



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

154039

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*
02506REPORTING 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*
10/10/2015TIME OF CRASH
12:00DAY OF WEEK
SATDEGREES/MINUTES/SECONDS
LATITUDE

LONGITUDE

DECIMAL DEGREES
LATITUDE

39.898105

LONGITUDE

83.056948

ROADWAY DIVISION
 DIVIDED
 UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL
N - NORTHBOUND E - EASTBOUND
S - SOUTHBOUND W - WESTBOUNDNUMBER OF THRU LANES
2

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

LOCATION ROUTE NUMBER

LOC PREFIX
N,S
E,WLOCATION ROAD NAME
HOMELOCATION ROAD TYPE2
RDROUTE TYPES1
IR - INTERSTATE ROUTE (INC. TURNPIKE)
US - US ROUTE
SR - STATE ROUTECR - NUMBERED COUNTY ROUTE
TR - NUMBERED TOWNSHIP ROUTEDISTANCE FROM REFERENCE
60 MILES
FEET
YARDSDIR FROM REF
W N,S
E,W

REFERENCE ROUTE TYPE1

REFERENCE ROUTE NUMBER

REF PREFIX
N,S
E,WREFERENCE NAME (ROAD, MILEPOST, HOUSE #)
GANTZREFERENCE ROAD TYPE2
RDREFERENCE POINT USED
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 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ROADSIDE
 5 - ON GORE
 6 - OUTSIDE TRAFFICWAY
 9 - UNKNOWN
ROAD CONTOUR
1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL4 - CURVE GRADE
9 - UNKNOWNROAD CONDITIONS
PRIMARY
01

SECONDARY

 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 ONLY

MANNER OF CRASH COLLISION/IMPACT
2 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
 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
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 - BLACKTOP, BITUMINOUS, ASPHALT
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLUG, 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

*SECONDARY CONDITION ONLY

 SCHOOL BUS RELATED
 SCHOOL ZONE RELATED

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

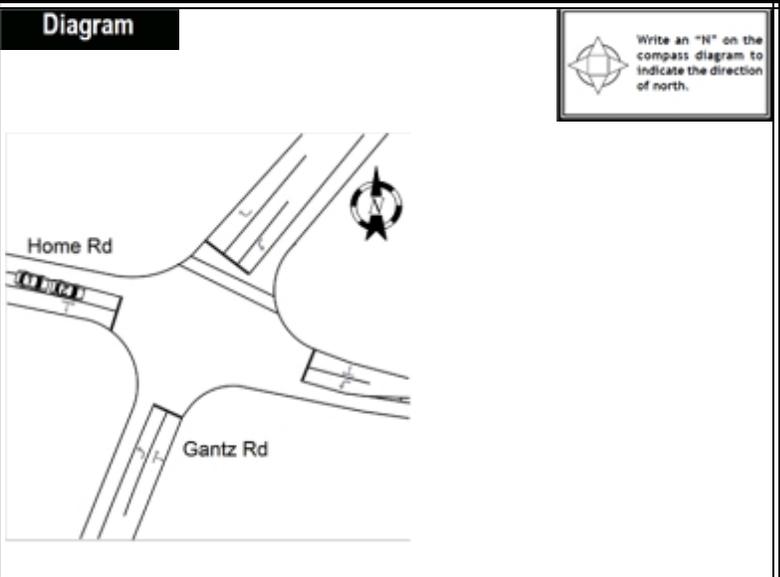
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
 LAW ENFORCEMENT PRESENT (VEHICLE ONLY)
TYPE OF WORK ZONE
1 - LANE CLOSURE
2 - LANE SHIFT/CROSSOVER
3 - WORK ON SHOULDER OR MEDIAN4 - INTERMITTENT OR MOVING WORK
5 - OTHERLOCATION OF CRASH IN WORK ZONE
1 - BEFORE THE FIRST WORK ZONE WARNING SIGN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

Crash Report Narrative

NARRATIVE

UNIT # 1 WAS TRAVELING FROM THE WEST TO THE EAST ON HOME RD. UNIT # 2 WAS STOPPED IN TRAFFIC FACING EAST IN THE LEFT TURN LANE, WAITING TO TURN NORTH ON TO GANTZ RD. UNIT # 1 FAILED TO MAINTAIN ASSURED CLEAR DISTANCE, STRIKING UNIT # 2 IN THE REAR. UNIT # 1 THEN FLED THE SCENE OF THE CRASH WITHOUT LEAVING ANY PERSONAL INFORMATION WITH THE DRIVER OF UNIT # 2.

Diagram

REPORT TAKEN BY
 POLICE AGENCY MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)
DATE CRASH REPORTED
10/10/2015TIME CRASH REPORTED
12:03DISPATCH TIME
12:03ARRIVAL TIME
12:03TIME CLEARED
12:58

OTHER INVESTIGATION TIME

TOTAL MINUTES
55OFFICER'S NAME*
GRASSEL AARON COFFICER'S BADGE NUMBER
B49CHECKED BY
B45 DARNELL JOHN W

PAGE 1 OF 5

UNIT NUMBER 01	OWNER'S NAME: LAST, FIRST, MIDDLE PERRY JAMIKA N (<input type="checkbox"/> SAME AS DRIVER)	OWNER'S PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	DAMAGE SCALE 9 1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	DAMAGE AREA
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1227 LOCKHURST RD COLUMBUS OH 43207-				
LP STATE OH	LICENSE PLATE NUMBER GLB4064	VEHICLE IDENTIFICATION NUMBER 2C3HC56G4YH244547	# OCCUPANTS 3	
VEHICLE YEAR 2000	VEHICLE MAKE CHRYSLER	VEHICLE MODEL	VEHICLE COLOR BLUE	
<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 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 03 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/LMD (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"/> Has HM Placard					

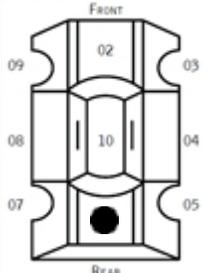
SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS- TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 02 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 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 01 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 09 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 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	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 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	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 DIRECTION FROM 4 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	

UNIT SPEED 5 <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED 35	TRAFFIC CONTROL 04 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 4 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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UNIT NUMBER 02	OWNER'S NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER'S PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)	DAMAGE SCALE 2 1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	DAMAGE AREA 
OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)				
LP STATE OH	LICENSE PLATE NUMBER GQG8858	VEHICLE IDENTIFICATION NUMBER KNAFG528297251755	# OCCUPANTS 1	
VEHICLE YEAR 2009	VEHICLE MAKE KIA	VEHICLE MODEL SOUL	VEHICLE COLOR WHITE	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY STATE FARM	POLICY NUMBER 8877825B1335	TOWED BY	

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

US DOT 1	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000 LBS. <input type="checkbox"/> 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <input type="checkbox"/> 01 - NO CARGO BODY TYPE/NOT APPLICABLE <input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMEDIATE CONTAINER CHASSIS <input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL <input type="checkbox"/> 09 - POLE <input type="checkbox"/> 10 - CARGO TANK <input type="checkbox"/> 11 - FLAT BED <input type="checkbox"/> 12 - DUMP <input type="checkbox"/> 13 - CONCRETE MIXER <input type="checkbox"/> 14 - AUTO TRANSPORTER <input type="checkbox"/> 15 - GARBAGE/REFUSE <input type="checkbox"/> 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION <input type="checkbox"/> 1 - TWO-WAY, NOT DIVIDED <input type="checkbox"/> 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT LEFT TURN LANE <input type="checkbox"/> 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN <input type="checkbox"/> 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 5 - ONE-WAY TRAFFICWAY <input checked="" type="checkbox"/> HIT / SKIP UNIT
HM PLACARD ID NO.	HAZARDOUS MATERIALS <input type="checkbox"/> RELEASED		
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK <input type="checkbox"/> 03 - INTERSECTION - OTHER <input type="checkbox"/> 04 - MIDBLOCK - MARKED CROSSWALK <input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 06 - BICYCLE LANE <input type="checkbox"/> 07 - SHOULDER/ROADSIDE <input type="checkbox"/> 08 - SIDEWALK <input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL <input type="checkbox"/> 12 - NON-TRAFFICWAY AREA <input type="checkbox"/> 99 - OTHER/UNKNOWN	TYPE OF USE <input type="checkbox"/> 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input checked="" type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <input type="checkbox"/> 03 99 - UNKNOWN OR HIT /SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) <input type="checkbox"/> 01 - SUB-COMPACT <input type="checkbox"/> 02 - COMPACT <input type="checkbox"/> 03 - MID SIZE <input type="checkbox"/> 04 - FULL SIZE <input type="checkbox"/> 05 - MINIVAN <input type="checkbox"/> 06 - SPORT UTILITY VAN <input type="checkbox"/> 07 - PICKUP <input type="checkbox"/> 08 - VAN <input type="checkbox"/> 09 - MOTORCYCLE <input type="checkbox"/> 10 - MOTORIZED BICYCLE <input type="checkbox"/> 11 - SNOWMOBILE/ATV <input type="checkbox"/> 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS <input type="checkbox"/> 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES <input type="checkbox"/> 14 - SINGLE UNIT TRUCK; 3+ AXLES <input type="checkbox"/> 15 - SINGLE UNIT TRUCK / TRAILER <input type="checkbox"/> 16 - TRUCK/TRACTOR (BOBTAIL) <input type="checkbox"/> 17 - TRACTOR/SEMI-TRAILER <input type="checkbox"/> 18 - TRACTOR/DOUBLE <input type="checkbox"/> 19 - TRACTOR/TRIPLES <input type="checkbox"/> 20 - OTHER MED/HEAVY VEHICLE	Bus/VAN/LMO (9 OR MORE INCLUDING DRIVER) <input type="checkbox"/> 21 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 22 - BUS (16+ SEATS, INC DRIVER) Non-Motorist <input type="checkbox"/> 23 - ANIMAL WITH RIDER <input type="checkbox"/> 24 - ANIMAL WITH BUGGY, WAGON, SURREY <input type="checkbox"/> 25 - BICYCLE/PEDALCYCLIST <input type="checkbox"/> 26 - PEDESTRIAN/SKATER <input type="checkbox"/> 27 - OTHER NON-MOTORIST
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SPECIAL FUNCTION <input type="checkbox"/> 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 <input type="checkbox"/> 06 IMPACT AREA <input type="checkbox"/> 06	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 <input type="checkbox"/> 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <input type="checkbox"/> 11 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 <input type="checkbox"/> 01 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 <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 <input type="checkbox"/> 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	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 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 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 <input type="checkbox"/> 0 <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED <input type="checkbox"/> 35	TRAFFIC CONTROL <input type="checkbox"/> 04 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 <input type="checkbox"/> 4 TO <input type="checkbox"/> 3 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
154039

Motorist/New-Motorist

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE UNKNOWN	DATE OF BIRTH	AGE 00	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	DOT COMPLIANT MOTORCYCLE HELMET <input checked="" type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 5	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 1			

Motorist/New-Motorist

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE RITTS MELISSA D	DATE OF BIRTH 07/08/1967	AGE 48	GENDER F F - FEMALE M - MALE						
ADDRESS, CITY, STATE, ZIP 1515 WHALES PL GROVE CITY OH 43123-			CONTACT PHONE - INCLUDE AREA CODE 614-530-4845							
INJURIES 1	INJURIES TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input checked="" type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER RK129391	OL CLASS 4	<input checked="" type="checkbox"/> No VALID OL <input checked="" type="checkbox"/> M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER	<input checked="" type="checkbox"/> HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1			

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
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		
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 01	NAME: LAST, FIRST, MIDDLE ROBINSON PATRICK A	DATE OF BIRTH 03/17/1978	AGE 37	GENDER M F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 11200 LAKEVIEW DR ORIENT OH 43146-			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 1	INJURIES TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input checked="" type="checkbox"/>	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

Occupant

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE UNKNOWN	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	DOT COMPLIANT MOTORCYCLE HELMET <input checked="" type="checkbox"/>	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
154039

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		
<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/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		
<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	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 (NAVIGATION DEVICE, RADIO, DVD)	
5 - TEST GIVEN, RESULTS UNKNOWN	5 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN			

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER <input checked="" type="checkbox"/> M <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE		
01	UNKNOWN								
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
1	<input type="checkbox"/>			<input type="checkbox"/>		04	5	1	1

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
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>