

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

19-142-2

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		<input type="checkbox"/> OH -2 <input checked="" type="checkbox"/> OH -3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		LOCAL INFORMATION <b>REPORTING AGENCY NAME *</b> PLAIN CITY POLICE DEPARTMENT		<b>NCIC *</b> 04906		<b>HIT/SKIP</b> <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED	<b>NUMBER OF UNITS</b> 1	<b>UNIT IN ERROR</b> <input type="checkbox"/> 98 - ANIMAL <input type="checkbox"/> 99 - UNKNOWN
<b>COUNTY*</b> 49	<b>LOCALITY*</b> 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 2	<b>LOCATION:</b> CITY, VILLAGE, TOWNSHIP* Plain City		<b>CRASH DATE / TIME*</b> 12/01/2019 19:30		<b>CRASH SEVERITY</b> <input type="checkbox"/> 1 - FATAL <input checked="" type="checkbox"/> 2 - SERIOUS INJURY SUSPECTED <input type="checkbox"/> 3 - MINOR INJURY SUSPECTED <input type="checkbox"/> 4 - INJURY POSSIBLE <input type="checkbox"/> 5 - PROPERTY DAMAGE ONLY				
<b>LOCATION</b> <b>ROUTE TYPE</b> <b>ROUTE NUMBER</b> <b>PREFIX</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<b>LOCATION ROAD NAME</b> Lafayette- Plain City	<b>ROAD TYPE</b> RD	<b>LATITUDE</b> DECIMAL DEGREES 40.106080	<b>LONGITUDE</b> DECIMAL DEGREES -83.289088						
<b>REFERENCE</b> <b>ROUTE TYPE</b> <b>ROUTE NUMBER</b> <b>PREFIX</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> 11100	<b>ROAD TYPE</b>	<b>LATITUDE</b> DECIMAL DEGREES	<b>LONGITUDE</b> DECIMAL DEGREES						
<b>REFERENCE POINT</b> <input type="checkbox"/> 1 - INTERSECTION <input checked="" type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE #	<b>DIRECTION FROM REFERENCE</b> <input type="checkbox"/> 1 - NORTH <input checked="" type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST	<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	<b>ROAD TYPE</b> AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	<b>ROAD TYPE</b> HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	<b>INTERSECTION RELATED</b> <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	<b>NUMBER OF APPROACHES</b> 3				
<b>DISTANCE FROM REFERENCE</b> 0.00	<b>DISTANCE UNIT OF MEASURE</b> <input type="checkbox"/> 1 - MILES <input checked="" type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS	<b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED								
<b>LOCATION OF FIRST HARMFUL EVENT</b> <input checked="" type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY <input type="checkbox"/> 7 - ON RAMP <input type="checkbox"/> 8 - OFF RAMP	<b>MANNER OF CRASH COLLISION/IMPACT</b> <input type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2 - REAR-END <input type="checkbox"/> 3 - HEAD-ON <input type="checkbox"/> 4 - REAR-TO-REAR <input type="checkbox"/> 5 - BACKING <input type="checkbox"/> 6 - ANGLE <input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 - OTHER / UNKNOWN	<b>DIRECTION OF TRAVEL</b> <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST	<b>MEDIAN TYPE</b> <input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) <input type="checkbox"/> 9 - OTHER / UNKNOWN							
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	<b>WORK ZONE TYPE</b> <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/ CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA	<b>CONTOUR</b> <input type="checkbox"/> 1 - STRAIGHT LEVEL <input type="checkbox"/> 2 - STRAIGHT GRADE <input type="checkbox"/> 3 - CURVE LEVEL <input type="checkbox"/> 4 - CURVE GRADE <input type="checkbox"/> 9 - OTHER /UNKNOWN	<b>CONDITIONS</b> <input type="checkbox"/> 1 - DRY <input type="checkbox"/> 2 - WET <input type="checkbox"/> 3 - SNOW <input type="checkbox"/> 4 - ICE <input type="checkbox"/> 5 - SAND, MUD, DIRT, OIL, GRAVEL <input type="checkbox"/> 6 - WATER (STANDING, MOVING) <input type="checkbox"/> 7 - SLUSH <input type="checkbox"/> 9 - OTHER / UNKNOWN	<b>SURFACE</b> <input type="checkbox"/> 1 - CONCRETE <input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT <input type="checkbox"/> 3 - BRICK/BLOCK <input type="checkbox"/> 4 - SLAG, GRAVEL, STONE <input type="checkbox"/> 5 - DIRT <input type="checkbox"/> 9 - OTHER / UNKNOWN					
<b>LIGHT CONDITION</b> <input checked="" type="checkbox"/> 1 - DAYLIGHT <input type="checkbox"/> 2 - DAWN/DUSK <input type="checkbox"/> 3 - DARK - LIGHTED ROADWAY <input type="checkbox"/> 4 - DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 5 - DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 9 - OTHER / UNKNOWN	<b>WEATHER</b> <input type="checkbox"/> 1 - CLEAR <input checked="" type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 3 - FOG, SMOG, SMOKE <input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 5 - SLEET, HAIL <input type="checkbox"/> 6 - SNOW <input type="checkbox"/> 7 - SEVERE CROSSWINDS <input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 9 - FREEZING RAIN OR FREEZING DRIZZLE <input type="checkbox"/> 99 - OTHER / UNKNOWN									
<b>NARRATIVE</b> Unit 1 was traveling west bound on Perry Pike, when it did not stop at the stop sign at the intersection of Perry Pike and Lafayette- Plain City Road. Unit 1 then struck the ditch line, stuck a fence, and come to a stop in front of 11100 Lafayette- Plain City Road.										
<b>CRASH REPORTED DATE / TIME</b> 12/01/2019 19:30	<b>DISPATCH DATE / TIME</b> 12/01/2019 19:30	<b>ARRIVAL DATE / TIME</b> 12/01/2019 19:33	<b>SCENE CLEARED DATE / TIME</b> 12/01/2019 20:42	<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST						
<b>TOTAL TIME ROADWAY CLOSED</b> 0	<b>OTHER INVESTIGATION TIME</b> 0	<b>TOTAL MINUTES</b> 72	<b>OFFICER'S NAME*</b> Drudy, David	<b>CHECKED BY OFFICER'S NAME*</b> Flowers, Ryan	<input type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</small>					
<b>OFFICER'S BADGE NUMBER*</b> 409	<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 407									

<b>UNIT #</b> 1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) DAWSON, BREANNA, M.	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 1510 ROSEDALE RD., IRWIN, OH, 43029		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> HJN2471	<b>VEHICLE IDENTIFICATION #</b> 1FMYU02Z36KA03776	<b>VEHICLE YEAR</b> 2006	<b>VEHICLE MAKE</b> FORD
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> GEICO	<b>INSURANCE POLICY #</b> 4341036814	<b>COLOR</b> RED	<b>VEHICLE MODEL</b> ESCAPE
<b>TYPE OF USE</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>US DOT #</b>	<b>TOWED BY:</b> COMPANY NAME N/A	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 1	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.	
<b>UNIT TYPE</b> 3		<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD		

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<b>ACTION</b> 3	<b>PRE-CRASH ACTIONS</b> 1	<table border="0"> <tr> <td>1 - NON-CONTACT</td> <td>1 - STRAIGHT AHEAD</td> <td>9 - LEAVING TRAFFIC LANE</td> <td>15 - WALKING, RUNNING, JOGGING, PLAYING</td> <td>21 - STANDING OUTSIDE DISABLED VEHICLE</td> </tr> <tr> <td>2 - NON-COLLISION</td> <td>2 - BACKING</td> <td>10 - PARKED</td> <td>16 - WORKING</td> <td>99 - OTHER / UNKNOWN</td> </tr> <tr> <td>3 - STRIKING</td> <td>3 - CHANGING LANES</td> <td>11 - SLOWING OR STOPPED IN TRAFFIC</td> <td>17 - PUSHING VEHICLE</td> <td></td> </tr> <tr> <td>4 - STRUCK</td> <td>4 - OVERTAKING/PASSING</td> <td>12 - DRIVERLESS</td> <td>18 - APPROACHING OR LEAVING VEHICLE</td> <td></td> </tr> <tr> <td>5 - BOTH STRIKING &amp; STRUCK</td> <td>5 - MAKING RIGHT TURN</td> <td>13 - NEGOTIATING A CURVE</td> <td>19 - STANDING</td> <td></td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>6 - MAKING LEFT TURN</td> <td>14 - ENTERING OR CROSSING SPECIFIED LOCATION</td> <td>20 - OTHER NON-MOTORIST</td> <td></td> </tr> <tr> <td></td> <td>7 - MAKING U-TURN</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>8 - ENTERING TRAFFIC LANE</td> <td></td> <td></td> <td></td> </tr> </table>			1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE	2 - NON-COLLISION	2 - BACKING	10 - PARKED	16 - WORKING	99 - OTHER / UNKNOWN	3 - STRIKING	3 - CHANGING LANES	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE		4 - STRUCK	4 - OVERTAKING/PASSING	12 - DRIVERLESS	18 - APPROACHING OR LEAVING VEHICLE		5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	13 - NEGOTIATING A CURVE	19 - STANDING		9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	14 - ENTERING OR CROSSING SPECIFIED LOCATION	20 - OTHER NON-MOTORIST			7 - MAKING U-TURN					8 - ENTERING TRAFFIC LANE			
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<b>SEQUENCE OF EVENTS</b>	<b>EVENTS</b>
1 - 8	1 - OVERTURN/ROLLOVER
2 - 44	2 - FIRE/EXPLOSION
3 - 46	3 - IMMERSION
4 -	4 - JACKKNIFE
5 -	5 - CARGO / EQUIPMENT LOSS OR SHIFT
6 -	6 - EQUIPMENT FAILURE
7 -	7 - SEPARATION OF UNITS
8 -	8 - RAN OFF ROAD RIGHT
9 -	9 - RAN OFF ROAD LEFT
10 -	10 - CROSS MEDIAN
11 -	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
12 -	12 - DOWNHILL RUNAWAY
13 -	13 - OTHER NON-COLLISION
14 -	14 - PEDESTRIAN
15 -	15 - PEDALCYCLE
16 -	16 - RAILWAY VEHICLE
17 -	17 - ANIMAL - FARM
18 -	18 - ANIMAL - DEER
19 -	19 - ANIMAL - OTHER
20 -	20 - MOTOR VEHICLE IN TRANSPORT
21 -	21 - PARKED MOTOR VEHICLE
22 -	22 - WORK ZONE MAINTENANCE EQUIPMENT
23 -	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 -	24 - OTHER MOVABLE OBJECT
25 -	25 - IMPACT ATTENUATOR / CRASH CUSHION
26 -	26 - BRIDGE OVERHEAD STRUCTURE
27 -	27 - BRIDGE PIER OR ABUTMENT
28 -	28 - BRIDGE PARAPET
29 -	29 - BRIDGE RAIL
30 -	30 - GUARDRAIL FACE
31 -	31 - GUARDRAIL END
32 -	32 - PORTABLE BARRIER
33 -	33 - MEDIAN CABLE BARRIER
34 -	34 - MEDIAN GUARDRAIL BARRIER
35 -	35 - MEDIAN CONCRETE BARRIER
36 -	36 - MEDIAN OTHER BARRIER
37 -	37 - TRAFFIC SIGN POST
38 -	38 - OVERHEAD SIGN POST
39 -	39 - LIGHT / LUMINARIES SUPPORT
40 -	40 - UTILITY POLE
41 -	41 - OTHER POST, POLE OR SUPPORT
42 -	42 - CULVERT
43 -	43 - CURB
44 -	44 - DITCH
45 -	45 - EMBANKMENT
46 -	46 - FENCE
47 -	47 - MAILBOX
48 -	48 - TREE
49 -	49 - FIRE HYDRANT
50 -	50 - WORK ZONE MAINTENANCE EQUIPMENT
51 -	51 - WALL
52 -	52 - BUILDING
53 -	53 - TUNNEL
54 -	54 - OTHER FIXED OBJECT
55 -	55 - OTHER / UNKNOWN
<b>FIRST HARMFUL EVENT</b> 2	<b>MOST HARMFUL EVENT</b> 2

**LOCAL REPORT NUMBER**  
19-142-2

**DAMAGE**

**DAMAGE SCALE**

1 - NONE  
2 - MINOR DAMAGE  
3 - FUNCTIONAL DAMAGE  
4 - DISABLING DAMAGE  
9 - UNKNOWN

3

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

**NO DAMAGE** [ 0 ]       **UNDERCARRIAGE** [ 14 ]

**TOP** [ 13 ]       **ALL AREAS** [ 15 ]

**UNIT NOT AT SCENE** [ 16 ]

**INITIAL POINT OF CONTACT**

0 - NO DAMAGE  
1-12 - REFER TO UNIT DIAGRAM  
13 - TOP  
14 - UNDERCARRIAGE  
15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN

1

**TRAFFIC**

<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY 2	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
---	--

**# OF THROUGH LANES ON ROAD**  
2

**RAIL GRADE CROSSING**  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

1

**UNIT / NON-MOTORIST DIRECTION**

FROM 3 TO 4

1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
5 - NORTHEAST  
6 - NORTHWEST  
7 - SOUTHEAST  
8 - SOUTHWEST  
9 - OTHER / UNKNOWN

**UNIT SPEED**  
25

**POSTED SPEED**  
35

**DETECTED SPEED**  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

1

# MOTORIST / Non-MOTORIST

<b>LOCAL REPORT NUMBER</b> 19-142-2
--

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> DAWSON, BREANNA, M.				<b>DATE OF BIRTH</b> 03/29/2000		<b>AGE</b> 19	<b>GENDER</b> F					
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1510 ROSEDALE RD., IRWIN, OH, 43029					<b>CONTACT PHONE - INCLUDE AREA CODE</b>								
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>		<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1		
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b> 331.19A		<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> OPERATION OF VEHICLE AT STOP SIG			<b>CITATION NUMBER</b> 04906409120120192019				
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>			<b>DRUG TEST(S)</b>		
								<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b> .	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULTS SELECT UP TO 4</b>

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>					
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>								
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								<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS SELECT UP TO 4</b>

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>					
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>								
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>		<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>		
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<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b>			<b>DRUG TEST(S)</b>		
								<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS SELECT UP TO 4</b>

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, PHONING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURIES TAKEN BY</b>		<b>EJECTION</b>	<b>OL ENDORSEMENT</b>		<b>CONDITION</b>	<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
<b>SAFETY EQUIPMENT</b>		<b>TRAPPED</b>	<b>GENDER</b>			<b>DRUG TEST TYPE</b>
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN			<b>DRUG TEST RESULT(S)</b>
						1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
19-142-2

<b>OCCUPANT</b>	<b>UNIT #</b> <b>NAME:</b> LAST, FIRST, MIDDLE	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP	<b>CONTACT PHONE</b> - INCLUDE AREA CODE			
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET <b>SEATING POSITION</b> <b>AIR BAG USAGE</b> <b>EJECTION</b> <b>TRAPPED</b>
<b>UNIT #</b> <b>NAME:</b> LAST, FIRST, MIDDLE	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP	<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET <b>SEATING POSITION</b> <b>AIR BAG USAGE</b> <b>EJECTION</b> <b>TRAPPED</b>
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<b>ADDRESS:</b> STREET, CITY, STATE, ZIP	<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET <b>SEATING POSITION</b> <b>AIR BAG USAGE</b> <b>EJECTION</b> <b>TRAPPED</b>
<b>UNIT #</b> <b>NAME:</b> LAST, FIRST, MIDDLE	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP	<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET <b>SEATING POSITION</b> <b>AIR BAG USAGE</b> <b>EJECTION</b> <b>TRAPPED</b>

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN 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 EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY			EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE
GENDER			TRAPPED
F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

<b>WITNESS</b>	<b>NAME:</b> LAST, FIRST, MIDDLE	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP	<b>CONTACT PHONE</b> - INCLUDE AREA CODE			
<b>NAME:</b> LAST, FIRST, MIDDLE	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP	<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
<b>NAME:</b> LAST, FIRST, MIDDLE	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP	<b>CONTACT PHONE</b> - INCLUDE AREA CODE				