



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

1131-1161

CRASH SEVERITY  
3 1 - FATAL  
2 - INJURY  
3 - PDOHIT/SKIP  
1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

<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"/> PDD UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 018303	REPORTING AGENCY NAME * Lebanon Police Department	NUMBER OF UNITS 01	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
---	---	---	-----------------------------------	--	-----------------------	--

COUNTY * 83	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * Lebanon	CRASH DATE * 06052013	TIME OF CRASH 1817	DAY OF WEEK WED
----------------	---	--------------------------------------	--------------------------	-----------------------	--------------------

DEGREES / MINUTES / SECONDS LATITUDE 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	LONGITUDE 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	DECIMAL DEGREES LATITUDE 39.434202	LONGITUDE -84.194326
---	---	--	-------------------------

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 <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES 02	ROAD TYPES OR MILEPOST * AL ALLEY CR CIRCLE HE HEAVENS 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 LAKE PI PIKE SQ SQUARE TL TRAIL
---	--	----------------------------	--

LOCATION ROUTE NUMBER 00	LOCATION ROUTE TYPE 1 00	LOC PREFIX N, S, E, W	LOCATION ROAD NAME Mound	LOCATION ROAD TYPE 2 CT	ROUTE TYPES * IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
-----------------------------	-----------------------------	--------------------------	-----------------------------	----------------------------	---

DISTANCE FROM REFERENCE 50	DIR FROM REF MILES FEET YARDS W	REFERENCE ROUTE TYPE 1 00	REFERENCE ROUTE NUMBER 00	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) Dave	REFERENCE ROAD TYPE 2 ST
-------------------------------	---	------------------------------	------------------------------	--------------------------	--	-----------------------------

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

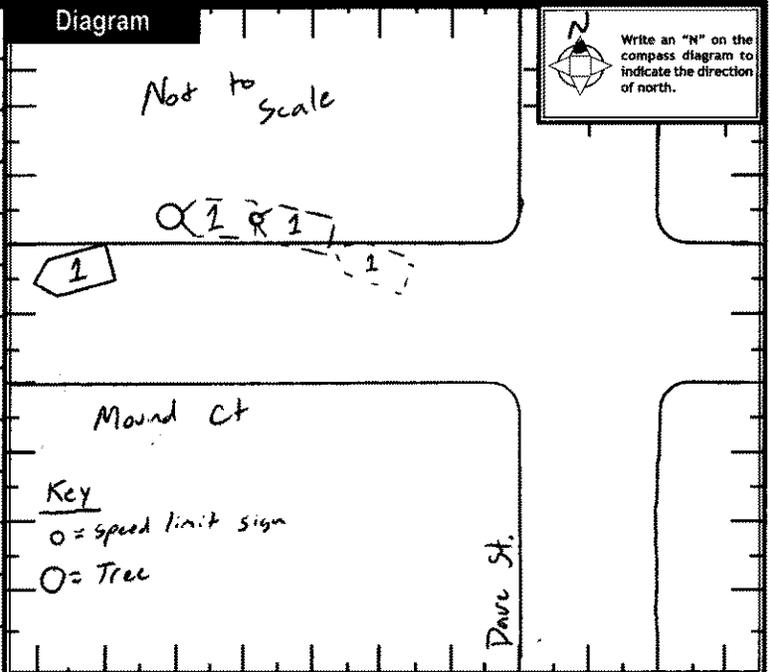
ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 1	4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 01	SECONDARY 00	01 - DRY 02 - WET 03 - SNOW 04 - ICE	05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS*	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN
--	--------------------------------	----------------------------------	-----------------	---	--	--

MANNER OF CRASH COLLISION/IMPACT 1 - TWO 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 1	WEATHER 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 2
--	--

ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER 2	LIGHT CONDITIONS PRIMARY 1	SECONDARY 00	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	9 - UNKNOWN	<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
---	----------------------------------	-----------------	--	-------------	--

<input type="checkbox"/> 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 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 FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
--	---	---	---

NARRATIVE  
Driver of Unit 1 failed to maintain control of Unit 1 and went off roadway striking a speed limit sign and a small tree.



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 ODPS)	DATE CRASH REPORTED 06052013	TIME CRASH REPORTED 1817	DISPATCH TIME 1821	ARRIVAL TIME 1823	TIME CLEARED 1839	OTHER INVESTIGATION TIME 00	TOTAL MINUTES 116
OFFICER'S NAME * J. Halker	OFFICER'S BADGE NUMBER 123	CHECKED BY N. Trout 109	PAGE 1 OF 3					



# UNIT

LOCAL REPORT NUMBER

113-11611

UNIT NUMBER <b>1011</b>	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER)	DAMAGE SCALE <b>2</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER)			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>FLW5165</b>	VEHICLE IDENTIFICATION NUMBER <b>JTABAY111AXXU035314B1</b>	2 - MINOR	
VEHICLE YEAR <b>11999</b>	VEHICLE MAKE <b>MITS</b>	VEHICLE MODEL <b>2H</b>	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>Alfa Vision Insurance Corp.</b>	POLICY NUMBER <b>11-34-003648630</b>	4 - DISABLING	
		TOWED BY <b>N/A</b>	9 - UNKNOWN	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000 LBS. <input type="checkbox"/> 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <b>01</b>	TRAFFICWAY DESCRIPTION <b>1</b>
HM PLACARD ID No.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	01 - NO CARGO BODY TYPE/NOT APPLICABLE	1 - TWO-WAY, NOT DIVIDED
HM CLASS NUMBER		02 - BUS/VAN (9-15 SEATS, INC DRIVER)	2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE
		03 - BUS (16+ SEATS, INC DRIVER)	3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN
		04 - VEHICLE TOWING ANOTHER VEHICLE	4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER
		05 - LOGGING	5 - ONE-WAY TRAFFICWAY
		06 - INTERMODAL CONTAINER CHASSIS	<input type="checkbox"/> HIT / SKIP UNIT
		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	

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

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

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

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

SEQUENCE OF EVENTS	NON-COLLISION EVENTS	01 - OVERTURN/ROLLOVER	06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)	10 - CROSS MEDIAN
1 <b>37</b>	02 - FIRE/EXPLOSION	02 - FIRE/EXPLOSION	07 - SEPARATION OF UNITS	11 - CROSS CENTER LINE
2 <b>48</b>	03 - IMMERSION	03 - IMMERSION	08 - RAN OFF ROAD RIGHT	OPPOSITE DIRECTION OF TRAVEL
3	04 - JACKKNIFE	04 - JACKKNIFE	09 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY
4	05 - CARGO/EQUIPMENT LOSS OR SHIFT	05 - CARGO/EQUIPMENT LOSS OR SHIFT		13 - OTHER NON-COLLISION
5				
6				
FIRST HARMFUL EVENT <b>1</b>				
MOST HARMFUL EVENT <b>1</b>				

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED	COLLISION WITH FIXED OBJECT	25 - IMPACT ATTENUATOR/CRASH CUSHION	33 - MEDIAN CABLE BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE
14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	26 - BRIDGE OVERHEAD STRUCTURE	34 - MEDIAN GUARDRAIL BARRIER	42 - CULVERT	49 - FIRE HYDRANT
15 - PEDALCYCLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	27 - BRIDGE PIER OR ABUTMENT	35 - MEDIAN CONCRETE BARRIER	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
16 - RAILWAY VEHICLE (TRAIN, ENGINE)	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	28 - BRIDGE PARAPET	36 - MEDIAN OTHER BARRIER	44 - DITCH	51 - WALL, BUILDING, TUNNEL
17 - ANIMAL - FARM	24 - OTHER MOVABLE OBJECT	29 - BRIDGE RAIL	37 - TRAFFIC SIGN POST	45 - EMBANKMENT	52 - OTHER FIXED OBJECT
18 - ANIMAL - DEER		30 - GUARDRAIL FACE	38 - OVERHEAD SIGN POST	46 - FENCE	
19 - ANIMAL - OTHER		31 - GUARDRAIL END	39 - LIGHT/LUMINARIES SUPPORT	47 - MAILBOX	
20 - MOTOR VEHICLE IN TRANSPORT		32 - PORTABLE BARRIER	40 - UTILITY POLE		

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



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

113-11611

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE Braithwaite, Ronald	DATE OF BIRTH 09/01/1938	AGE 74	GENDER M F - FEMALE M - MALE
--------------------	--	-----------------------------	-----------	------------------------------------

ADDRESS, CITY, STATE, ZIP 371 Columbus Ave. Lebanon OH 45036	CONTACT PHONE - INCLUDE AREA CODE (513) 282-5184
---	---

INJURIES 7	INJURED TAKEN BY 1	EMS AGENCY N/A	MEDICAL FACILITY INJURED TAKEN TO N/A	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
---------------	-----------------------	-------------------	--	-----------------------------	---	------------------------	--------------------	---------------	--------------

OL STATE OH	OPERATOR LICENSE NUMBER PC630017	OL CLASS 4	No VALID OL <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 1
----------------	-------------------------------------	---------------	---	--------------------------------------	----------------	-----------------------------	--------------------------	------------------------	-------------------------	-----------------------	---------------------

OFFENSE CHARGED (X LOCAL CODE) 331.38	OFFENSE DESCRIPTION Failure to Control	CITATION NUMBER 67598	HANDS-FREE <input type="checkbox"/> DEVICE USED	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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No VALID OL <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 <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY
-------------------------------	---------------------	-----------------	--	----------------------

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

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

<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	<b>OPERATOR LICENSE CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO'S "D") 5 - MC/MOPED ONLY	<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, PAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	<b>ALCOHOL/DRUG SUSPECTED</b> 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT TAPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
--	---	---	---	--

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

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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------