



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION REPORTING AGENCY NAME * Millersburg				LOCAL REPORT NUMBER * 25MPD0631			
COUNTY * 38				LOCALITY * 2 - CITY 2 - VILLAGE 3 - TOWNSHIP				LOCATION: CITY, VILLAGE, TOWNSHIP * Millersburg			
CRASH DATE / TIME * 04/26/2025 13:30				CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY							
HIT/SKIP 1 - SOLVED 2 - UNSOLVED				NUMBER OF UNITS 2				UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN			
ROUTE TYPE LOCATION				ROUTE NUMBER LOCATION				PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			
LOCATION ROAD NAME PRIVATE PROPERTY				ROAD TYPE ST				LATITUDE DECIMAL DEGREES 40.552900			
ROUTE TYPE REFERENCE				ROUTE NUMBER REFERENCE				PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 1640 S WASHINGTON				ROAD TYPE ST				LONGITUDE DECIMAL DEGREES -81.919100			
REFERENCE POINT 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #				DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST				ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE			
ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY				INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES				ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT 4 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				MANNER OF CRASH COLLISION/IMPACT 7 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			
MEDIAN TYPE 2 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN				WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE				WORK ZONE TYPE 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 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA				CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN				CONDITIONS 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN			
SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN				LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				WEATHER 1 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 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN			
NARRATIVE On 04/26/2025 I was dispatched to 1640 S Washington St for a private property non injury crash. Upon arrival I spoke with Unit#1 who stated as they were cutting through parking spaces they drove too close to Unit#2, Ultimately striking Unit#2's front bumper and pulling it from the vehicle. Unit#1 admitted to being at fault for the crash. While on scene both parties exchanged information but still requested a crash report.											
CRASH REPORTED DATE / TIME 04/26/2025 13:35				DISPATCH DATE / TIME 04/26/2025 13:36				ARRIVAL DATE / TIME 04/26/2025 13:41			
SCENE CLEARED DATE / TIME 04/26/2025 13:59				REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST							
TOTAL TIME ROADWAY CLOSED 0				OTHER INVESTIGATION TIME				TOTAL MINUTES 23			
OFFICER'S NAME* Shows, Logan				CHECKED BY OFFICER'S NAME*				OFFICER'S BADGE NUMBER* 108			
CHECKED BY OFFICER'S BADGE NUMBER*				SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs)							



LOCAL REPORT NUMBER

25MPD0631

DAMAGE

DAMAGE SCALE

1 - NONE

3 - FUNCTIONAL DAMAGE

2 - MINOR DAMAGE

4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY

☒ - NO DAMAGE [0]

☐ - UNDERCARRIAGE [14]

☐ - TOP [13]

☐ - ALL AREAS [15]

☐ - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE

14 - UNDERCARRIAGE

1-12 - REFER TO UNIT
DIAGRAM

15 - VEHICLE NOT AT SCENE

13 - TOP

99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW

1 - ONE-WAY

2 - TWO-WAY

2

TRAFFIC CONTROL

1 - ROUNDABOUT 4 - STOP SIGN

2 - SIGNAL S - YIELD SIGN

3 - FLASHER 6 - NO CONTROL

6

OF THROUGH LANES
ON ROAD

2

RAIL GRADE CROSSING

1 - NOT INVOLVED

2 - INVOLVED-ACTIVE CROSSING

3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

1 - NORTH

5 - NORTHEAST

2 - SOUTH

6 - NORTHWEST

3 - EAST

7 - SOUTHEAST

4 - WEST

8 - SOUTHWEST

9 - OTHER / UNKNOWN

FROM 3 TO 4

UNIT SPEED

10

DETECTED SPEED

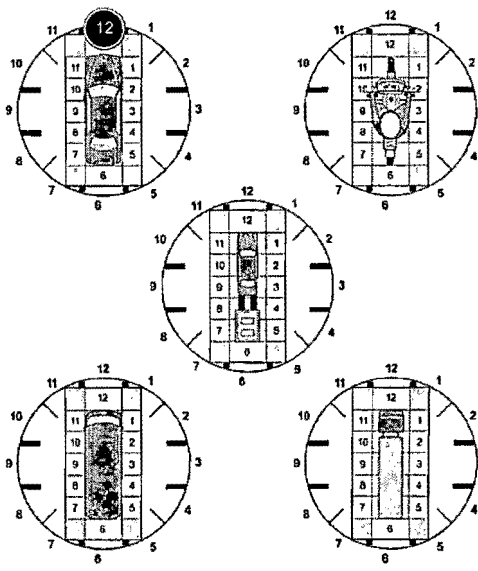
1 - STATED / ESTIMATED SPEED

POSTED SPEED

2 - CALCULATED / EDR

3 - UNDETERMINED

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: (INCLUDE AREA CODE) (<input type="checkbox"/> SAME AS DRIVER)	
	2	THOMPSON, MISTIE, ANN			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)				
	1813 S YORK RD, YORKTOWN, IN, 47396				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)	
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	IN	CCR664	ZACNJCBB8MPM12098	2021	JEEP
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		PROGRESSIVE	967669503	WHI	LIBERTY
	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE				
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
			1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	UNIT TYPE				
	3				
EVENTS	1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER				
	2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)				
	3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST				
	4 - PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE				
	5 - CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN				
	11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP				
	# OF TRAILING UNITS				
	2				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
	0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN				
1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL					
1					
SPECIAL FUNCTION					
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER					
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN					
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL					
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING					
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIP. 20 - SAFETY SERVICE PATROL					
1					
CARGO BODY TYPE					
1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN					
2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER					
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN /ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER					
10 - FLAT BED 14 - GARBAGE/REFUSE					
1					
VEHICLE DEFECTS					
1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN					
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT					
3 - TAIL LAMPS 6 - TIRE BLOWOUT					
1					
NON-MOTORIST LOCATION					
1 - INTERSECTION - MARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN					
2 - INTERSECTION - UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS					
3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE					
4					
ACTION					
1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE					
2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN					
3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE					
4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 19 - STANDING 20 - OTHER NON-MOTORIST					
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 21 - ENTERING OR CROSSING SPECIFIED LOCATION					
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE					
1					
CONTRIBUTING CIRCUMSTANCES					
1 - NONE 8 - FOLLOWING TOO CLOSE /ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY					
2 - FAILURE TO YIELD 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING /FALLING/SPILLING 99 - OTHER IMPROPER ACTION					
3 - RAN RED LIGHT 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING					
4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - LYING IN ROADWAY					
5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE					
6 - IMPROPER TURN 7 - LEFT OF CENTER					
SEQUENCE OF EVENTS					
1					
20					
1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE					
2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT					
3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT					
4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE					
5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER					
6 - EQUIPMENT FAILURE					
COLLISION WITH FIXED OBJECT - STRUCK					
25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING					
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL					
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT					
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 55 - OTHER FIXED OBJECT					
29 - GUARDRAIL RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 56 - OTHER FIXED OBJECT					
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 57 - WALL					
1					
FIRST HARMFUL EVENT					
1					
MOST HARMFUL EVENT					

LOCAL REPORT NUMBER	
25MPD0631	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
3	
DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]	
<input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]	
<input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN	
11	
13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
2	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
FROM <input type="text"/> TO <input type="text"/>	
UNIT SPEED	DETECTED SPEED
<input type="text"/>	1 - STATED / ESTIMATED SPEED
POSTED SPEED	2 - CALCULATED / EDR
<input type="text"/>	3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER 25MPD0631										
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
1	DIXON, RHONDA, J				02/19/1962		63	F		
ADDRESS: STREET, CITY, STATE, ZIP 4040 TR 271, KILLBUCK, OH, 44637					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5	1				4		1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
OH										
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	RESULTS SELECT UP TO 4
UNIT # NAME: LAST, FIRST, MIDDLE										
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	RESULTS SELECT UP TO 4
UNIT # NAME: LAST, FIRST, MIDDLE										
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	RESULTS SELECT UP TO 4
INJURIES										
1 - FATAL										
2 - SUSPECTED SERIOUS INJURY										
3 - SUSPECTED MINOR INJURY										
4 - POSSIBLE INJURY										
5 - NO APPARENT INJURY										
INJURIES TAKEN BY										
1 - NOT TRANSPORTED / TREATED AT SCENE										
2 - EMS										
3 - POLICE										
9 - OTHER / UNKNOWN										
SAFETY EQUIPMENT										
1 - NONE USED										
2 - SHOULDER BELT ONLY USED										
3 - LAP BELT ONLY USED										
4 - SHOULDER & LAP BELT USED										
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING										
6 - CHILD RESTRAINT SYSTEM - REAR FACING										
7 - BOOSTER SEAT										
8 - HELMET USED										
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)										
10 - REFLECTIVE CLOTHING										
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY										
99 - OTHER / UNKNOWN										
SEATING POSITION										
1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)										
2 - FRONT - MIDDLE										
3 - FRONT - RIGHT SIDE										
4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)										
5 - SECOND - MIDDLE										
6 - SECOND - RIGHT SIDE										
7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)										
8 - THIRD - MIDDLE										
9 - THIRD - RIGHT SIDE										
10 - SLEEPER SECTION OF TRUCK CAB										
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, 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										
99 - OTHER / UNKNOWN										
AIR BAG										
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 - PARTIALLY EJECTED										
3 - TOTALLY EJECTED										
4 - NOT APPLICABLE										
TRAPPED										
1 - NOT TRAPPED										
2 - EXTRICATED BY MECHANICAL MEANS										
3 - FREED BY NON-MECHANICAL MEANS										
OL CLASS										
1 - CLASS A										
2 - CLASS B										
3 - CLASS C										
4 - REGULAR CLASS (OHIO - D)										
5 - M/C MOPED ONLY										
6 - NO VALID OL										
OL ENDORSEMENT										
H - HAZMAT										
M - MOTORCYCLE										
P - PASSENGER										
N - TANKER										
Q - MOTOR SCOOTER										
R - THREE WHEEL MOTORCYCLE										
S - SCHOOL BUS										
T - DOUBLE & TRIPLE TRAILERS										
X - TANKER / HAZMAT										
GENDER										
F - FEMALE										
M - MALE										
U - OTHER / UNKNOWN										
OL RESTRICTION(S)										
1 - ALCOHOL INTERLOCK DEVICE										
2 - CDL INTRASTATE ONLY										
3 - CORRECTIVE LENSES										
4 - FARM WAIVER										
5 - EXCEPT CLASS A BUS										
6 - EXCEPT CLASS A & CLASS B BUS										
7 - EXCEPT TRACTOR-TRAILER										
8 - INTERMEDIATE LICENSE RESTRICTIONS										
9 - LEARNER'S PERMIT RESTRICTIONS										
10 - LIMITED TO DAYLIGHT ONLY										
11 - LIMITED TO EMPLOYMENT										
12 - LIMITED - OTHER										
13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)										
14 - MILITARY VEHICLES ONLY										
15 - MOTOR VEHICLES WITHOUT AIR BRAKES										
16 - OUTSIDE MIRROR										
17 - PROSTHETIC AID										
18 - OTHER										
DRIVER DISTRACTION										
1 - NOT DISTRACTED										
2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)										
3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE										
4 - TALKING ON HAND-HELD COMMUNICATION DEVICE										
5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE										
6 - PASSENGER										
7 - OTHER DISTRACTION INSIDE THE VEHICLE										
8 - OTHER DISTRACTION OUTSIDE THE VEHICLE										
9 - OTHER / UNKNOWN										
CONDITION										
1 - APPARENTLY NORMAL										
2 - PHYSICAL IMPAIRMENT										
3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)										
4 - ILLNESS										
5 - FELL ASLEEP; FAINTED; FATIGUED, ETC.										
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL										
9 - OTHER / UNKNOWN										
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 TYPE										
1 - NONE										
2 - BLOOD										
3 - URINE										
4 - OTHER										
DRUG TEST RESULT(S)										
1 - AMPHETAMINES										
2 - BARBITURATES										
3 - BENZODIAZEPINES										
4 - CANNABINOIDS										
5 - COCAINE										
6 - OPIATES / OPIOIDS										
7 - OTHER										
8 - NEGATIVE RESULTS										