☒ Proof Of Insurance Shown | Insurance Company | Policy Number | Towed By |
|---|---|---|---|
| | GRANGE | FA2523367 | |

Damage Scale: 2
1 - None
2 - Minor
3 - Functional
4 - Disabling
9 - Unknown

Damage Area: Front 02, 09, 08, 10, 04, 07, 06, 05; Rear

Carrier Name Address: City, State, Zip

Carrier Phone: Inc. Area Code

US DOT

HM Placard ID No.

☐ HM Class Number

Vehicle Weight GVWR/GCWR: ☐
1 - less than or equal to 10K lbs.
2 - 10,001 to 26,000 lbs.
3 - more than 26,000 lbs.

☐ Hazardous Materials Released

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

☒ 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: 1
1 - Personal
2 - Commercial
3 - Government

☒ In Emergency Response

Unit Type: 04
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

☐ **Has HM Placard**

Bus/Van/Limo (9 OR More Including Driver)
21 - BUS/VAN (9-15 Seats, Inc Driver)
22 - BUS (16+ Seats, Inc Driver)

Non-Motorist
23 - Animal With Rider
24 - Animal With Buggy, Wagon, Surrey
25 - Bicycle/Pedalcyclist
26 - Pedestrian/Skater
27 - Other Non-Motorist

Special Function: 01
01 - None
02 - Taxi
03 - Rental Truck (Over 10K lbs)
04 - Bus - School (Public or Private)
05 - Bus- Transit
06 - Bus - Charter
07 - Bus - Shuttle
08 - Bus - Other
09 - Ambulance
10 - Fire
11 - Highway/Maintenance
12 - Military
13 - Police
14 - Public Utility
15 - Other Government
16 - Construction Equip.
17 - Farm Vehicle
18 - Farm Equipment
19 - Motorhome
20 - Golf Cart
21 - Train
22 - Other (Explain in Narrative)

Most Damaged Area: 03
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 - Udnercarriage
12 - Load/Trailer
13 - Total(All Areas)
14 - Other
99 - Unknown

Impact Area: 03

Action: 3
1 - Non-Contact
2 - Non-Collision
3 - Striking
4 - Struck
5 - Striking/Struck
9 - Unknown

Pre-Crash Actions: 01
99 - Unknown

Motorist
01 - Straight Ahead
02 - Backing
03 - Changing Lanes
04 - Overtaking/Passing
05 - Making Right Turn
06 - Making Left Turn
07 - Making U-Turn
08 - Entering Traffic Lane
09 - Leaving Traffic Lane
10 - Parked
11 - Slowing or Stopped in Traffic
12 - Driverless
13 - Negotiating a Curve
14 - Other Motorist Action

Non-Motorist
15 - Entering or Crossing Specified Location
16 - Walking, Running, Jogging, Playing, Cycling
17 - Working
18 - Pushing Vehicle
19 - Approaching or Leaving Vehicle
20 - Standing
21 - Other Non-Motorist Action

Contributing Circumstances

Primary: 17
Secondary: ☐
99 - Unknown

Motorist
01 - None
02 - Failure to Yield
03 - Ran Red Light
04 - Ran Stop Sign
05 - Exceeded Speed Limit
06 - Unsafe Speed
07 - Improper Turn
08 - Left of Center
09 - Followed Too Closely/acda
10 - Improper Lane Change /Passing/Off Road
11 - Improper Backing
12 - Improper Start from Parked Position
13 - Stopped or Parked Illegally
14 - Operating Vehicle In Negligent Manner
15 - Swerving to Avoid(Due To External Conditions)
16 - Wrong Side/Wrong Way
17 - Failure to Control
18 - Vision Obstruction
19 - Operating Defective Equipment
20 - Load Shifting/Falling/Spilling
21 - Other Improper Action

Non-Motorist
22 - None
23 - Improper Crossing
24 - Darting
25 - Lying and/or Illegally in Roadway
26 - Failure to Yield Right of Way
27 - Not Visible (Dark Clothing)
28 - Inattentive
29 - Failure to Obey Traffic Signs /Signals/Officer
30 - Wrong Side of the Road
31 - Other Non-Motorist Action

Vehicle Defects: ☐
01 - Turn Signals
02 - Head Lamps
03 - Tail Lamps
04 - Brakes
05 - Steering
06 - Tire Blowout
07 - Worn or Slick Tires
08 - Trailer Equipment Defective
09 - Motor Trouble
10 - Disabled From Prior Accident
11 - Other Defects

Sequence of Events: 1 52 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐
99 - Unknown

First Harmful Event: 1
Most Harmful Event: 1

Non-Collision Events
01 - Overturn/Rollover
02 - Fire/Explosion
03 - Immersion
04 - Jackknife
05 - Cargo/Equipment Loss or Shift
06 - Equipment Failure (Blown Tire, Brake Failure, Etc)
07 - Separation of Units
08 - Ran Off Road Right
09 - Ran Off Road Left
10 - Cross Median
11 - Cross Center Line Opposite Direction of Travel
12 - Downhill Runaway
13 - Other Non-Collision

Collision With Person, Vehicle or Object Not Fixed
14 - Pedestrian
15 - Pedalcycle
16 - Railway Vehicle (Train, Engine)
17 - Animal - Farm
18 - Animal - Deer
19 - Aanimal - Other
20 - Motor Vehicle in Transport
21 - Parked Motor Vehicle
22 - Work Zone Maintenance Equipment
23 - Struck by Falling, Shifting Cargo Or Anything Set in Motion By a Motor Vehicle
24 - Other Movable Object

Collision with Fixed Object
25 - Impact Attenuator/Crash Cushion
26 - Bridge Overhead Structure
27 - Bridge Pier or Abutment
28 - Bridge Parapet
29 - Bridge Rail
30 - Guardrail Face
31 - Guardrail End
32 - Portable Barrier
33 - Median Cable Barrier
34 - Median Guardrail Barrier
35 - Median Concrete Barrier
36 - Median Other Barrier
37 - Traffic Sign Post
38 - Overhead Sign Post
39 - Light/Luminaries Support
40 - Utility Pole
41 - Other Post, Pole Or Support
42 - Culvert
43 - Curb
44 - Ditch
45 - Embankment
46 - Fence
47 - Mailbox
48 - Tree
49 - Fire Hydrant
50 - Work Zone Maintenance Equipment
51 - Wall, Building, Tunnel
52 - Other Fixed Object

Unit Speed: 5
☒ Stated
☒ Estimated

Posted Speed: ☐

Traffic Control: 12
01 - No Controls
02 - Stop Sign
03 - Yield Sign
04 - Traffic Signal
05 - Traffic Flashers
06 - School Zone
07 - Railroad Crossbucks
08 - Railroad Flashers
09 - Railroad Gates
10 - 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 2 To 1
1 - North
2 - South
3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown



HSY8306 OH1M (Rev 01/12)

# UNIT

Local Report Number: 153489

Unit Number | Owner's Name: Last, First, Middle ( ☐ same as Driver) | Owner's Phone Number - Inc. Area Code ( ☐ same as Driver)

Owner Address: City, State, Zip ( ☐ same as Driver)

LP State | License Plate Number | Vehicle Identification Number | # Occupants

Vehicle Year | Vehicle Make | Vehicle Model | Vehicle Color

☐ Proof Of Insurance Shown | Insurance Company | Policy Number | Towed By

Damage Scale
1 - None
2 - Minor
3 - Functional
4 - Disabling
9 - Unknown

Damage Area
Front: 02, 09, 03, 08, 10, 04, 07, 05, 06 Rear

Carrier Name Address: City, State, Zip | Carrier Phone: Inc. Area Code

US DOT

HM Placard ID No.

HM Class Number

Vehicle Weight GVWR/GCWR
1 - less than or equal to 10k lbs.
2 - 10,001 to 26,000 lbs.
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Hazardous Materials Released ☐

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
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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

☐ Hit / Skip Unit

NON-MOTORIST LOCATION PRIOR TO IMPACT
01 - Intersection - Marked Crosswalk
02 - Intersection - No Crosswalk
03 - Intersection - Other
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05 - Travel Lane - Other Location
06 - Bicycle Lane
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12 - Non-Trafficway Area
99 - Other/Unknown

Type of Use
1 - Personal
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3 - Government

In Emergency Response ☐

Unit Type
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PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)
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Impact Area

Action
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Pre-Crash Actions

Motorist
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Contributing Circumstances

Primary

Secondary

99 - Unknown

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Vehicle Defects
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09 - Motor Trouble
10 - Disabled From Prior Accident
11 - Other Defects

Sequence of Events
1 | 2 | 3 | 4 | 5 | 6

First Harmful Event | Most Harmful Event | 99 - Unknown

Non-Collision Events
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44 - Ditch
45 - Embankment
46 - Fence
47 - Mailbox
48 - Tree
49 - Fire Hydrant
50 - Work Zone Maintenance Equipment
51 - Wall, Building, Tunnel
52 - Other Fixed Object

Unit Speed
☐ Stated
☐ Estimated

Posted Speed

Traffic Control
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 | To
1 - North
2 - South
3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown



HSY8306 OH1M (Rev 01/12)

# Motorist / Non-Motorist / Occupant

Local Report Number: 153489

**Motorist/Non-Motorist**

| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender |
|---|---|---|---|---|
| 01 | SCHOEN PATRICIA L | 03/14/1938 | 77 | F (F - Female, M - Male) |

| Address, City, State, Zip | Contact Phone - Include Area Code |
|---|---|
| 2414 ROYAL MEADOW LN GROVE CITY OH 43123- | 614-871-1780 |

| Injuries | Injuries Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used | DOT Compliant Motorcycle Helmet | Seating Position | Air Bag Usage | Ejection | Trapped |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | 04 | ☐ | 01 | 1 | 1 | 1 |

| OL State | Operator License Number | OL Class | No Valid OL | M/C End. | Condition | Alcohol/Drug Suspected | Alcohol Test Status | Alcohol Test Type | Alcohol Test Value | Drug Test Status | Drug Test Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| OH | RJ194897 | 4 | ☐ | ☐ | 1 | 1 | 1 | 1 | . | 1 | 1 |

| Offense Charged ( ☐ Local Code) | Offense Description | Citation Number | Hands-Free Device Used | Driver Distracted By |
|---|---|---|---|---|
| | | | ☐ | 1 |

**Motorist/Non-Motorist**

| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender |
|---|---|---|---|---|
| | | | | F - Female, M - Male |

| Address, City, State, Zip | Contact Phone - Include Area Code |
|---|---|
| | |

| Injuries | Injuries Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used | DOT Compliant Motorcycle Helmet | Seating Position | Air Bag Usage | Ejection | Trapped |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | ☐ | | | | |

| OL State | Operator License Number | OL Class | No Valid OL | M/C End. | Condition | Alcohol/Drug Suspected | Alcohol Test Status | Alcohol Test Type | Alcohol Test Value | Drug Test Status | Drug Test Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | ☐ | ☐ | | | | | . | | |

| Offense Charged ( ☐ Local Code) | Offense Description | Citation Number | Hands-Free Device Used | Driver Distracted By |
|---|---|---|---|---|
| | | | ☐ | |

**Injuries**
1 - No Injury / None Reported
2 - Possible
3 - Non-Incapacitating
4 - Incapacitating
5 - Fatal

**Injured Taken By**
1 - Not Transported/ Treated At Scene
2 - EMS
3 - Police
4 - Other
9 - Unknown

**Safety Equipment Used**

Motorist
01 - None Used-Vehicle Occupant
02 - Shoulder Belt Only Used
03 - Lap Belt Only Used
04 - Shoulder and Lap Belt Used
05 - Child Restraint System-Forward Facing
06 - Child Restraint System-Rear Facing
07 - Booster Seat
08 - Helmet Used
99 - Unknown Safety Equipment

Non-Motorist
09 - None Used
10 - Helmet Used
11 - Protective Pads Used (Elbows, Knees, Etc.)
12 - Reflective Clothing
13 - Lighting
14 - Other

**Seating Position**
01 - Front - Left Side (Motorcycle Driver)
02 - Front -Middle
03 - Front - Right Side
04 - Second - Left Side (Motorcycle Passenger)
05 - Second - Middle
06 - Second - Right Side
07 - Third - Left Side (Motorcycle Side Car)
08 - Third - Middle
09 - Third - Right Side
10 - Sleeper Section of Cab (Truck)
11 - Passenger in Other Enclosed Cargo Area Non-Trailing Unit Such a Bus, Pick-up with Cap)
12 - Passenger in Unenclosed Cargo Area
13 - Trailing Unit
14 - Riding on Vehicle Exterior (Non-Trailing Unit)
15 - Non-Motorist
16 - Other
99 - Unknown

**Airbag Usage**
1 - Not Deployed
2 - Deployed Front
3 - Deployed Side
4 - Deployed Both Front/Side
5 - Not Applicable
9 - Deployment Unknown

**Ejection**
1 - Not Ejected
2 - Totally Ejected
3 - Partially Ejected
4 - Not Applicable

**Trapped**
1 - Not Trapped
2 - Extricated By Mechanical Means
3 - Extricated By Non-Mechanical Means

**Operator License Class**
1 - Class A
2 - Class B
3 - Class C
4 - Regular Class (Ohio IS "D")
5 - MC/MOPED Only

**Condition**
1 - Apparently Normal
2 - Physical Impairment
3 - Emotional (Depressed, Angry, Disturbed)
4 - Illness
5 - Fell Asleep, Fainted, Fatigued
6 - Under the Influence Of Medications, Drugs, Alcohol
7 - Other

**Alcohol/Drug Suspected**
1 - None
2 - Yes - Alcohol Suspected
3 - Yes - HBD Not Impaired
4 - Yes - Drugs Suspected
5 - Yes - Alcohol and Drugs Suspected

**Alcohol Test Status**
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

**Alcohol Test Type**
1 - None
2 - Blood
3 - Urine
4 - Breath
5 - Other

**Drug Test Status**
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

**Drug Test Type**
1 - None
2 - Blood
3 - Urine
4 - Illness

**Driver Distracted BY**
1 - No Distraction Reported
2 - Phone
3 - Texting/E-mailing
4 - Electronic Communication Device
5 - Other Electronic Device (Navigation Device, Radio, DVD
6 - Other Inside the Vehicle
7 - External Distraction

**Occupant**

| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender |
|---|---|---|---|---|
| | | | | F - Female, M - Male |

| Address, City, State, Zip | Contact Phone - Include Area Code |
|---|---|
| | |

| Injuries | Injuries Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used | DOT Compliant Motorcycle Helmet | Seating Position | Air Bag Usage | Ejection | Trapped |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | ☐ | | | | |

**Occupant**

| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender |
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HSY8306 OH1M (Rev 01/12)