

10-6-17 JLS



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER*	CRASH SEVERITY	HIT/SKIP
17 MPD 1822	3 1-FATAL 2-INJURY 3-PDO	<input type="checkbox"/> 1-SOLVED <input type="checkbox"/> 2-UNSOLVED

LOCAL INFORMATION		REPORTING AGENCY NCIC*	REPORTING AGENCY NAME*	NUMBER OF UNITS	UNIT IN ERROR	
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER		<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT <input type="checkbox"/> PRIVATE PROPERTY	03801	Millersburg Police Department	1	1 98-ANIMAL 99-UNKNOWN
COUNTY*	CITY*	CITY, VILLAGE, TOWNSHIP*	CRASH DATE*	TIME OF CRASH	DAY OF WEEK	
Holmes	<input type="checkbox"/> VILLAGE* <input type="checkbox"/> TOWNSHIP*	Millersburg	10/05/2017	0806	Thu	

DEGREES/MINUTES/SECONDS	DECIMAL DEGREES
LATITUDE 40:34:92.82	LONGITUDE 81:55:19.95

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N-NORTHBOUND <input type="checkbox"/> S-SOUTHBOUND <input type="checkbox"/> E-EASTBOUND <input type="checkbox"/> W-WESTBOUND	2	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 NUMBER	LOC PREFIX	LOCATION ROAD NAME	LOCATION ROAD TYPE	ROUTE TYPES
	N,S,E,W	Private Property	DR	IR-INTERSTATE ROUTE (INC. TURNPIKE) US-US ROUTE CR-NUMBERED COUNTY ROUTE SR-STATE ROUTE TR-NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE
At	N,S,E,W		N,S,E,W	1261 Wooster Rd.	

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
<input checked="" type="checkbox"/> 1-INTERSECTION <input type="checkbox"/> 2-MILE POST <input type="checkbox"/> 3-HOUSE NUMBER	<input checked="" type="checkbox"/> 01-NOT AN INTERSECTION <input type="checkbox"/> 02-FOUR-WAY INTERSECTION <input type="checkbox"/> 03-T-INTERSECTION <input type="checkbox"/> 04-Y-INTERSECTION <input type="checkbox"/> 05-TRAFFIC CIRCLE/ROUNDBOAT <input type="checkbox"/> 06-FIVE-POINT, OR MORE <input type="checkbox"/> 07-ON RAMP <input type="checkbox"/> 08-OFF RAMP <input type="checkbox"/> 09-CROSSOVER <input type="checkbox"/> 10-DRIVEWAY ALLEY ACCESS <input type="checkbox"/> 11-RAILWAY GRADE CROSSING <input type="checkbox"/> 12-SHARED-USE PATHS OR TRAILS <input type="checkbox"/> 99-UNKNOWN	<input type="checkbox"/> INTERSECTION RELATED <input checked="" type="checkbox"/> 6 1-ON ROADWAY 5-ON GORE 2-ON SHOULDER 6-OUTSIDE TRAFFICWAY 3-IN MEDIAN 9-UNKNOWN 4-ON ROADSIDE

ROAD CONTOUR	ROAD CONDITIONS	WEATHER
<input checked="" type="checkbox"/> 1-STRAIGHT LEVEL <input type="checkbox"/> 2-STRAIGHT GRADE <input type="checkbox"/> 3-CURVE LEVEL <input type="checkbox"/> 4-CURVE GRADE <input type="checkbox"/> 9-UNKNOWN	<input checked="" type="checkbox"/> 01-PRIMARY <input type="checkbox"/> 02-SECONDARY <input type="checkbox"/> 03-DRY <input type="checkbox"/> 04-WET <input type="checkbox"/> 05-SAND, MUD, DIRT, OIL, GRAVEL <input type="checkbox"/> 06-WATER (STANDING, MOVING) <input type="checkbox"/> 07-SLUSH <input type="checkbox"/> 08-ICE <input type="checkbox"/> 09-RUT, HOLES, BUMPS, UNEVEN PAVEMENT* <input type="checkbox"/> 10-OTHER <input type="checkbox"/> 99-UNKNOWN	<input checked="" type="checkbox"/> 2 1-CLEAR 4-RAIN 7-SEVERE CROSSWINDS 2-CLOUDY 5-SLEET, HAIL 8-BLOWING SAND, SOIL, DIRT, SNOW 3-FOG, SMOG, SMOKE 6-SNOW 9-OTHER/UNKNOWN

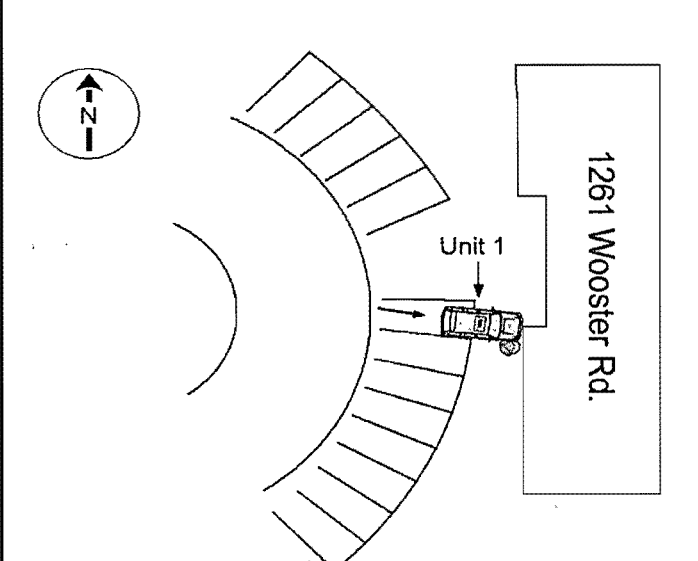
MANNER OF CRASH COLLISION/IMPACT	WEATHER
<input checked="" type="checkbox"/> 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2-REAR-END <input type="checkbox"/> 3-HEAD-ON <input type="checkbox"/> 4-REAR-TO-REAR <input type="checkbox"/> 5-BACKING <input type="checkbox"/> 6-ANGLE <input type="checkbox"/> 7-SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8-SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9-UNKNOWN	<input checked="" type="checkbox"/> 2 1-CLEAR 4-RAIN 7-SEVERE CROSSWINDS 2-CLOUDY 5-SLEET, HAIL 8-BLOWING SAND, SOIL, DIRT, SNOW 3-FOG, SMOG, SMOKE 6-SNOW 9-OTHER/UNKNOWN

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
<input checked="" type="checkbox"/> 1-CONCRETE <input type="checkbox"/> 2-BLACKTOP <input type="checkbox"/> 3-BITUMINOUS ASPHALT <input type="checkbox"/> 4-SLAG, GRAVEL, STONE <input type="checkbox"/> 5-DIRT <input type="checkbox"/> 6-OTHER	<input checked="" type="checkbox"/> 1-PRIMARY <input type="checkbox"/> 2-SECONDARY <input type="checkbox"/> 3-DAYLIGHT <input type="checkbox"/> 4-DARK, LIGHTED ROADWAY <input type="checkbox"/> 5-DARK, ROADWAY NOT LIGHTED <input type="checkbox"/> 6-DARK, UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 7-GLARE <input type="checkbox"/> 8-OTHER <input type="checkbox"/> 9-UNKNOWN	<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	<input type="checkbox"/> 1-LANE CLOSURE <input type="checkbox"/> 2-LANE SHIFT/CROSSOVER <input type="checkbox"/> 3-WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4-INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5-OTHER	<input type="checkbox"/> 1-BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2-ADVANCE WARNING AREA <input type="checkbox"/> 3-TRANSITION AREA <input type="checkbox"/> 4-ACTIVITY AREA <input type="checkbox"/> 5-TERMINATION AREA

NARRATIVE

Unit 1 was attempting to pull into a parking space at Joel Pomerene Hospital's Medical Building. The driver stated before she was able to place the vehicle in park the vehicle lunged forward and struck a bush, spouting, and the corner of the building.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST						
DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
10/05/2017	0811	0812	0818	0840	60	88
OFFICER'S NAME*	OFFICER'S BADGE NUMBER	CHECKED BY				
Steele, Amanda	117					



# UNIT

LOCAL REPORT NUMBER

17 MPD 1822

UNIT NUMBER <b>1</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>Sheedy, Judy, L</b>	OWNER PHONE NUMBER <b>330-695-6295</b>	DAMAGE SCALE <b>2</b>	DAMAGE AREA FRONT  REAR
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>232 E. Clay St., Fredericksburg, OH, 44627</b>			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>F165567</b>	VEHICLE IDENTIFICATION NUMBER <b>1FMCU9GX5EUD18605</b>	# OCCUPANTS <b>2</b>	2 - MINOR
VEHICLE YEAR <b>2014</b>	VEHICLE MAKE <b>Ford</b>	VEHICLE MODEL <b>Escape</b>	VEHICLE COLOR <b>GRY</b>	3 - FUNCTIONAL
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>Progressive</b>	POLICY NUMBER <b>03664795-7</b>	TOWED BY	4 - DISABLING
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 <b>01</b> 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 - INTERMEDIATE 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 <b>1</b> 1 - T WO-WAY, NOT DIVIDED 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS 4FT.) MEDIA 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT
HM PLACARD ID NO.	HAZARDOUS MATERIAL <input type="checkbox"/> RELATED			
HM CLASS NUMBER				<input type="checkbox"/> HAS HM PLACARD

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 - MEDIUM CROSSING ISLAND <input type="checkbox"/> 10 - DRIVE WAY 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 <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>06</b> 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	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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
---	---	---	---

SPECIAL FUNCTION <b>01</b> 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 <b>02</b> 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 <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STUCK 9 - UNKNOWN
--	---	---	--	--	--------------	---

PRE-CRASH ACTIONS <b>01</b> 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
--	---	--	--

CONTRIBUTING CIRCUMSTANCE PRIMARY <b>17</b> 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 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 - 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 <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
---	--	---	---	--

SEQUENCE OF EVENTS 1 <b>48</b> 2 <b>51</b> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>2</b> 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/Rollover 02 - FIRE/EXPLOSION 03 - IMMERISION 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 SPEED <b>5</b> <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED	POSTED SPEED <b>12</b>	TRAFFIC CONTROL <b>12</b> 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 <b>4</b> TO <b>3</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
--	---------------------------	---	---	--



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
17 MPD 1822

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Sheedy, Judy, L	DATE OF BIRTH 09/05/1946	AGE 71	GENDER F - FEMALE M - MALE
------------------	--	-----------------------------	-----------	----------------------------------

ADDRESS, CITY, STATE, ZIP: 232 E. Clay St., Fredericksburg, OH, 44627  
CONTACT PHONE - INCLUDE AREA CODE: 330-695-6295

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
---------------	-----------------------	------------	-----------------------------------	-----------------------------	------------------------------------	------------------------	--------------------	---------------	--------------

OL STATE OH	OPERATOR LICENSE NUMBER RS956813	OL CLASS 4	No VALID DL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE
----------------	-------------------------------------	---------------	---	-------------------------------------	----------------	-----------------------------	--------------------------	------------------------	--------------------	-----------------------	----------------

OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
------------------------------	---------------------	-----------------	--	---------------------------

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	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	------------------------------------	------------------	---------------	----------	---------

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No VALID DL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
----------	-------------------------	----------	---	-------------------------------------	-----------	------------------------	---------------------	-------------------	--------------------	------------------	----------------

OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY
------------------------------	---------------------	-----------------	--	----------------------

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT
----------	------------------	-----------------------	-------------------------------

**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 ONLY USED  
**NON-MOTORIST**  
 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 COATING  
 13 - LIGHTING  
 14 - OTHER

SEATING POSITION	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA	AIR BAG 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  
 08 - THIRD - MIDDLE  
 09 - THIRD - RIGHT SIDE  
 10 - SLEEPER SECTION OF CAB (TRUCK)  
 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS BUS, PICKUP WITH CAB)  
 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 (OH IS "D")  
 5 - MC/MOPED ONLY  
**1 - APPARENTLY NORMAL**  
 2 - PHYSICAL IMPAIRMENT  
 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)  
 4 - ILLNESS  
**5 - FELL ASLEEP, FAINTED, FATIGUE**  
 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL  
 7 - OTHER  
**1 - NONE**  
 2 - YES - ALCOHOL SUSPECTED  
 3 - YES - HAD 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 - OTHER  
**1 - NO DISTRACTION REPORTED**  
 2 - PHONE  
 3 - TEXTING/EMAILING  
 4 - ELECTRONIC COMMUNICATION DEVICE (NAVIGATION DEVICE, RADIO, DVD)  
 5 - OTHER ELECTRONIC DEVICE  
**6 - OTHER INSIDE THE VEHICLE**  
 7 - EXTERNAL DISTRACTION

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Heilman, Delila, J	DATE OF BIRTH 01/12/1934	AGE 83	GENDER F - FEMALE M - MALE
------------------	---	-----------------------------	-----------	----------------------------------

ADDRESS, CITY, STATE, ZIP: 221 Jackson St., Fredericksburg, OH, 44627  
CONTACT PHONE - INCLUDE AREA CODE: 330-675-2405

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
---------------	-----------------------	------------	-----------------------------------	-----------------------------	------------------------------------	------------------------	--------------------	---------------	--------------

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	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	------------------------------------	------------------	---------------	----------	---------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	------------------------------------	------------------	---------------	----------	---------