



TRAFFIC CRASH REPORT

| | | |
|-----------------------------------|--|------------------------------------|
| LOCAL REPORT NUMBER 16 1121 06 | CRASH SEVERITY 3 1-FATAL 2-INJURY 3-PDO | HIT/SKIP 1-SOLVED 2-UNSOLVED |
|-----------------------------------|--|------------------------------------|

| | | | | | | |
|--|--|------------------|----------------------------------|--|----------------------|--|
| PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | PRIVATE PROPERTY | REPORTING AGENCY NCIC * 04900 | REPORTING AGENCY NAME * Madison County Sheriff's Office | NUMBER OF UNITS 1 | UNIT IN ERROR 1 98-ANIMAL 99-UNKNOWN |
|--|--|------------------|----------------------------------|--|----------------------|--|

| | | | | | |
|---------------------|---|--|----------------------------|-----------------------|--------------------|
| COUNTY * Madison | CITY * <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP * Somerford | CRASH DATE * 06/27/2016 | TIME OF CRASH 1904 | DAY OF WEEK Mon |
|---------------------|---|--|----------------------------|-----------------------|--------------------|

| | | | |
|---|-----------------|--|------------------------|
| DEGREES/MINUTES/SECONDS LATITUDE :: | LONGITUDE :: | DECIMAL DEGREES LATITUDE 39.974242 | LONGITUDE 83.519534 |
|---|-----------------|--|------------------------|

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

| | | | | |
|--------------------------------|---|--------------------|--------------------|--|
| LOCATION ROUTE NUMBER SR 56 | LOC PREFIX <input type="checkbox"/> N,S, <input type="checkbox"/> E,W | LOCATION ROAD NAME | LOCATION ROAD TYPE | ROUTE TYPES IR-INTERSTATE ROUTING TURNPIKE US-US ROUTE FOR NUMBERED COUNTY ROADS SR-STATE ROUTE FOR NUMBERED TOWNSHIP ROADS |
|--------------------------------|---|--------------------|--------------------|--|

| | | | | | |
|---|--|------------------------|--|--|---------------------|
| DISTANCE FROM REFERENCE 254 <input type="checkbox"/> MILES <input checked="" type="checkbox"/> FEET <input type="checkbox"/> YARDS | DIR FROM REF <input type="checkbox"/> N,S, <input checked="" type="checkbox"/> E,W | REFERENCE ROUTE NUMBER | REF PREFIX <input type="checkbox"/> N,S, <input checked="" type="checkbox"/> E,W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 2805 | REFERENCE ROAD TYPE |
|---|--|------------------------|--|--|---------------------|

| | | | | | |
|---|--|---|--|---|---|
| REFERENCE POINT USED 3 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/ROUNDBOUNT | 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 6 1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNKNOWN 4 - ON ROADSIDE |
|---|--|---|--|---|---|

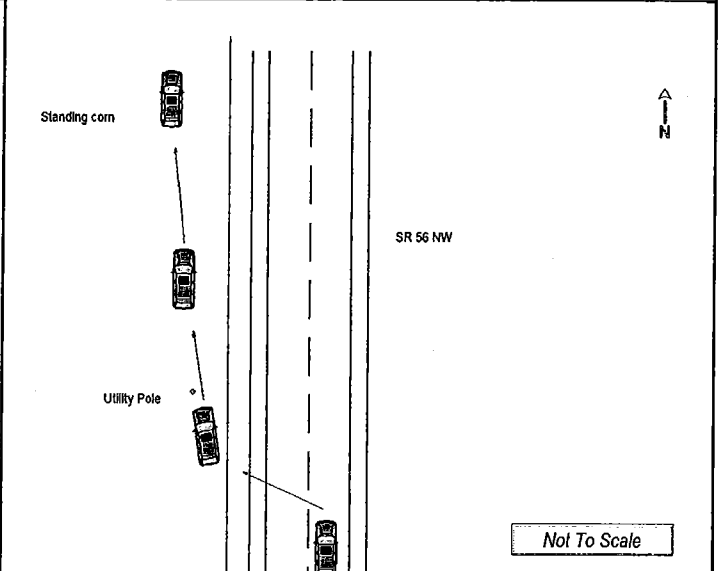
| | | | |
|---|--|--|---|
| ROAD CONTOUR 1 1-STRAIGHT LEVEL 4-CURVE GRADE 2-STRAIGHT GRADE 9-UNKNOWN 3-CURVE LEVEL | ROAD CONDITIONS PRIMARY 01 SECONDARY | 01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 02 - WET 06 - WATER (STANDING, MOVING) 03 - SNOW 07 - SLUSH 04 - ICE 08 - DEBRIS | 09 - RUT, HOLES, BUMPS,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

| | | | | |
|--|--|--|--|--|
| MANNER OF CRASH COLLISION/IMPACT 1 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 4 - RAIN 2 - CLOUDY 5 - SLEET, HAIL 3 - FOG, SMOG, SMOKE 6 - SNOW | 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN |
|--|--|--|--|--|

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

| | | | | |
|---|--|--|---|---|
| <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 <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN | 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA | 4 - ACTIVITY AREA 5 - TERMINATION AREA |
|---|--|--|---|---|

NARRATIVE
Unit #1 was traveling north on SR 56 NW in the area of 2805 SR 56 NW. Unit #1 crossed over the center line and ran off the right side of the roadway. Unit #1 continued through the ditch and struck a utility pole. Unit #1 went through the utility pole and came to rest in a standing corn field.



| | | | | | | |
|--|---|-----------------------|----------------------|----------------------|-------------------------------|---------------------|
| REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPSS) | | | | | |
| DATE CRASH REPORTED 06/27/2016 | TIME CRASH REPORTED 1904 | DISPATCH TIME 1906 | ARRIVAL TIME 1911 | TIME CLEARED 1927 | OTHER INVESTIGATION TIME 0 | TOTAL MINUTES 21 |
| OFFICER'S NAME Winebrenner, Tim | OFFICER'S BADGE NUMBER 23 | CHECKED BY 7 | | | | |



UNIT

LOCAL REPORT NUMBER

16 1121 06

| | | | | |
|---|--|--|---|----------------------------------|
| UNIT NUMBER 1 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Adams III, John , M | OWNER PHONE NUMBER 937-508-9880 | DAMAGE SCALE 4 | DAMAGE AREA FRONT REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1781 Talbot Rd, Mechanicsburg, OH, 43044 | | | 1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN | |
| LP STATE OH | LICENSE PLATE NUMBER FMD5747 | VEHICLE IDENTIFICATION NUMBER 1FTCR11T6LUA42543 | # OCCUPANTS 1 | |
| VEHICLE YEAR 1990 | VEHICLE MAKE Ford | VEHICLE MODEL Ranger (Canada) - CSB | VEHICLE COLOR RED | |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN | INSURANCE COMPANY Nationwide | POLICY NUMBER 9234N315873 | TOWED BY | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | | CARRIER PHONE |

| | | | |
|-------------------|--|--|--|
| US DOT | VEHICLE WEIGHT GWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10k LBS <input type="checkbox"/> 2 - 10,001 TO 26,000k LBS <input type="checkbox"/> 3 - MORE THAN 26,000k LBS. | CARGO BODY TYPE 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 | TRAFFICWAY DESCRIPTION 1 - T WO-WAY, NOT DIVIDED 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL RELATED <input type="checkbox"/> | | |
| HM CLASS NUMBER | | | |

| | | | | |
|---|---|---|---|--|
| 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 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 06 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) OR HIT/SKIP 99 - UNKNOWN | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 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 | 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| | | | <input type="checkbox"/> HAS HM PLACARD | |

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

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

| | | | |
|--|---|---|--|
| CONTRIBUTING CIRCUMSTANCE PRIMARY 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 99 - UNKNOWN | MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION | NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS 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 11 2 09 3 40 4 5 6 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT 3 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 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB EQUIPMENT 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 50 | POSTED SPEED 55 | TRAFFIC CONTROL 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 |
| <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | | | |



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

16 1121 06

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|---------------------|---|---|-------------------------------|-------------------------|---|--|--------------------|-----------------------|-----------------------------|-----------------------|------------------------------------|---|--|--|---|-------------------------------------|---|---|----------------------------|---|---|------------------------------------|------------------------------|--|--------------------------------|--------------------------|--------------------------------------|--------------------|--|--------------------------|--|--|------------------------|---------------|--|--|--|--|------------|
| UNIT NUMBER 1 | NAME: LAST, FIRST, MIDDLE Adams III, John, M | DATE OF BIRTH 08/24/1969 | AGE 46 | GENDER M F - FEMALE M - MALE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS, CITY, STATE, ZIP 1781 Talbot Rd, Mechanicsburg, OH, 43044 | | | CONTACT PHONE - INCLUDE AREA CODE 937-508-9880 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJURIES 1 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 01 | AIR BAG USAGE 5 | EJECTION 1 | TRAPPED 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OL STATE OH | OPERATOR LICENSE NUMBER RM422478 | OL CLASS 1 | No VALJO DX <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 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRUG TEST STATUS 1 | DRUG TEST TYPE 1 | OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | No VALJO DX <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 (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>INJURIES</td> <td>INJURED TAKEN BY</td> <td>SAFETY EQUIPMENT USED</td> <td colspan="2">99 - UNKNOWN SAFETY EQUIPMENT</td> </tr> <tr> <td>1 - NONE REPORTED</td> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>MOTORIST</td> <td colspan="2">NON-MOTORIST</td> </tr> <tr> <td>2 - POSSIBLE</td> <td>2 - EMS</td> <td>01 - NONE USED; VEHICLE OCCUPANT</td> <td>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING</td> <td>09 - NONE USED</td> </tr> <tr> <td>3 - SINGLE VICTIMATING</td> <td>3 - POLICE</td> <td>02 - SHOULDER BELT ONLY USED</td> <td>06 - CHILD RESTRAINT SYSTEM-REAR FACING</td> <td>10 - HELMET USED</td> </tr> <tr> <td>4 - MULTIPLE VICTIMATING</td> <td>4 - OTHER</td> <td>03 - LAP BELT ONLY USED</td> <td>07 - BOOSTER SEAT</td> <td>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)</td> </tr> <tr> <td>5 - DATA</td> <td>9 - UNKNOWN</td> <td>04 - SHOULDER AND LAP BELT ONLY USED</td> <td>08 - HELMET USED</td> <td>12 - REFLECTIVE COATING</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>13 - LIGHTING</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>14 - OTHER</td> </tr> </table> | | | | | INJURIES | INJURED TAKEN BY | SAFETY EQUIPMENT USED | 99 - UNKNOWN SAFETY EQUIPMENT | | 1 - NONE REPORTED | 1 - NOT TRANSPORTED / TREATED AT SCENE | MOTORIST | NON-MOTORIST | | 2 - POSSIBLE | 2 - EMS | 01 - NONE USED; VEHICLE OCCUPANT | 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING | 09 - NONE USED | 3 - SINGLE VICTIMATING | 3 - POLICE | 02 - SHOULDER BELT ONLY USED | 06 - CHILD RESTRAINT SYSTEM-REAR FACING | 10 - HELMET USED | 4 - MULTIPLE VICTIMATING | 4 - OTHER | 03 - LAP BELT ONLY USED | 07 - BOOSTER SEAT | 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 5 - DATA | 9 - UNKNOWN | 04 - SHOULDER AND LAP BELT ONLY USED | 08 - HELMET USED | 12 - REFLECTIVE COATING | | | | | 13 - LIGHTING | | | | | 14 - OTHER |
| INJURIES | INJURED TAKEN BY | SAFETY EQUIPMENT USED | 99 - UNKNOWN SAFETY EQUIPMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - NONE REPORTED | 1 - NOT TRANSPORTED / TREATED AT SCENE | MOTORIST | NON-MOTORIST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - POSSIBLE | 2 - EMS | 01 - NONE USED; VEHICLE OCCUPANT | 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING | 09 - NONE USED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - SINGLE VICTIMATING | 3 - POLICE | 02 - SHOULDER BELT ONLY USED | 06 - CHILD RESTRAINT SYSTEM-REAR FACING | 10 - HELMET USED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - MULTIPLE VICTIMATING | 4 - OTHER | 03 - LAP BELT ONLY USED | 07 - BOOSTER SEAT | 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - DATA | 9 - UNKNOWN | 04 - SHOULDER AND LAP BELT ONLY USED | 08 - HELMET USED | 12 - REFLECTIVE COATING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 13 - LIGHTING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 14 - OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>SEATING POSITION</td> <td>07 - THIRD - LEFTSIDE (Motorcycle Side Car)</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td colspan="2">AIR BAG USAGE</td> </tr> <tr> <td>01 - FRONT - LEFTSIDE (Motorcycle Driver)</td> <td>08 - THIRD - MIDDLE</td> <td>13 - TRAINING UNIT</td> <td colspan="2">1 - NOT DEPLOYED</td> </tr> <tr> <td>02 - FRONT - MIDDLE</td> <td>09 - THIRD - RIGHT SIDE</td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAINING UNIT)</td> <td colspan="2">2 - DEPLOYED FRONT</td> </tr> <tr> <td>03 - FRONT - RIGHTSIDE</td> <td>10 - SLEEPER SECTION OF CAB (TRUCK)</td> <td>15 - NON-MOTORIST</td> <td colspan="2">3 - DEPLOYED SIDE</td> </tr> <tr> <td>04 - SECOND - LEFTSIDE (Motorcycle Passenger)</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAINING UNIT, SUCH AS BURGER KING WITH CAB)</td> <td>16 - OTHER</td> <td colspan="2">4 - DEPLOYED BOTH FRONT/SIDE</td> </tr> <tr> <td>05 - SECOND - MIDDLE</td> <td></td> <td>17 - UNKNOWN</td> <td colspan="2">5 - NOT APPLICABLE</td> </tr> <tr> <td>06 - SECOND - RIGHT SIDE</td> <td></td> <td></td> <td colspan="2">9 - DEPLOYMENT UNKNOWN</td> </tr> </table> | | | | | SEATING POSITION | 07 - THIRD - LEFTSIDE (Motorcycle Side Car) | 12 - PASSENGER IN UNENCLOSED CARGO AREA | AIR BAG USAGE | | 01 - FRONT - LEFTSIDE (Motorcycle Driver) | 08 - THIRD - MIDDLE | 13 - TRAINING UNIT | 1 - NOT DEPLOYED | | 02 - FRONT - MIDDLE | 09 - THIRD - RIGHT SIDE | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAINING UNIT) | 2 - DEPLOYED FRONT | | 03 - FRONT - RIGHTSIDE | 10 - SLEEPER SECTION OF CAB (TRUCK) | 15 - NON-MOTORIST | 3 - DEPLOYED SIDE | | 04 - SECOND - LEFTSIDE (Motorcycle Passenger) | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAINING UNIT, SUCH AS BURGER KING WITH CAB) | 16 - OTHER | 4 - DEPLOYED BOTH FRONT/SIDE | | 05 - SECOND - MIDDLE | | 17 - UNKNOWN | 5 - NOT APPLICABLE | | 06 - SECOND - RIGHT SIDE | | | 9 - DEPLOYMENT UNKNOWN | | | | | | |
| SEATING POSITION | 07 - THIRD - LEFTSIDE (Motorcycle Side Car) | 12 - PASSENGER IN UNENCLOSED CARGO AREA | AIR BAG USAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 - FRONT - LEFTSIDE (Motorcycle Driver) | 08 - THIRD - MIDDLE | 13 - TRAINING UNIT | 1 - NOT DEPLOYED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 - FRONT - MIDDLE | 09 - THIRD - RIGHT SIDE | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAINING UNIT) | 2 - DEPLOYED FRONT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 - FRONT - RIGHTSIDE | 10 - SLEEPER SECTION OF CAB (TRUCK) | 15 - NON-MOTORIST | 3 - DEPLOYED SIDE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 - SECOND - LEFTSIDE (Motorcycle Passenger) | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAINING UNIT, SUCH AS BURGER KING WITH CAB) | 16 - OTHER | 4 - DEPLOYED BOTH FRONT/SIDE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 - SECOND - MIDDLE | | 17 - UNKNOWN | 5 - NOT APPLICABLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 - SECOND - RIGHT SIDE | | | 9 - DEPLOYMENT UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>CONDITION</td> <td>TRAPPED</td> <td>OPERATOR LICENSE CLASS</td> <td>CONDITION</td> <td>ALCOHOL/DRUGS SUSPECTED</td> </tr> <tr> <td>1 - NOT ELECTED</td> <td>1 - NOT TRAPPED</td> <td>1 - CLASS A</td> <td>1 - APPARENTLY NORMAL</td> <td>1 - NONE</td> </tr> <tr> <td>2 - PARTIALLY ELECTED</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> <td>2 - CLASS B</td> <td>2 - PHYSICAL IMPAIRMENT</td> <td>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL</td> </tr> <tr> <td>3 - PARTIALLY ELECTED</td> <td>3 - EXTRICATED BY MECHANICAL MEANS</td> <td>3 - CLASS C</td> <td>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)</td> <td>3 - YES - HAD NOT IMPAIRED</td> </tr> <tr> <td>4 - NOT APPLICABLE</td> <td>4 - EXTRICATED BY MECHANICAL MEANS</td> <td>4 - REGULAR CLASS (OTHER THAN 1-3)</td> <td>4 - ILLNESS</td> <td>4 - YES - DRUGS SUSPECTED</td> </tr> <tr> <td></td> <td>5 - NON-MECHANICAL MEANS</td> <td>5 - M/G/MOPED ONLY</td> <td></td> <td>5 - YES - ALCOHOL AND DRUGS SUSPECTED</td> </tr> </table> | | | | | CONDITION | TRAPPED | OPERATOR LICENSE CLASS | CONDITION | ALCOHOL/DRUGS SUSPECTED | 1 - NOT ELECTED | 1 - NOT TRAPPED | 1 - CLASS A | 1 - APPARENTLY NORMAL | 1 - NONE | 2 - PARTIALLY ELECTED | 2 - EXTRICATED BY MECHANICAL MEANS | 2 - CLASS B | 2 - PHYSICAL IMPAIRMENT | 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL | 3 - PARTIALLY ELECTED | 3 - EXTRICATED BY MECHANICAL MEANS | 3 - CLASS C | 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) | 3 - YES - HAD NOT IMPAIRED | 4 - NOT APPLICABLE | 4 - EXTRICATED BY MECHANICAL MEANS | 4 - REGULAR CLASS (OTHER THAN 1-3) | 4 - ILLNESS | 4 - YES - DRUGS SUSPECTED | | 5 - NON-MECHANICAL MEANS | 5 - M/G/MOPED ONLY | | 5 - YES - ALCOHOL AND DRUGS SUSPECTED | | | | | | | | | | |
| CONDITION | TRAPPED | OPERATOR LICENSE CLASS | CONDITION | ALCOHOL/DRUGS SUSPECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - NOT ELECTED | 1 - NOT TRAPPED | 1 - CLASS A | 1 - APPARENTLY NORMAL | 1 - NONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - PARTIALLY ELECTED | 2 - EXTRICATED BY MECHANICAL MEANS | 2 - CLASS B | 2 - PHYSICAL IMPAIRMENT | 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - PARTIALLY ELECTED | 3 - EXTRICATED BY MECHANICAL MEANS | 3 - CLASS C | 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) | 3 - YES - HAD NOT IMPAIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - NOT APPLICABLE | 4 - EXTRICATED BY MECHANICAL MEANS | 4 - REGULAR CLASS (OTHER THAN 1-3) | 4 - ILLNESS | 4 - YES - DRUGS SUSPECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 - NON-MECHANICAL MEANS | 5 - M/G/MOPED ONLY | | 5 - YES - ALCOHOL AND DRUGS SUSPECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>ALCOHOL TEST STATUS</td> <td>ALCOHOL TEST TYPE</td> <td>DRUG TEST STATUS</td> <td>DRUG TEST TYPE</td> <td>DRIVER DISTRACTED BY</td> </tr> <tr> <td>1 - NOT GIVEN</td> <td>1 - NONE</td> <td>1 - NONE GIVEN</td> <td>1 - NONE</td> <td>1 - NO DISTRACTION REPORTED</td> </tr> <tr> <td>2 - TEST REQUESTED</td> <td>2 - BLOOD</td> <td>2 - TEST REQUESTED</td> <td>2 - BLOOD</td> <td>2 - PASSIVE</td> </tr> <tr> <td>3 - TEST GIVEN CONTAMINATED SAMPLE/UNUSABLE</td> <td>3 - URINE</td> <td>3 - TEST GIVEN CONTAMINATED SAMPLE/UNUSABLE</td> <td>3 - URINE</td> <td>3 - EXTINGUISHING</td> </tr> <tr> <td>4 - TEST GIVEN RESULTS KNOWN</td> <td>4 - BREATH</td> <td>4 - TEST GIVEN RESULTS KNOWN</td> <td>4 - OTHER</td> <td>4 - ELECTRONIC COMMUNICATION DEVICE</td> </tr> <tr> <td>5 - TEST GIVEN RESULTS UNKNOWN</td> <td>5 - OTHER</td> <td>5 - TEST GIVEN RESULTS UNKNOWN</td> <td></td> <td>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, ROAD WORK)</td> </tr> </table> | | | | | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | DRUG TEST STATUS | DRUG TEST TYPE | DRIVER DISTRACTED BY | 1 - NOT GIVEN | 1 - NONE | 1 - NONE GIVEN | 1 - NONE | 1 - NO DISTRACTION REPORTED | 2 - TEST REQUESTED | 2 - BLOOD | 2 - TEST REQUESTED | 2 - BLOOD | 2 - PASSIVE | 3 - TEST GIVEN CONTAMINATED SAMPLE/UNUSABLE | 3 - URINE | 3 - TEST GIVEN CONTAMINATED SAMPLE/UNUSABLE | 3 - URINE | 3 - EXTINGUISHING | 4 - TEST GIVEN RESULTS KNOWN | 4 - BREATH | 4 - TEST GIVEN RESULTS KNOWN | 4 - OTHER | 4 - ELECTRONIC COMMUNICATION DEVICE | 5 - TEST GIVEN RESULTS UNKNOWN | 5 - OTHER | 5 - TEST GIVEN RESULTS UNKNOWN | | 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, ROAD WORK) | | | | | | | | | | |
| ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | DRUG TEST STATUS | DRUG TEST TYPE | DRIVER DISTRACTED BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - NOT GIVEN | 1 - NONE | 1 - NONE GIVEN | 1 - NONE | 1 - NO DISTRACTION REPORTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - TEST REQUESTED | 2 - BLOOD | 2 - TEST REQUESTED | 2 - BLOOD | 2 - PASSIVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - TEST GIVEN CONTAMINATED SAMPLE/UNUSABLE | 3 - URINE | 3 - TEST GIVEN CONTAMINATED SAMPLE/UNUSABLE | 3 - URINE | 3 - EXTINGUISHING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - TEST GIVEN RESULTS KNOWN | 4 - BREATH | 4 - TEST GIVEN RESULTS KNOWN | 4 - OTHER | 4 - ELECTRONIC COMMUNICATION DEVICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - TEST GIVEN RESULTS UNKNOWN | 5 - OTHER | 5 - TEST GIVEN RESULTS UNKNOWN | | 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, ROAD WORK) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <input type="checkbox"/> | 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 <input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |