OHIO DEPARTMENT OF PUBLIC SAFETY — TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *: 16-369
CRASH SEVERITY: 2 (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 P.D.
NUMBER OF UNITS: 2
UNIT IN ERROR: 01 (98 - ANIMAL, 99 - UNKNOWN)

COUNTY *: 83
CITY * / VILLAGE * / TOWNSHIP *: Lebanon
CRASH DATE *: 10/28/2016
TIME OF CRASH: 1615
DAY OF WEEK: FRI

DEGREES / MINUTES / SECONDS
LATITUDE: ° ' "
LONGITUDE: ° ' "
DECIMAL DEGREES
LATITUDE: 39.419028
LONGITUDE: -84.200519

ROADWAY DIVISION: DIVIDED
DIVIDED HIGHWAY LANE DIRECTION OF TRAVEL: N (N - NORTHBOUND, E - EASTBOUND, S - SOUTHBOUND, W - WESTBOUND)
NUMBER OF THROUGH 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 TYPE: SR
LOCATION ROUTE NUMBER: 48
LOCATION PREFIX: N,S, E,W
LOCATION ROAD TYPE:

ROUTE TYPES [1]: IR - INTERSTATE ROUTE (INC. TURNPIKE); US - US ROUTE; SR - STATE ROUTE; CR - NUMBERED COUNTY ROUTE; TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REF: 100
DIR FROM REF: S (N,S, E,W)
REFERENCE ROUTE TYPE:
REFERENCE ROUTE NUMBER:
REF PREFIX: N,S, E,W
REFERENCE NAME (ROAD NAME, MILEPOST, HOUSE #): Cook
REFERENCE ROAD TYPE: RD

REFERENCE POINT USED: 1 (1 - INTERSECTION, 2 - MILE POST, 3 - HOUSE NUMBER)
CRASH LOCATION: 01 (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: 2 (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: 1 (1 - CLEAR, 2 - CLOUDY, 3 - FOG, SMOG, SMOKE, 4 - RAIN, 5 - SLEET, HAIL, 6 - SNOW, 7 - SEVERE CROSSWINDS, 8 - BLOWING SAND, SOIL, DIRT, SNOW, 9 - OTHER/UNKNOWN)

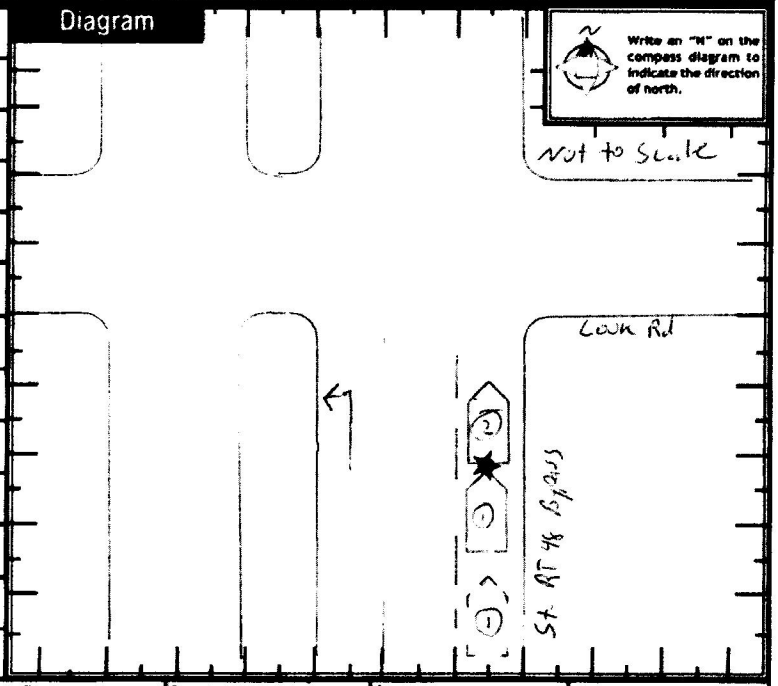
ROAD SURFACE: 2 (1 - CONCRETE, 2 - BLACKTOP, BITUMINOUS, ASPHALT, 3 - BRICK/BLOCK, 4 - SLAG, GRAVEL, STONE, 5 - DIRT, 6 - OTHER)
LIGHT CONDITIONS: PRIMARY 1, SECONDARY (1 - DAYLIGHT, 2 - DAWN, 3 - DUSK, 4 - DARK - LIGHTED ROADWAY, 5 - DARK - ROADWAY NOT LIGHTED, 6 - DARK - UNKNOWN ROADWAY LIGHTING, 7 - 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 northbound on St. Rt. 48 Bypass in the right lane and was stopped at a red light at Cook Rd. Unit 1 was stopped behind unit 2. The driver of unit 2 stated that he pressed the accelerator instead of the brake, causing him to strike unit 2. The operator of unit 2 complained of neck pain and refused EMS.

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
10/28/2016	1615	1619	1630	1651	20	41

OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY
Ptl. P. Jenkinson	112	

JFX7003 OH1 (Rev 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY — UNIT

L - Report Number: 16-369

Unit Number	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - Inc. Area Code (☑ Same As Driver)	Damage Scale	Damaged Area
01			2	

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

Damaged Area: Front, Rear; 01, 02, 03, 04, 05, 06, 07, 08, 09, 10

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

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	869XUA	1GNDT13S022190991	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2002	Chevrolet	Trailblazer	Chrome

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	Erie Insurnace	Q085607506	

Carrier Name, Address, City, State, Zip

Carrier Phone - Include Area Code

USDOT

HM Placard ID No

HM Class Number

☐ Hazardous Material Release

Vehicle Weight GVWR/GCWR

1 - Light Towaway (10,000 lbs. or less)
2 - 10,001 to 26,000 lbs.
3 - More than 26,000 lbs.

Cargo Body Type [01]

01 - No Cargo Body Type / Not Applicable
02 - Bus - Van (9-15 Seats, Inc Driver)
03 - Bus - Unit Seats (16+ Seats)
04 - Machinery
05 - Tank
06 - Flatbed
07 - Dump
08 - Concrete Mixer
09 - Auto Transporter
10 - Garbage/Refuse
11 - Vehicle Towing Another Motor Vehicle
12 - Boat
13 - Conveyor
14 - Agricultural Products
15 - Logging
99 - Unknown

Trafficway Description [3]

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

☐ Hit / Skip Unit

Non-Motorist Location Prior to Impact

01 - In Roadway
02 - In Intersection - Marked Crosswalk
03 - In Intersection - Unmarked Crosswalk
04 - Median/Crossing Island
05 - Traffic Lane
06 - Bicycle Lane
07 - Shoulder/Roadside
08 - Sidewalk
09 - Median/Crossing Island
10 - On Driveway Access
11 - Shared Use Path or Trail
12 - Non-Trafficway Area
99 - Unknown

Type of Use [1]

1 - Personal
2 - Commercial
3 - Government

☐ In Emergency Response

Unit Type [06]

99 - Unknown Hit/Skip

Passenger Vehicles (Less than 9 Passengers):
21 - Subcompact
22 - Compact
23 - Mid Size
24 - Full Size
25 - Minivan
26 - Sport Utility Vehicle
27 - Pickup
28 - Van
29 - 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 or Van Other
16 - Truck/Tractor (Bobtail)
17 - Truck/Tractor + Trailer
18 - Truck/Trailer
19 - Truck/Tractor
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/Pedacycle
26 - Pedestrian/Skater
27 - Other Non-Motorist

☐ Has HM Placard

Special Function [01]

01 - None
02 - Taxi
03 - Vehicle Rental
04 - Bus - School
05 - Bus - Transit
06 - Bus - Charter
07 - Bus - Shuttle
08 - Bus - Other
09 - Ambulance
10 - Fire
11 - Military/Maintenance
12 - Police
13 - Public Utility
14 - Construction
15 - Federal/Government
16 - Farm Vehicle
17 - Farm Equipment
18 - Mobility
19 - Motorcycle
20 - Golf Cart
21 - Train
22 - Other Special Function

Most Damaged Area [02]

Impact Area [02]

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 Window
11 - Undercarriage
12 - Load/Trailer
13 - Total, All Areas
14 - Other
99 - Unknown

Action [3]

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

Pre-Crash Actions [11]

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 or Stopped in Traffic
12 - Negotiating a Curve
13 - Other Motorist Action

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

Contributing Circumstances

Primary: [09]

Secondary:

99 - Unknown

Motorist:
01 - None
02 - Driver Inattention
03 - Ran Red Light
04 - Ran Stop Sign
05 - Improper Turn
06 - Improper Passing
07 - Drove Left of Center
08 - Following Too Close/ACDA
09 - Improper Lane Change
10 - Improper Backing
11 - Improper Start From Parked Position
12 - Stopped or Parked Illegally
13 - Operating Vehicle in Negligent Manner
14 - Swerving to Avoid Due to External Conditions
15 - Wrong Side/Wrong Way
16 - Failure to Control
17 - Vision Obstruction
18 - Operating Defective Equipment
19 - Impeding Traffic
20 - Driving Too Fast for Conditions
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 - Inattention
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	2	3	4	5	6
20					

First Harmful Event: 1
Most Harmful Event: 1
99 - Unknown

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 - Pedalcyclist
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 Moveable 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 [50]

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 [2] To [1]

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

OHIO DEPARTMENT OF PUBLIC SAFETY — UNIT

Report Number: 16-369

Unit Number	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number: Incl. Area Code (☑ Same As Driver)	Damage Scale	Damaged Area
02			2	

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

1 = None; 2 = Minor; 3 = Functional; 4 = Disabling; 9 = Unknown

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

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	GHR6366	1GBEG25K9RF185915	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
1994	Chevrolet	Van	White

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	Geico	4213-15-84-80	

Carrier Name, Address, City, State, Zip

Carrier Phone: Include Area Code

CMV?

HM Placard ID No.

HM Class Number

Vehicle Weight GVW/GVWR

☐ Hazardous Material Released

Cargo Body Type: 01

Traffic Way Description: 3

☐ Hit/Skip Unit

Non-Motorist Location Prior to Impact

Type of Use: 1

☐ In Emergency Response

Unit Type: 08

Has HM Placard

Sequence Function: 01

Most Damaged Area: 06

Impact Area: 06

Action: 4

Pre-Crash Actions: 11

Motorist

Non Motorist

Contributing Circumstances

Primary: 01

Secondary:

99 Unknown

Motorist

Non-Motorist

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 Defects

Sequence of Events

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

First Harmful Event: 1

Most Harmful Event: 1

99 Unknown

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 Pedalcyclist
16 Railway Vehicle
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: Status

Posted Speed: 50

Traffic Control: 04

01 No Controls
02 Stop Sign
03 Yield Sign
04 Traffic Signal
07 Railroad Crossbucks
08 Railroad Flashers
09 Railroad Gates
10 Construction Barricade
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

OHIO MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER: 16-369

UNIT NUMBER 01

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
Miller III, Walter H.	12/31/1931	84	M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 1037 Hart Rd. Lebanon, OH 45036

CONTACT PHONE - INCLUDE AREA CODE: (513) 932-2931

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				04	☐	01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C ENDS.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	RG741856	4	☐	☐	1	1	1	1	.	1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
			☐	1 ☐

UNIT NUMBER 02

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
Taylor, Lane L	09/26/1972	44	M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 8841 US Highway 68 Blanchester, OH 45107

CONTACT PHONE - INCLUDE AREA CODE: (937) 302-9818

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
2	1			04	☐	01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C ENDS.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	RK205309	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 / NONE REPORTED
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 PADS USED (ELBOWS, KNEES, ETC)
12 - REFLECTIVE CLOTHING
13 - LIGHTING
14 - OTHER

SEATING POSITION
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
02 - FRONT - MIDDLE
03 - FRONT - RIGHT SIDE
04 - SECOND - LEFT SIDE (MOTORCYCLE SIDECAR)
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, PICK-UP WITH CAP)
12 - PASSENGER IN UNENCLOSED CARGO AREA
13 - TRAILING UNIT
14 - RIDING ON VEHICLE EXTERNAL (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 (OHIO = D)
5 - M/C/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 MEDICATIONS, DRUGS, 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 - 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 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 MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					☐				