TRAFFIC CRASH REPORT

OHIO Department of Public Safety

Local Information

Local Report Number *: 15-085

Crash Severity: 3 (1 - Fatal, 2 - Injury, 3 - PDO)

Hit/Skip: 1 - Solved, 2 - Unsolved

Photos Taken: OH-2, OH-1P, OH-3, Other

PDO Under State Reportable Dollar Amount

Private Property

Reporting Agency NCIC *: 08303

Reporting Agency Name *: Lebanon PD

Number of Units: 2

Unit in Error: 01 (98 - Animal, 99 - Unknown)

County *: 83

☑ City * ☐ Village * ☐ Township *

City, Village, Township *: Lebanon

Crash Date *: 03/18/2015

Time of Crash: 1629

Day of Week: WED

Degrees / Minutes / Seconds — Latitude: ° ' . " Longitude: ° ' . "

Decimal Degrees — Latitude: 39.433372 Longitude: -84.208362

Roadway Division: ☐ Divided ☑ Undivided

Divided Lane Direction of Travel: N - Northbound, S - Southbound, E - Eastbound, W - Westbound

Number of Thru Lanes: 4

Road Types or Milepost [2]: AL - Alley, AV - Avenue, BL - Boulevard, CR - Circle, CT - Court, DR - Drive, HE - Heights, HW - Highway, LA - Lane, MP - Milepost, PK - Parkway, PI - Pike, PL - Place, RD - Road, SQ - Square, ST - Street, TE - Terrace, TL - Trail, WA - Way

Location Route Number: Location Route Type [1]

Loc Prefix: S (N, S, E, W)

Location Road Name: Broadway

Location Road Type [2]: ST

Route Types [1]: IR - Interstate Route (inc. turnpike), US - US Route, SR - State Route, CR - Numbered County Route, TR - Numbered Township Route

Distance From Reference: 0 ☑ Miles ☐ Feet ☐ Yards

Dir From Ref: N, S, E, W

Reference Route Type [1]

Reference Route Number

Ref Prefix: N, S, E, W

Reference Name (Road, Milepost, House #): Main

Reference Road Type [2]: ST

Reference Point Used: 1 - Intersection, 2 - Mile Post, 3 - House Number

Crash Location: 02
01 - Not an intersection
02 - Four-way intersection
03 - T-intersection
04 - Y-intersection
05 - Traffic circle/roundabout
06 - Five-point, or more
07 - On ramp
08 - Off ramp
09 - Crossover
10 - Driveway/Alley access
11 - Railway grade crossing
12 - Shared-use paths or trails
99 - Unknown

☑ Intersection Related

Location of First Harmful Event: 1
1 - On roadway
2 - On shoulder
3 - In median
4 - On roadside
5 - On gore
6 - Outside trafficway
9 - Unknown

Road Contour: 1
1 - Straight level
2 - Straight grade
3 - Curve level
4 - Curve grade
9 - Unknown

Road Conditions — Primary: 01 Secondary:
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
* Secondary Condition Only

Manner of Crash Collision/Impact: 6
1 - Not collision between two motor vehicles in transport
2 - Rear-end
3 - Head-on
4 - Rear-to-rear
5 - Backing
6 - Angle
7 - Sideswipe, same direction
8 - Sideswipe, opposite direction
9 - Unknown

Weather: 2
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

Road Surface: 2
1 - Concrete
2 - Blacktop, bituminous, asphalt
3 - Brick/block
4 - Slag, gravel, stone
5 - Dirt
6 - Other

Light Conditions — Primary: 1 Secondary:
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
* Secondary Condition Only

☐ School Zone Related

School Bus Related: ☐ Yes, School Bus Directly Involved ☐ Yes, School Bus Indirectly Involved

☐ Work Zone Related

☐ Workers Present ☐ Law Enforcement Present (Officer/Vehicle) ☐ Law Enforcement Present (Vehicle Only)

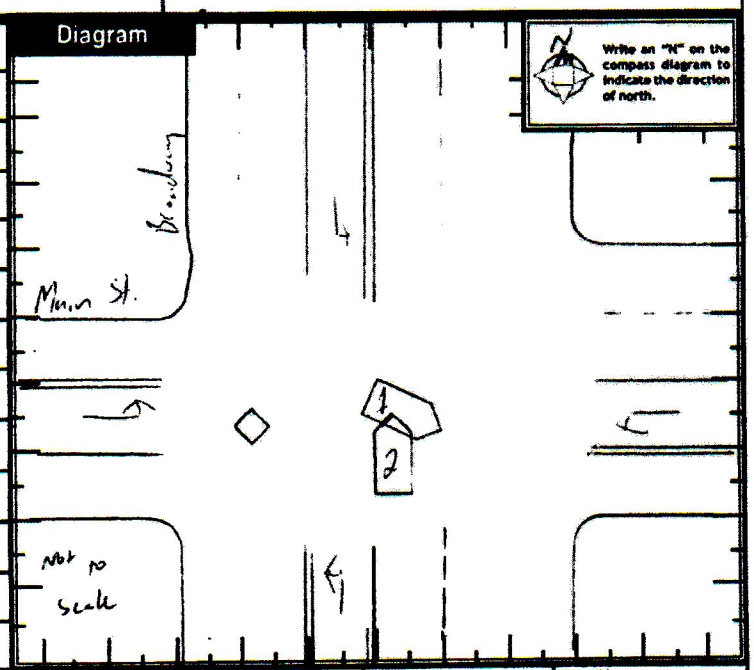
Type of Work Zone: 1 - Lane closure, 2 - Lane shift/crossover, 3 - Work on shoulder or median, 4 - Intermittent or moving work, 5 - Other

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

Unit 2 was traveling north on S. Broadway. Unit 1 was turning left from S. Broadway to head east on Main St. Unit 1 failed to yield to the right of way of unit 2 and was struck by unit 2 on the passenger side.

Diagram



Report Taken By: ☑ Police Agency ☐ Motorist

☐ Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
03/18/2015	1629	1630	1633	1710	0	37

Officer's Name *: J. Haller

Officer's Badge Number: 123

Checked By: LCM 131

HSY7001 OH1 (Rev 01/12)

UNIT

Local Report Number: 15-085

Unit Number	Owner Name: Last, First, Middle (☐ Same As Driver)	Owner Phone Number - Inc. Area Code (☐ Same As Driver)	Damage Scale	Damaged Area
01	Chamberlain, David	(513) 292-2222	4	02, 03, 04, 05, 06, 07, 08, 09, 10

Owner Address: City, State, Zip (☐ Same As Driver): 10796 State Route 503 Somerville, OH 45064

Damage Scale: 1 - None; 2 - Minor; 3 - Functional; 4 - Disabling; 9 - Unknown

Damaged Area: Front 02, 03, 04, 05, 06, 07, 08, 09, 10; Rear

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	GIK4012	1HGEJ6673YL047887	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2000	Honda	4S	Tan

☐ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	None		Jacob's

Carrier Name, Address, City, State, Zip:

Carrier Phone - Include Area Code:

US DOT:

HM Placard ID No.:

HM Class Number:

Vehicle Weight GVWR/GCWR: 1 - Less Than or Equal to 10k Lbs.; 2 - 10,001 to 26,000 Lbs.; 3 - More Than 26,000 Lbs.

☐ Hazardous Material Released

Cargo Body Type: 01

01 - No Cargo Body Type/Not Applicable
02 - Bus/Van (9-15 Seats, Inc Driver)
03 - Bus (16+ Seats, Inc Driver)
04 - Vehicle Towing Another Vehicle
05 - Logging
06 - Intermodal Container Chassis
07 - Cargo Van/Enclosed Box
08 - 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: 1

1 - Two-Way, Not Divided
2 - Two-Way, Not Divided, Continuous Left Turn Lane
3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median
4 - Two-Way, Divided, Positive Median Barrier
5 - One-Way Trafficway

☐ Hit / Skip Unit

Non-Motorist Location Prior to Impact:

01 - Intersection - Marked Crosswalk
02 - Intersection - No Crosswalk
03 - Intersection - Other
04 - Midblock - Marked Crosswalk
05 - Travel Lane - Other Location
06 - Bicycle Lane
07 - Shoulder/Roadside
08 - Sidewalk
09 - Median/Crossing Island
10 - Driveway Access
11 - Shared-Use Path or Trail
12 - Non-Trafficway Area
99 - Other/Unknown

Type of Use: 1

1 - Personal
2 - Commercial
3 - Government

☐ In Emergency Response

Unit Type: 02

99 - Unknown or Hit / Skip

Passenger Vehicles (Less than 9 passengers)
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

Med/Heavy Trucks or Combo Units > 10k Lbs
13 - Single Unit Truck or Van 2Axle, 6 Tires
14 - Single Unit Truck; 3+ Axles
15 - Single Unit Truck / Trailer
16 - Truck/Tractor (Bobtail)
17 - Tractor/Semi Trailer
18 - Tractor/Double
19 - Tractor/Triples
20 - Other Med/Heavy Vehicle

Bus/Van/Limo (9 or More Including Driver)
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

☐ Has HM Placard

Special Function: 01

01 - None
02 - Taxi
03 - Rental Truck (Over 10k Lbs)
04 - Bus - School (Public)
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 - Emergency (Tow) Engine
17 - Farm Vehicle
18 - Farm Equipment
19 - Motorhome
20 - Golf Cart
21 - Train
22 - Other/Explain in Narrative

Most Damaged Area: 04

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 - Underbrage
12 - Load/Trailer
13 - Total (All Areas)
14 - Other
99 - Unknown

Impact Area: 04

Action: 4

1 - Non-Contact
2 - Non Collision
3 - Striking
4 - Struck
5 - Striking/Struck
9 - Unknown

Pre-Crash Actions: 06

99 - Unknown

Motorist
01 - Straight Ahead
02 - Backing
03 - Changing Lanes
04 - Overtaking/Passing
05 - Making Right Turn
06 - Making Left Turn
07 - Making U-Turn
08 - Entering Traffic Lane
09 - Leaving Traffic Lane
10 - Parked
11 - Slowing/Stopping in Traffic
12 - Driverless
13 - Negotiating a Curve
14 - Other Motorist Action

Non-Motorist
15 - Entering/Crossing Specified Location
16 - Walking, Running, Jogging, Playing, Working
17 - Working
18 - Pushing Vehicle
19 - Approaching or Leaving Vehicle
20 - Standing
21 - Other Non-Motorist Action

Contributing Circumstances

Primary: 02

Secondary:

99 - Unknown

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 - Swerving to Avoid (Due to External Conditions)
16 - Wrong Side/Wrong Way
17 - Failure to Control
19 - Vision Obstruction
19 - Operating Defective Equipment
20 - Load Shifting/Falling/Spilling
21 - Other Improper Action

Non-Motorist
22 - None
23 - Improper Crossing
24 - Darting
25 - Lying and/or Illegally in Roadway
26 - Failure to Yield Right of Way
27 - Not Visible (Dark Clothing)
28 - Inattentive
29 - Failure to Obey Traffic Signs, Signals/Officer
30 - Wrong Side of the Road
31 - Other Non-Motorist Action

Vehicle Defects

01 - Turn Signals
02 - Head Lamps
03 - Tail Lamps
04 - Brakes
05 - Steering
06 - Tire Blowout
07 - Worn or Slick Tires
08 - Trailer Equipment Defective
09 - Motor Trouble
10 - Disabled From Prior Accident
11 - Other Defect

Sequence of Events

1: 20 2: 3: 4: 5: 6:

99 - Unknown

First Harmful Event: 1

Most Harmful Event: 1

Non-Collision Events
01 - Overturn/Rollover
02 - Fire/Explosion
03 - Immersion
04 - Jackknife
05 - Cargo/Equipment Loss or Shift
06 - Equipment Failure (Blown Tire, Brake Failure, etc)
07 - Separation of Units
08 - Ran Off Road Right
09 - Ran Off Road Left
10 - Cross Median
11 - Cross Center Line/Opposite Direction of Travel
12 - Downhill Runaway
13 - Other Non-Collision

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

Collision with Fixed 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: ☐ Stated ☐ Estimated

Posted Speed:

Traffic Control: 04

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 1 To 3

1 - North
2 - South
3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown

HSY8304 0H1U (Rev. 01/12)

UNIT

Local Report Number: 15-085

Unit Number: 02

Owner Name: Last, First, Middle (☑ Same As Driver)

Owner Phone Number - Inc. Area Code (☑ Same As Driver)

Damage Scale: 2 — 1 - None; 2 - Minor; 3 - Functional; 4 - Disabling; 9 - Unknown

Damaged Area: Front; 09, 03, 08, 10, 04, 07, 06, 05; Rear

Owner Address: City, State, Zip (☑ Same As Driver)

LP State: OH

License Plate Number: FRU8617

Vehicle Identification Number: 3FAHP0HA6AR201727

Occupants: 01

Vehicle Year: 2010

Vehicle Make: Ford

Vehicle Model: 4S

Vehicle Color: White

☑ Proof of Insurance Shown

Insurance Company: Motorists Mutual

Policy Number: 8854-06-844194-05A

Towed By: N/A

Carrier Name, Address, City, State, Zip

Carrier Phone - Include Area Code

US DOT

HM Placard ID No.

HM Class Number

Vehicle Weight GVWR/GCWR: 1 - Less Than or Equal to 10K Lbs.; 2 - 10,001 to 26,000 Lbs; 3 - More Than 26,000 Lbs.

☐ Hazardous Material Released

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Trafficway Description: 1

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☐ Hit / Skip Unit

Non-Motorist Location Prior to Impact:

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05 - Travel Lane - Other Location
06 - Bicycle Lane
07 - Shoulder/Roadside
08 - Sidewalk
09 - Median/Crossing Island
10 - Driveway Access
11 - Shared-Use Path or Trail
12 - Non-Trafficway Area
99 - Other/Unknown

Type of Use: 1

1 - Personal
2 - Commercial
3 - Government

☐ In Emergency Response

Unit Type: 03

99 - Unknown or Hit / Skip

Passenger Vehicles (less than 9 passengers)
01 - Sub Compact
02 - Compact
03 - Mid Size
04 - Full Size
05 - Minivan
06 - Sport Utility Vehicle
07 - Pickup
08 - Van
09 - Motorcycle
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☐ Has HM Placard

Special Function: 01

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02 - Taxi
03 - Rental Truck (Over 10k Lbs)
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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/Unknown Special Function

Most Damaged Area: 03

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 - Underbody/Chassis
12 - Line Trailer
13 - Total (All Areas)
14 - Other
99 - Unknown

Impact Area: 03

Action: 3

1 - Non Contact
2 - Non Collision
3 - Striking
4 - Struck
5 - Striking/Struck
9 - Unknown

Pre-Crash Actions: 01

99 - Unknown

Motorist
01 - Straight Ahead
02 - Backing
03 - Changing Lanes
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First Harmful Event: 1

Most Harmful Event: 1

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40 - Utility Pole
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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: ☐ Stated ☐ Estimated

Posted Speed

Traffic Control: 04

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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 2 To 1

1 - North
2 - South
3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown

HSY8304 0H1U (Rev 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY — MOTORIST / NON-MOTORIST / OCCUPANT

Crash Report Number: 15-085

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Lindsay, Trey Shon	10/15/1996	18	M

Address, City, State, Zip: 10796 State Route 503 Somerville, OH 45064

Contact Phone (Include Area Code): (513) 292-2222

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
1	1	N/A	N/A	04		01	1	1	1

OL State	Operator License Number	OL Class	No Valid OL	M C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	UJ336855	4			1	1	1	1		1	1

Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
331.16	Right of way at intersections	68078		1

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	Ault, Thomas	03/10/1959	56	M

Address, City, State, Zip: 17 Desales Ave. Lebanon, OH 45036

Contact Phone (Include Area Code): (513) 836-0642

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
1	1	N/A	N/A	04		01	1	1	1

OL State	Operator License Number	OL Class	No Valid OL	M C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	RR479932	4			1	1	1	1		1	1

Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
				1

Injuries
1 - No Injury / Non-Reportable
2 - Possible
3 - Non-Incapacitating
4 - Incapacitating
5 - Fatal

Injured Taken By
1 - Not Transported / Treated at Scene
2 - EMS
3 - Police
4 - Other
9 - Unknown

Safety Equipment Used

Motorist
01 - None Used / Vehicle Occupant
02 - Shoulder Belt Only Used
03 - Lap Belt Only Used
04 - Shoulder and Lap Belt Used
05 - Child Restraint System Forward Facing
06 - Child Restraint System Rear Facing
07 - Booster Seat
08 - Helmet Used
99 - Unknown Safety Equipment

Non Motorist
09 - None Used
10 - Helmet Used
11 - Protective Pad Used (Elbow/Knee, Etc)
12 - Reflective Clothing
13 - Lighting
14 - Other

Seating Position
01 - Front - Left Side (Motorcycle Operator)
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 Sidecar)
08 - Third - Middle
09 - Third - Right Side
10 - Sleeper Section of Cab (Truck)
11 - Passenger - Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Piano in the Cab)
12 - Passenger - Unenclosed Cargo Area
13 - Trailing Unit
14 - Riding on Vehicle Exterior (Non-Trailing Unit)
15 - Non-Motorist
16 - Other
99 - Unknown

Air Bag Usage
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 - Totally Ejected
3 - Partially Ejected
4 - Not Applicable

Trapped
1 - Not Trapped
2 - Extricated by Mechanical Means
3 - Extricated by Non-Mechanical Means

Operator License Class
1 - Class A
2 - Class B
3 - Class C
4 - Regular Class (Non-Motor)
5 - MC/Moped Only

Condition
1 - Apparently Normal
2 - Physical Impairment
3 - Emotional (Depressed, Angry, Disturbed)
4 - Illness
5 - Fell Asleep, Fainted, Fatigued
6 - Under the Influence of Medication, Drugs or Alcohol
7 - Other

Alcohol/Drug Suspected
1 - None
2 - Yes - Alcohol Suspected
3 - Yes - HBD Not Impaired
4 - Yes - Drugs Suspected
5 - Yes - Alcohol and Drugs Suspected

Alcohol 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 Status
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

Drug Test Type
1 - None
2 - Blood
3 - Urine
4 - Other

Driver Distracted By
1 - Not Distracted / Not Reported
2 - Phone
3 - Texting/E-mail, Etc
4 - Electronic Communication Device
5 - Other Electronic Device (Navigation Device, Radio, DVD)
6 - Other Inside the Vehicle
7 - External Distraction

OCCUPANT

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender

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

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