



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

153728

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
 OTHERPDO UNDER STATE REPORTABLE DOLLAR AMOUNT
 PRIVATE PROPERTYREPORTING AGENCY NCIC*
02506REPORTING AGENCY NAME*
Grove City Division of Police

1 NUMBER OF UNITS

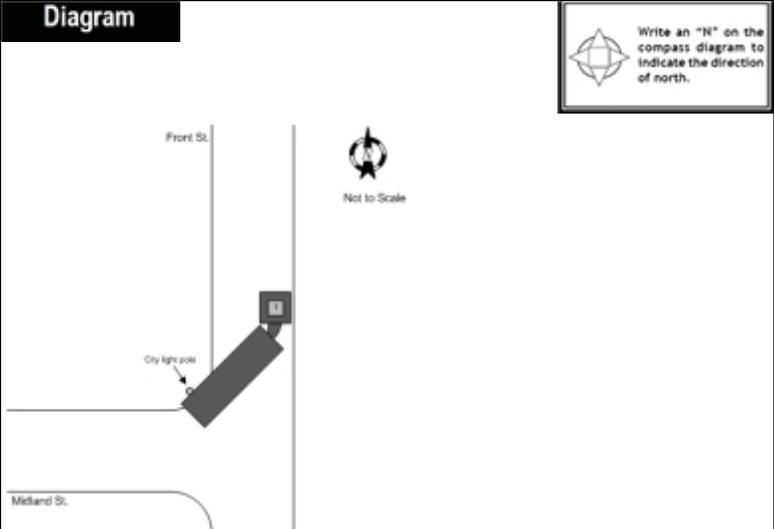
UNIT IN ERROR
1 98 ANIMAL
99 UNKNOWNCOUNTY*
25CITY*
VILLAGE*
TOWNSHIP*CITY, VILLAGE, TOWNSHIP*
GROVE CITYCRASH DATE*
09/18/2015TIME OF CRASH
15:00DAY OF WEEK
FRIDEGREES/MINUTES/SECONDS LATITUDE
LONGITUDE
39.882245DECIMAL DEGREES LATITUDE
LONGITUDE
83.096668ROADWAY DIVISION
 DIVIDED
 UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL
N - NORTHBOUND
S - SOUTHBOUND
E - EASTBOUND
W - WESTBOUNDNUMBER OF THRU LANES
2ROAD 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 - TRAILLOCATION ROUTE TYPE1
LOCATION ROUTE NUMBER
LOC PREFIX
N, S
E, WLOCATION ROAD NAME
MIDLANDLOCATION ROAD TYPE2
STROUTE TYPES1
IR - INTERSTATE ROUTE (INC. TURNPIKE)
US - US ROUTE
SR - STATE ROUTE
CR - NUMBERED COUNTY ROUTE
TR - NUMBERED TOWNSHIP ROUTEDISTANCE FROM REFERENCE
MILES
FEET
YARDSDIR FROM REF
N, S
E, W

REFERENCE ROUTE TYPE1

REF PREFIX
N, S
E, WREFERENCE NAME (ROAD, MILEPOST, HOUSE #)
FRONT
REFERENCE ROAD TYPE2
STREFERENCE POINT USED
1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER
1CRASH LOCATION
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
03INTERSECTION RELATED
LOCATION OF FIRST HARMFUL EVENT
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFICWAY
9 - UNKNOWN
2ROAD CONTOUR
1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - UNKNOWN
1ROAD CONDITIONS
PRIMARY
SECONDARY
01WEATHER
01 - DRY
02 - WET
03 - SNOW
04 - ICE
05 - SAN, MUD, DIRT, OL, GRAVEL
06 - WATER (STANDING, MOVING)
07 - SLUSH
08 - DEBRIS*
09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
10 - OTHER
99 - UNKNOWN
*SECONDARY CONDITION ONLYMANNER OF CRASH COLLISION/IMPACT
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
1WEATHER
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
1ROAD SURFACE
1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLUG, GRAVEL, STONE
5 - DIRT
6 - OTHER
2LIGHT CONDITIONS
PRIMARY
SECONDARY
1 - DAYLIGHT
2 - DAWN
3 - DUSK
4 - DARK - LIGHTED ROADWAY
1SCHOOL BUS RELATED
1 - DARK - ROADWAY NOT LIGHTED
2 - DARK - UNKNOWN ROADWAY LIGHTING
3 - GLARE*
4 - OTHER
5 - UNKNOW
6 - SCHOOL ZONE RELATED
7 - YES, SCHOOL BUS DIRECTLY INVOLVED
8 - YES, SCHOOL BUS INDIRECTLY INVOLVED
*SECONDARY CONDITION ONLYWORKERS PRESENT
LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
LAW ENFORCEMENT PRESENT (VEHICLE ONLY)
WORK ZONE RELATEDTYPE OF WORK ZONE
1 - LANE CLOSURE
2 - LANE SHIFT/CROSSOVER
3 - WORK ON SHOULDER OR MEDIAN
4 - 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 AREA
4 - ACTIVITY AREA
5 - TERMINATION AREA

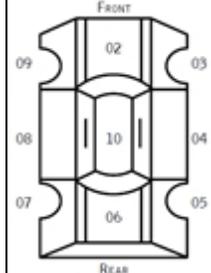
Crash Report Narrative

NARRATIVE
UNIT 1 TRAVELED FROM WEST TO EAST ON MIDLAND ST. AT FRONT ST. UNIT 1 PROCEEDED NORTH ONTO FRONT ST., AND THE TRAILER IT WAS PULLING STRUCK THE LIGHT POLE ON THE NORTHWEST CORNER OF THE INTERSECTION KNOCKING IT DOWN. UNIT 1 FLED THE SCENE NORTHBOUND ON FRONT ST. AND WAS NOT LOCATED.

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)DATE CRASH REPORTED
09/18/2015TIME CRASH REPORTED
15:12DISPATCH TIME
15:24ARRIVAL TIME
15:35TIME CLEARED
18:32OTHER INVESTIGATION TIME
0TOTAL MINUTES
177OFFICER'S NAME*
HUTCHINSON RYANOFFICER'S BADGE NUMBER
B55CHECKED BY
S11 BARBER GREGORY A

PAGE 1 OF 4

UNIT NUMBER 01, OWNER'S NAME: SWIFT TRANSPORTATION CORPORATION, OWNER'S PHONE NUMBER: 800-800-2200, DAMAGE SCALE 1, DAMAGE AREA FRONT, LP STATE, LICENSE PLATE NUMBER 2291958, VEHICLE IDENTIFICATION NUMBER 3AKJGLDRXDSBR0422, VEHICLE YEAR 2013, VEHICLE MAKE FREIGHTLINER, VEHICLE MODEL CASCADIA, INSURANCE COMPANY PRODUCER AON RISK, POLICY NUMBER RRG136818-15



CARRIER NAME ADDRESS: SWIFT TRANSPORTATION, 2200 S. 75TH AVE PHOENIX AZ 85043-800-800-2200

US DOT 54283, VEHICLE WEIGHT GVWR/GCWR 1- LESS THAN OR EQUAL TO 10K LBS., CARGO BODY TYPE 04, TRAFFICWAY DESCRIPTION 1- TWO-WAY, NOT DIVIDED

NON-MOTORIST LOCATION PRIOR TO IMPACT 01- INTERSECTION - MARKED CROSSWALK, TYPE OF USE 2, UNIT TYPE 17, PASSENGER VEHICLES (LESS THAN 9 PASSENGERS), MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/VAN/LMD (9 OR MORE INCLUDING DRIVER)

SPECIAL FUNCTION 01, MOST DAMAGED AREA 99, IMPACT AREA 07, ACTION 3

PRE-CRASH ACTIONS 06, MOTORIST 01- STRAIGHT AHEAD, NON-MOTORIST 15- ENTERING OR CROSSING SPECIFIED LOCATION, 21- OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES 17, VEHICLE DEFECTS 01- TURN SIGNALS, 02- HEAD LAMPS, 03- TAIL LAMPS

SEQUENCE OF EVENTS 1 39, NON-COLLISION EVENTS 01- OVERTURN/ROLLOVER, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14- PEDESTRIAN, COLLISION WITH FIXED OBJECT 25- IMPACT ATTENUATOR/CRASH CUSHION

UNIT SPEED 10, POSTED SPEED 25, TRAFFIC CONTROL 01, UNIT DIRECTION FROM 4 TO 1

UNIT NUMBER	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 <input type="checkbox"/>	
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)			1 - NONE	
LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	2 - MINOR	
VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	3 - FUNCTIONAL	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	4 - DISABLING	
		TOWED BY	9 - UNKNOWN	

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

US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/>	CARGO BODY TYPE <input type="checkbox"/>	TRAFFICWAY DESCRIPTION <input type="checkbox"/>
HM PLACARD ID NO.	1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	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	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 CLASS NUMBER	HAZARDOUS MATERIALS <input type="checkbox"/> RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/>	TYPE OF USE <input type="checkbox"/>	UNIT TYPE <input type="checkbox"/>	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) <input type="checkbox"/>	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS <input type="checkbox"/>	BUS/VAN/LMO (9 OR MORE INCLUDING DRIVER) <input type="checkbox"/>
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	1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	99 - UNKNOWN OR HIT /SKIP	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	13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<input type="checkbox"/> Has HM Placard					

SPECIAL FUNCTION <input type="checkbox"/>	MOST DAMAGED AREA <input type="checkbox"/>	ACTION <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	01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER	
17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	99 - UNKNOWN	

PRE-CRASH ACTIONS <input type="checkbox"/>	MOTORIST <input type="checkbox"/>	NON-MOTORIST <input type="checkbox"/>	21 - OTHER NON-MOTORIST ACTION
	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
		15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	

CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/>	VEHICLE DEFECTS <input type="checkbox"/>
PRIMARY 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	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
SECONDARY 01 - IMPROPER BACKING 02 - IMPROPER START FROM PARKED POSITION 03 - STOPPED OR PARKED ILLEGALLY 04 - OPERATING VEHICLE IN NEGLIGENT MANNER 05 - SWERVING TO AVOID(DUE TO EXTERNAL CONDITIONS) 06 - WRONG SIDE/WRONG WAY 07 - FAILURE TO CONTROL 08 - VISION OBSTRUCTION 09 - OPERATING DEFECTIVE EQUIPMENT 10 - LOAD SHIFTING/FALLING/SPILLING 11 - OTHER IMPROPER ACTION	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

SEQUENCE OF EVENTS 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	NON-COLLISION EVENTS <input type="checkbox"/>	VEHICLE DEFECTS <input type="checkbox"/>
FIRST HARMFUL EVENT <input type="checkbox"/> MOST HARMFUL EVENT <input type="checkbox"/>	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
<u>COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED</u> 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	<u>COLLISION WITH FIXED OBJECT</u> 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	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

UNIT SPEED <input type="checkbox"/>	POSTED SPEED <input type="checkbox"/>	TRAFFIC CONTROL <input type="checkbox"/>	UNIT DIRECTION FROM <input type="checkbox"/> TO <input type="checkbox"/>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
<input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED		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



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
153728

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE MOORE A	DATE OF BIRTH	AGE	GENDER M F - FEMALE M - MALE						
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 1	INJURIES TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 99	<input checked="" type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
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 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER	<input checked="" type="checkbox"/> HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY			

Motorist/New-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	<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/New-Motorist

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT		Non-MOTORIST			
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED/TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	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		09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER			
SEATING POSITION			AIRBAG USAGE					
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			1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		
EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION		ALCOHOL/DRUG SUSPECTED			
1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	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		1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED	
ALCOHOL TEST STATUS		ALCOHOL TEST TYPE	DRUG TEST STATUS		DRUG TEST TYPE		DRIVER DISTRACTED BY	
1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - ILLNESS		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 ARNETT ANEDA L	DATE OF BIRTH 01/01/1986	AGE 29	GENDER F F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 3532 MIDLAND ST GROVE CITY OH 43123-			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

Occupant

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE HOOPER BRENDA L	DATE OF BIRTH 12/18/1963	AGE 51	GENDER F F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 4086 STEPHANIE PL GROVE CITY OH 43123-			CONTACT PHONE - INCLUDE AREA CODE 614-900-6627						
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