

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

49-0016-49

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH -2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION P21011100000720 REPORTING AGENCY NAME * Ohio State Highway Patrol		NCIC * OHP49		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
COUNTY* 49		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3		LOCATION: CITY, VILLAGE, TOWNSHIP* Darby (Township of)		CRASH DATE / TIME* 01/11/2021 08:07		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5					
LOCATION ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Smith Calhoun	ROAD TYPE RD	LATITUDE DECIMAL DEGREES 40.080000	REFERENCE ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Amity Pike	ROAD TYPE PI	LONGITUDE DECIMAL DEGREES -83.246607						
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE 0.30		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 1		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED									
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 1				MANNER OF CRASH COLLISION/IMPACT 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 - OTHER / UNKNOWN 8				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 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		WORK ZONE TYPE 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 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1				WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 1				NARRATIVE Unit#1 was traveling northbound on Smith Calhoun Rd and Unit#2 was traveling southbound on Smith Calhoun Rd. Unit #1 and Unit#2 side swiped each other while passing on a one lane bridge.					
CRASH REPORTED DATE / TIME 01/11/2021 08:07		DISPATCH DATE / TIME 01/11/2021 08:07		ARRIVAL DATE / TIME 01/11/2021 08:19		SCENE CLEARED DATE / TIME 01/11/2021 09:11		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME 10	TOTAL MINUTES 74	OFFICER'S NAME* Banks, Darrin		CHECKED BY OFFICER'S NAME* Allen, Brandi		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)						
		OFFICER'S BADGE NUMBER* 0814		CHECKED BY OFFICER'S BADGE NUMBER* 0979									



**OWNER**

**UNIT #** 2 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**OWNER PHONE:** INCLUDE AREA CODE (  SAME AS DRIVER )  
 2 NICKEY, JONATHAN

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 8765 COLVIN DR, PLAIN CITY, OH, 43064

**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**VEHICLE**

**LP STATE** OH **LICENSE PLATE #** HGL5075 **VEHICLE IDENTIFICATION #** 1C6RR7F9ES419801 **VEHICLE YEAR** 2014 **VEHICLE MAKE** DODGE

**INSURANCE VERIFIED** **INSURANCE COMPANY** GRANGE **INSURANCE POLICY #** 1884561 **COLOR** BLK **VEHICLE MODEL** RAM

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY:** COMPANY NAME

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** 1 **VEHICLE WEIGHT GVWR/GCWR**  
 1 - ≤ 10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - > 26K LBS.

**MATERIAL RELEASED**  **PLACARD** **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

**UNIT TYPE** 4

1 - PASSENGER CAR	6 - VAN (9-15 SEATS)	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER
2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	9 - AUTOCYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP
	11 - ALL TERRAIN VEHICLE (ATV/UTV)	17 - MOTORHOME		

**# OF TRAILING UNITS**

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL** 0

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

**SPECIAL FUNCTION** 1

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIP.	20 - SAFETY SERVICE PATROL	

**CARGO BODY TYPE** 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99 - OTHER / UNKNOWN
2 - BUS	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN /ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER	
		10 - FLAT BED	14 - GARBAGE/REFUSE	

**VEHICLE DEFECTS**

1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
3 - TAIL LAMPS	6 - TIRE BLOWOUT			

**NON-MOTORIST LOCATION AT IMPACT**

1 - INTERSECTION - MARKED CROSSWALK	4 - MIBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN
2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	
3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	

**ACTION** 5 **PRE-CRASH ACTIONS** 1

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			

**CONTRIBUTING CIRCUMSTANCES** 10

1 - NONE	8 - FOLLOWING TOO CLOSE /ACDA	13 - IMPROPER START FROM A PARKED POSITION	18 - OPERATING DEFECTIVE EQUIPMENT	23 - OPENING DOOR INTO ROADWAY
2 - FAILURE TO YIELD	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	19 - LOAD SHIFTING /FALLING/SPILLING	99 - OTHER IMPROPER ACTION
3 - RAN RED LIGHT	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	20 - IMPROPER CROSSING	
4 - RAN STOP SIGN	11 - DROVE OFF ROAD	16 - WRONG WAY	21 - LYING IN ROADWAY	
5 - UNSAFE SPEED	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NOT DISCERNIBLE	
6 - IMPROPER TURN				
7 - LEFT OF CENTER				

**SEQUENCE OF EVENTS**

**EVENTS**

1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	19 - ANIMAL - OTHER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
2 - FIRE/EXPLOSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	24 - OTHER MOVABLE OBJECT
3 - IMMERSION	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	
4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	
5 - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE		
6 - EQUIPMENT FAILURE		17 - ANIMAL - FARM		
		18 - ANIMAL - DEER		

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	38 - OVERHEAD SIGN POST	45 - EMBANKMENT	52 - BUILDING
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	46 - FENCE	53 - TUNNEL
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	40 - UTILITY POLE	47 - MAILBOX	54 - OTHER FIXED OBJECT
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE	99 - OTHER / UNKNOWN
29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	42 - CULVERT	49 - FIRE HYDRANT	
30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT	
	37 - TRAFFIC SIGN POST	44 - DITCH	51 - WALL	

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

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**DAMAGE**

**DAMAGE SCALE**

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

**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 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN

**TRAFFIC**

**TRAFFICWAY FLOW** 2  
 1 - ONE-WAY  
 2 - TWO-WAY

**TRAFFIC CONTROL** 6  
 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

**# OF THROUGH LANES ON ROAD** 1 **RAIL GRADE CROSSING** 1  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

**FROM** 1 **TO** 2

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

**UNIT SPEED** 40 **DETECTED SPEED** 1  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

**POSTED SPEED** 55

# MOTORIST / Non-MOTORIST

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<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> LEMASTER, MELISSA, D				<b>DATE OF BIRTH</b> 12/12/2018		<b>AGE</b> 2	<b>GENDER</b> F			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 8565 SMITH CALHOUN RD LOT 102, PLAIN CITY, OH, 43064					<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>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION</b> SELECT UP TO 3	<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</b> SELECT UP TO 4

<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> NICKEY, JONATHAN				<b>DATE OF BIRTH</b> 08/30/1982		<b>AGE</b> 38	<b>GENDER</b> M			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 8765 COLVIN DR, PLAIN CITY, OH, 43064					<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>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION</b> SELECT UP TO 3	<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</b> SELECT UP TO 4

<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>	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</b> SELECT UP TO 3	<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</b> SELECT UP TO 4

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  <b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE  <b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	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, DIALING) 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  <b>CONDITION</b> 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 GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN  <b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER  <b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER  <b>DRUG TEST RESULT(S)</b> 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS
<b>INJURIES TAKEN BY</b> 1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			<b>OL ENDORSEMENT</b> 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			
<b>SAFETY EQUIPMENT</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			<b>GENDER</b> F - FEMALE M - MALE U - OTHER / UNKNOWN			

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
49-0016-49

<b>OCCUPANT</b>	<b>UNIT #</b> 1	<b>NAME:</b> LAST, FIRST, MIDDLE WOLFE, ASHLEY				<b>DATE OF BIRTH</b> 05/08/1991		<b>AGE</b> 29	<b>GENDER</b> F	
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP 8565 SMITH CALHOUN RD LOT 102, PLAIN CITY, OH, 43064					<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
	<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</b> 4	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 3	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 1	<b>NAME:</b> LAST, FIRST, MIDDLE SCHMIDT, BROOKE				<b>DATE OF BIRTH</b> 06/16/2012		<b>AGE</b> 8	<b>GENDER</b> F	
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP 8565 SMITH CALHOUN RD LOT 102, PLAIN CITY, OH, 43064					<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
	<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</b> 7	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 6	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

<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"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>

<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"/> <b>DOT-COMPLIANT MC HELMET</b>	<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>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>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>		