

Log 7-11-16



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER <b>16 MPD 1120</b>	CRASH SEVERITY 3 1. FATAL 2. INJURY 3. PDO	HIT/SKIP 2 1. SOLVED 2. UNSOLVED
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LOCAL INFORMATION <b>16MPD1120</b>		REPORTING AGENCY NCIC * <b>03801</b>	REPORTING AGENCY NAME * <b>Millersburg Police Department</b>	NUMBER OF UNITS <b>1</b>	UNIT IN ERROR <b>1</b> 98 - ANIMAL 99 - UNKNOWN
PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	COUNTY <b>Holmes</b>	CITY, VILLAGE, TOWNSHIP <b>Millersburg</b>	CRASH DATE <b>07/10/2016</b>
DEGREES/MINUTES/SECONDS LATITUDE <b>40:33:20.65</b>		LONGITUDE <b>81:54:20.41</b>		DECIMAL DEGREES LATITUDE	LONGITUDE

ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> S - SOUTHBOUND	E - EASTBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES <b>2</b>	ROAD TYPES OR MILEPOST AL - ALLEY CR - CURVE 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 PJ - PIKE SQ - SQUARE TL - TRAIL
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LOCATION ROUTE NUMBER <input type="checkbox"/>	LOC PREFIX <b>E</b> N.S. E.W.	LOCATION ROAD NAME <b>Jackson</b>	LOCATION ROAD TYPE <b>ST</b>	ROUTE TYPES IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE CR - NUMBERED COUNTY ROUTE SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF <input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	REFERENCE ROUTE NUMBER <input type="checkbox"/>	REF PREFIX <input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) <b>Lakeview</b>	REFERENCE ROAD TYPE <b>DR</b>
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REFERENCE POINT USED <b>1</b> 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION <b>03</b> 01 - NOT AN INTERSECTION 02 - FOUR WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUNT	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 <input checked="" type="checkbox"/>	LOCATION OF FIRST HARMFUL EVENT <b>1</b> 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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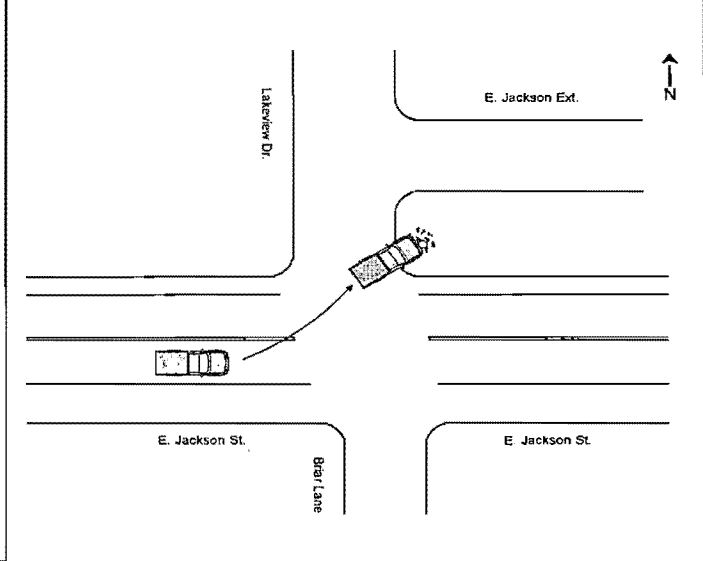
ROAD CONTOUR <b>2</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY <b>01</b> SECONDARY <input type="checkbox"/> 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 - OTHER 99 - UNKNOWN
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MANNER OF CRASH COLLISION/IMPACT <b>1</b> 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 <b>1</b> 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
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ROAD SURFACE <b>2</b> 1 - CONCRETE 2 - BLACKTOP 3 - BITUMINOUS ASPHALT 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY <b>1</b> SECONDARY <input type="checkbox"/> 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE 8 - OTHER	SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE  
Unit 1 traveling east on E Jackson St. and made an improper left turn onto Lakeview Dr. , struck a utility pole, and then came to rest.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPDS)					
DATE CRASH REPORTED <b>07/10/2016</b>	TIME CRASH REPORTED <b>1340</b>	DISPATCH TIME <b>1345</b>	ARRIVAL TIME <b>1346</b>	TIME CLEARED <b>1356</b>	OTHER INVESTIGATION TIME <b>0</b>	TOTAL MINUTES <b>11</b>
OFFICER'S NAME <b>Newman, Jordan</b>	OFFICER'S BADGE NUMBER <b>129</b>	CHECKED BY				





# UNIT

LOCAL REPORT NUMBER

16 MPD 1120

UNIT NUMBER 1	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) Foster, Pierce,	OWNER PHONE NUMBER	DAMAGE SCALE 4	DAMAGE AREA FRONT  REAR
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 2440 Marchmont Dr, Dayton, OH, 45460				
LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER 1GCDT13E788105640	# OCCUPANTS 1	
VEHICLE YEAR 2008	VEHICLE MAKE Chevrolet	VEHICLE MODEL Colorado	VEHICLE COLOR BLK	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE

US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K 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 - GRAN, 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 - 1 TW-WAY, NOT DIVIDED 2 - 2 TW-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - 3 TW-WAY, DIVIDED, UNPROTECTED/PAINTED OR GRASS (4 FT.) MEDIAN 4 - 4 TW-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> Hit / Skip Unit
HM PLACARD ID NO.	HAZARDOUS MATERIAL RELATED <input type="checkbox"/>			
HM CLASS NUMBER				

NON-MOTORIST LOCATION PRIOR TO IMPACT <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 - DRIVE WAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 07 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 01 - SUB COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 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) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDESTAL CYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
		<input type="checkbox"/> HAS HM PLACARD		

SPECIAL FUNCTION 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 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 06	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	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 CIRCUMSTANCE PRIMARY 07	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 11 - PASSING/OFF ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERING 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
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SEQUENCE OF EVENTS 1 - 40 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	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
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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 SPEED <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED 35	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 9 TO 9 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

16 MPD 1120

UNIT NUMBER 1		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE					
ADDRESS, CITY, STATE, ZIP OH						CONTACT PHONE - INCLUDE AREA CODE								
INJURIES <input type="checkbox"/>		INJURED TAKEN BY <input type="checkbox"/>		EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED 99		DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
OL STATE		OPERATOR LICENSE NUMBER		OL CLASS <input type="checkbox"/>	No VALID DL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE		DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION				CITATION NUMBER			HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY <input type="checkbox"/>			
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 <input type="checkbox"/>		INJURED TAKEN BY <input type="checkbox"/>		EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED		DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE		OPERATOR LICENSE NUMBER		OL CLASS <input type="checkbox"/>	No VALID DL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE		DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION				CITATION NUMBER			HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY <input type="checkbox"/>			
INJURIES		INJURED TAKEN BY		SAFETY EQUIPMENT USED		99 - UNKNOWN SAFETY EQUIPMENT		MOTORIST		NON-MOTORIST				
1 - NO INJURY / NONE REPORTED		1 - NOT TRANSPORTED / TREATED AT SCENE		MOTORIST		NON-MOTORIST		01 - NONE USED - VEHICLE OCCUPANT		05 - CHILD RESTRAINT SYSTEM - FORWARD FACING		09 - NONE USED		12 - REFLECTIVE COATING
2 - POSSIBLE		2 - EMS		02 - SHOULDER BELT ONLY USED		06 - CHILD RESTRAINT SYSTEM - REAR FACING		06 - CHILD RESTRAINT SYSTEM - REAR FACING		10 - HELMET USED		13 - LIGHTING		
3 - NON-INCAPACITATING		3 - POLICE		03 - LAP BELT ONLY USED		07 - BOOSTER SEAT		07 - BOOSTER SEAT		11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)		14 - OTHER		
4 - INCAPACITATING		4 - OTHER		04 - SHOULDER AND LAP BELT ONLY USED		08 - HELMET USED		08 - HELMET USED						
5 - FATAL		9 - UNKNOWN												
SEATING POSITION				AIR BAG USAGE										
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)				07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)				12 - PASSENGER IN UNENCLOSED CARGO AREA						
02 - FRONT - MIDDLE				08 - THIRD - MIDDLE				13 - TRAILING UNIT						
03 - FRONT - RIGHT SIDE				09 - THIRD - RIGHT SIDE				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)				10 - SLEEPER SECTION OF CAB (TRUCK)				15 - NON-MOTORIST						
05 - SECOND - MIDDLE				11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP)				16 - OTHER						
06 - SECOND - RIGHT SIDE								99 - UNKNOWN						
EJECTION		TRAPPED		OPERATOR LICENSE CLASS		CONDITION		ALCOHOL/DRUG SUSPECTED						
1 - NOT EJECTED		1 - NOT TRAPPED		1 - CLASS A		1 - APPARENTLY NORMAL		5 - FELL ASLEEP, FAINTED, FATIGUE		1 - NONE				
2 - TOTALLY EJECTED		2 - EXTRICATED BY MECHANICAL MEANS		2 - CLASS B		2 - PHYSICAL IMPAIRMENT		6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL		2 - YES - ALCOHOL SUSPECTED				
3 - PARTIALLY EJECTED		3 - EXTRICATED BY NON-MECHANICAL MEANS		3 - CLASS C		3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)		7 - OTHER		3 - YES - HBG NOT IMPAIRED				
4 - NOT APPLICABLE				4 - REGULAR CLASS (OHIO IS 'D')		4 - ILLNESS				4 - YES - DRUGS SUSPECTED				
				5 - MC/MOPED ONLY						5 - YES - ALCOHOL AND DRUGS SUSPECTED				
ALCOHOL TEST STATUS				ALCOHOL TEST TYPE		DRUG TEST STATUS		DRUG TEST TYPE		DRIVER DISTRACTED BY				
1 - NONE GIVEN				1 - NONE		1 - NONE GIVEN		1 - NONE		1 - NO DISTRACTION REPORTED				
2 - TEST REFUSED				2 - BLOOD		2 - TEST REFUSED		2 - BLOOD		6 - OTHER INSIDE THE VEHICLE				
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE				3 - URINE		3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE		3 - URINE		7 - EXTERNAL DISTRACTION				
4 - TEST GIVEN, RESULTS KNOWN				4 - BREATH		4 - TEST GIVEN, RESULTS KNOWN		4 - OTHER		2 - PHONE				
5 - TEST GIVEN, RESULTS UNKNOWN				5 - OTHER		5 - TEST GIVEN, RESULTS UNKNOWN				3 - TEXTING / EMAILING				
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 <input type="checkbox"/>		INJURED TAKEN BY <input type="checkbox"/>		EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED		DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE		OPERATOR LICENSE NUMBER		OL CLASS <input type="checkbox"/>	No VALID DL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE		DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION				CITATION NUMBER			HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY <input type="checkbox"/>			
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 <input type="checkbox"/>		INJURED TAKEN BY <input type="checkbox"/>		EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED		DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE		OPERATOR LICENSE NUMBER		OL CLASS <input type="checkbox"/>	No VALID DL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE		DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION				CITATION NUMBER			HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY <input type="checkbox"/>			

