



# TRAFFIC CRASH REPORT

|   |  |  |
|---|--|--|
| LOCAL REPORT NUMBER<br><b>18 MPD 0012</b> | CRASH SEVERITY<br>3 - FATAL<br>2 - INJURY<br>1 - PDO | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED |
|---|--|--|

|  |  |                  |   |   |                             |  |
|--|--|------------------|---|---|-----------------------------|--|
| PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | PRIVATE PROPERTY | REPORTING AGENCY NCIC #<br><b>03801</b> | REPORTING AGENCY NAME<br><b>Millersburg Police Department</b> | NUMBER OF UNITS<br><b>2</b> | UNIT IN ERROR<br><b>1</b><br>98 - ANIMAL<br>99 - UNKNOWN |
|--|--|------------------|---|---|-----------------------------|--|

|                         |   |                                 |                              |                           |
|-------------------------|---|---------------------------------|------------------------------|---------------------------|
| COUNTY<br><b>Holmes</b> | CITY, VILLAGE, TOWNSHIP<br><b>Millersburg</b> | CRASH DATE<br><b>01/03/2018</b> | TIME OF CRASH<br><b>1502</b> | DAY OF WEEK<br><b>Wed</b> |
|-------------------------|---|---------------------------------|------------------------------|---------------------------|

|   |                                 |  |           |
|---|---------------------------------|--|-----------|
| DEGREES/MINUTES/SECONDS<br>LATITUDE<br><b>40:32:58.49</b> | LONGITUDE<br><b>81:55:05.63</b> | DECIMAL DEGREES<br>LATITUDE<br><b>OR</b> | LONGITUDE |
|---|---------------------------------|--|-----------|

|   |  |                                  |   |
|---|--|----------------------------------|---|
| ROADWAY DIVISION<br><input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL<br><input type="checkbox"/> N - NORTHBOUND<br><input type="checkbox"/> S - SOUTHBOUND<br><input type="checkbox"/> E - EASTBOUND<br><input type="checkbox"/> W - WESTBOUND | NUMBER OF THRU LANES<br><b>2</b> | ROAD TYPES OR MILEPOST<br>AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY<br>AV - AVENUE CT - COURT HW - HIGHWAY LA - LANE PK - PARKWAY RD - ROAD TE - TERRACE<br>BL - BOULEVARD DR - DRIVE |
|---|--|----------------------------------|---|

|   |  |   |                                 |   |
|---|--|---|---------------------------------|---|
| LOCATION ROUTE NUMBER<br><input type="checkbox"/> | LOC PREFIX<br><b>S</b><br>N.S.<br>E.W. | LOCATION ROAD NAME<br><b>S. Washington St</b> | LOCATION ROAD TYPE<br><b>ST</b> | ROUTE TYPES<br>IR - INTERSTATE ROUTE (INC. TURNPIKE)<br>US - US ROUTE CR - NUMBERED COUNTY ROUTE<br>SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE |
|---|--|---|---------------------------------|---|

|  |  |  |   |                                  |
|--|--|--|---|----------------------------------|
| DISTANCE FROM REFERENCE<br><input type="checkbox"/> MILES<br><input type="checkbox"/> FEET<br><input type="checkbox"/> YARDS | DIR FROM REF<br><input type="checkbox"/> N.S.<br><input type="checkbox"/> E.W. | REFERENCE ROUTE NUMBER<br><input type="checkbox"/> | REFERENCE NAME (ROAD, MILEPOST, HOUSE #)<br><b>S. Clay St</b> | REFERENCE ROAD TYPE<br><b>ST</b> |
|--|--|--|---|----------------------------------|

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

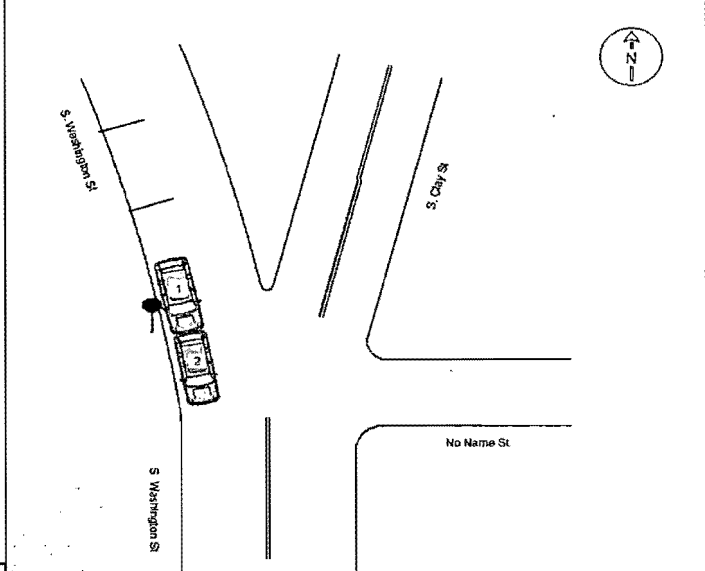
|   |   |                           |
|---|---|---------------------------|
| ROAD CONTOUR<br><b>2</b><br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN | ROAD CONDITIONS<br><b>01</b><br>PRIMARY<br>SECONDARY<br>01 - DRY<br>02 - WET<br>03 - SNOW<br>04 - ICE<br>05 - SAND, MUD, DIRT, OIL, GRAVEL<br>06 - WATER (STANDING, MOVING)<br>07 - SLUSH<br>08 - DEBRIS<br>09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT<br>10 - OTHER<br>99 - UNKNOWN | *SECONDARY CONDITION ONLY |
|---|---|---------------------------|

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

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

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

NARRATIVE  
Unit 2 was stopped at the S. Washington St S. Clay St intersection waiting to go south onto S. Washington St. Unit 1 failed to stop and struck Unit 2 in the rear bumper.



|  |  |  |                                    |                              |                             |                             |                                       |                            |
|--|--|--|------------------------------------|------------------------------|-----------------------------|-----------------------------|---------------------------------------|----------------------------|
| REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)<br><input type="checkbox"/> | DATE CRASH REPORTED<br><b>01/04/2018</b> | TIME CRASH REPORTED<br><b>1502</b> | DISPATCH TIME<br><b>1503</b> | ARRIVAL TIME<br><b>1505</b> | TIME CLEARED<br><b>1527</b> | OTHER INVESTIGATION TIME<br><b>25</b> | TOTAL MINUTES<br><b>49</b> |
| OFFICER'S NAME<br><b>Shaner, Matthew</b>   | OFFICER'S BADGE NUMBER<br><b>106</b>   | CHECKED BY                               |                                    |                              |                             |                             |                                       |                            |



# UNIT

LOCAL REPORT NUMBER

18 MPD 0012

|   |  |  |                   |                                  |
|---|--|--|-------------------|----------------------------------|
| UNIT NUMBER<br>1  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>Booth, Erica, L | OWNER PHONE NUMBER<br>330-231-1655                 | DAMAGE SCALE<br>3 | DAMAGE AREA<br>FRONT<br><br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>1955 TR 80, Millersburg, OH, 44654 |  |  | 1 - NONE          |                                  |
| LP STATE<br>OH  | LICENSE PLATE NUMBER<br>EFT8525  | VEHICLE IDENTIFICATION NUMBER<br>1J4FF48SX1L549821 | 2 - MINOR         |                                  |
| VEHICLE YEAR<br>2001  | VEHICLE MAKE<br>Jeep   | VEHICLE MODEL<br>Cherokee                          | 3 - FUNCTIONAL    |                                  |
| VEHICLE COLOR<br>WHI  |  |  | 4 - DISABLING     |                                  |
| PROOF OF INSURANCE SHOWN  | INSURANCE COMPANY<br>Grange  | POLICY NUMBER<br>FA9903145                         | 9 - UNKNOWN       |                                  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP   |  |  |                   | CARRIER PHONE                    |

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

|   |   |   |  |
|---|---|---|--|
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br>06 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK, 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
| <input type="checkbox"/> HAS HM PLACARD   |   |   |  |

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

|   |  |   |  |  |                                |
|---|--|---|--|--|--------------------------------|
| PRE-CRASH ACTIONS<br>01<br>99 - UNKNOWN | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
|---|--|---|--|--|--------------------------------|

|   |   |   |  |  |
|---|---|---|--|--|
| CONTRIBUTING CIRCUMSTANCE<br>PRIMARY<br>09<br>SECONDARY<br>99 - UNKNOWN | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE/PASSING/OFF ROAD | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS/SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
|---|---|---|--|--|

|  |   |  |
|--|---|--|
| SEQUENCE OF EVENTS<br>1 20 HARMFUL EVENT<br>2 1 HARMFUL EVENT<br>3<br>4<br>5<br>6<br>99 - UNKNOWN  | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT | 10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE<br>OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |   |  |

|                 |                    |   |  |
|-----------------|--------------------|---|--|
| UNIT SPEED<br>5 | POSTED SPEED<br>25 | TRAFFIC CONTROL<br>02<br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM 2 TO 5<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
|-----------------|--------------------|---|--|



# UNIT

LOCAL REPORT NUMBER

18 MPD 0012

|   |   |  |                          |                             |
|---|---|--|--------------------------|-----------------------------|
| UNIT NUMBER<br><b>2</b>   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Denzine, David, M</b> | OWNER PHONE NUMBER                                       | DAMAGE SCALE<br><b>3</b> | DAMAGE AREA<br><b>FRONT</b> |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>5899 CR 333, Millersburg, OH, 44654</b> |   |  | 1 - NONE                 |                             |
| LP STATE<br><b>OH</b>   | LICENSE PLATE NUMBER<br><b>GNW3386</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>5Y2SL6283Z466468</b> | 2 - MINOR                |                             |
| VEHICLE YEAR<br><b>2003</b>   | VEHICLE MAKE<br><b>Pontiac</b>  | VEHICLE MODEL<br><b>Vibe</b>                             | 3 - FUNCTIONAL           |                             |
| PROOF OF INSURANCE SHOWN  | INSURANCE COMPANY<br><b>Ohio Mutual</b>   | POLICY NUMBER<br><b>PPA0062315</b>                       | 4 - DISABLING            |                             |
| TOWED BY  |   |  | 9 - UNKNOWN              |                             |

|   |               |
|---|---------------|
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | CARRIER PHONE |
|---|---------------|

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

|   |   |   |  |   |
|---|---|---|--|---|
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN CROSSING ISLAND<br>10 - DRIVE WAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>06</b><br>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE<br>99 - UNKNOWN OR HIT/SKIP | MED/HEAVY TRUCKS OR CONGO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK: 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br><b>Non-Motorist</b><br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST | <input type="checkbox"/> HAS HM PLACARD |
|---|---|---|--|---|

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

|   |
|---|
| PRE-CRASH ACTIONS<br><b>11</b><br>MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING<br>21 - OTHER NON-MOTORIST ACTION |
|---|

|   |  |
|---|--|
| CONTRIBUTING CIRCUMSTANCE<br>PRIMARY<br><b>01</b><br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>SECONDARY<br><input type="checkbox"/><br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION<br>NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNALS / OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><input type="checkbox"/><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
|---|--|

|   |   |  |
|---|---|--|
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <b>1</b> MISC HARMFUL EVENT <b>1</b> 99 - UNKNOWN | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE<br>12 - OPPOSITE DIRECTION OF TRAVEL<br>13 - OTHER NON-COLLISION | COLLISION WITH FIXED OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |
|---|---|--|

|                        |                           |  |  |
|------------------------|---------------------------|--|--|
| UNIT SPEED<br><b>0</b> | POSTED SPEED<br><b>25</b> | TRAFFIC CONTROL<br><b>02</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>2</b> TO <b>2</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
|------------------------|---------------------------|--|--|



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

18 MPD 0012

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

|   |  |                             |   |  |
|---|--|-----------------------------|---|--|
| UNIT NUMBER<br>1  | NAME: LAST, FIRST, MIDDLE<br>Barnes, Brevon, M | DATE OF BIRTH<br>07/05/2001 | AGE<br>16   | GENDER<br><input checked="" type="checkbox"/> M F - FEMALE<br>M - MALE |
| ADDRESS: CITY, STATE, ZIP<br>1955 TR 80, Millersburg, OH, 44654 |  |                             | CONTACT PHONE - INCLUDE AREA CODE<br>330-231-1655 |  |

|   |   |                     |                                      |                                  |   |                             |  |   |  |                       |                |
|---|---|---------------------|--------------------------------------|----------------------------------|---|-----------------------------|--|---|--|-----------------------|----------------|
| INJURIES<br><input checked="" type="checkbox"/>         | INJURED TAKEN BY<br><input checked="" type="checkbox"/> | EMS AGENCY          | MEDICAL FACILITY INJURED TAKEN TO    | SAFETY EQUIPMENT USED<br>04      | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br>01      | AIR BAG USAGE<br><input checked="" type="checkbox"/> | EJECTION<br><input checked="" type="checkbox"/>             | TRAPPED<br><input checked="" type="checkbox"/> |                       |                |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER<br>UT153041                     | OL CLASS<br>4       | No <input type="checkbox"/> VALID DL | M/C <input type="checkbox"/> END | CONDITION<br>1  | ALCOHOL/DRUG SUSPECTED<br>1 | ALCOHOL TEST STATUS<br>1                             | ALCOHOL TEST TYPE<br>1                                      | ALCOHOL TEST VALUE                             | DRUG TEST STATUS<br>1 | DRUG TEST TYPE |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE ) |   | OFFENSE DESCRIPTION |                                      |                                  | CITATION NUMBER   |                             | HANDS-FREE <input type="checkbox"/> DEVICE USED      | DRIVER DISTRACTED BY<br><input checked="" type="checkbox"/> |  |                       |                |

|  |  |                             |   |  |
|--|--|-----------------------------|---|--|
| UNIT NUMBER<br>2   | NAME: LAST, FIRST, MIDDLE<br>Denzine, David, M | DATE OF BIRTH<br>06/09/1957 | AGE<br>60   | GENDER<br><input checked="" type="checkbox"/> M F - FEMALE<br>M - MALE |
| ADDRESS: CITY, STATE, ZIP<br>5899 CR 333, Millersburg, OH, 44654 |  |                             | CONTACT PHONE - INCLUDE AREA CODE<br>440-897-0132 |  |

|   |   |                     |                                      |                                  |   |                             |  |   |  |                       |                |
|---|---|---------------------|--------------------------------------|----------------------------------|---|-----------------------------|--|---|--|-----------------------|----------------|
| INJURIES<br><input checked="" type="checkbox"/>         | INJURED TAKEN BY<br><input checked="" type="checkbox"/> | EMS AGENCY          | MEDICAL FACILITY INJURED TAKEN TO    | SAFETY EQUIPMENT USED<br>04      | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br>01      | AIR BAG USAGE<br><input checked="" type="checkbox"/> | EJECTION<br><input checked="" type="checkbox"/>             | TRAPPED<br><input checked="" type="checkbox"/> |                       |                |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER<br>RJ789192                     | OL CLASS<br>4       | No <input type="checkbox"/> VALID DL | M/C <input type="checkbox"/> END | CONDITION<br>1  | ALCOHOL/DRUG SUSPECTED<br>1 | ALCOHOL TEST STATUS                                  | ALCOHOL TEST TYPE   | ALCOHOL TEST VALUE                             | DRUG TEST STATUS<br>1 | DRUG TEST TYPE |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE ) |   | OFFENSE DESCRIPTION |                                      |                                  | CITATION NUMBER   |                             | HANDS-FREE <input type="checkbox"/> DEVICE USED      | DRIVER DISTRACTED BY<br><input checked="" type="checkbox"/> |  |                       |                |

|  |   |  |  |   |
|--|---|--|--|---|
| INJURIES   | INJURED TAKEN BY  | SAFETY EQUIPMENT USED  | 99 - UNKNOWN SAFETY EQUIPMENT  |   |
| 1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - S SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - S SHOULDER AND LAP BELT ONLY USED | NON-MOTORIST<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM-REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED | 09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)<br>12 - REFLECTIVE COATING<br>13 - LIGHTING<br>14 - OTHER |

|  |  |
|--|--|
| SEATING POSITION<br>01 - FRONT - LEFT SIDE (Motorcycle Driver)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (Motorcycle Passenger)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE<br>07 - THIRD - LEFT SIDE (Motorcycle Side Car)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (Truck)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAB)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
|--|--|

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (Other 'D')<br>5 - MC/MOPED ONLY | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBE)<br>4 - ILLNESS | ALCOHOL/DRUG SUSPECTED<br>5 - FELL ASLEEP, FAINTED, FATIGUE<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER | ALCOHOL/DRUG SUSPECTED<br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HIB NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |
|---|--|---|--|--|---|

|  |  |   |   |  |
|--|--|---|---|--|
| ALCOHOL TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABL<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | DRUG TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABL<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/EMAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |
|--|--|---|---|--|

OCCUPANT

OCCUPANT

|                           |                           |               |                                   |  |
|---------------------------|---------------------------|---------------|-----------------------------------|--|
| UNIT NUMBER               | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE                               | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
| ADDRESS: CITY, STATE, ZIP |                           |               | CONTACT PHONE - INCLUDE AREA CODE |  |

|                                      |  |            |                                   |                       |   |                  |               |          |         |
|--------------------------------------|--|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|--------------------------------------|--|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

|                           |                           |               |                                   |  |
|---------------------------|---------------------------|---------------|-----------------------------------|--|
| UNIT NUMBER               | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE                               | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
| ADDRESS: CITY, STATE, ZIP |                           |               | CONTACT PHONE - INCLUDE AREA CODE |  |

|                                      |  |            |                                   |                       |   |                  |               |          |         |
|--------------------------------------|--|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|--------------------------------------|--|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|