

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

49-0108-49

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH -2 <input checked="" type="checkbox"/> OH -3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION P20031700001183 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 1	
		COUNTY* 49    LOCALITY* 2 <small>1 - CITY 2 - VILLAGE 3 - TOWNSHIP</small>		LOCATION: CITY, VILLAGE, TOWNSHIP* West Jefferson (corporate name Jefferson)		CRASH DATE / TIME* 03/17/2020 16:02		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5					
ROUTE TYPE SR		ROUTE NUMBER 29		PREFIX <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>		LOCATION ROAD NAME Commerce		ROAD TYPE PK		LATITUDE DECIMAL DEGREES 39.956579		LONGITUDE DECIMAL DEGREES -83.336925	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>		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    HW - HIGHWAY    RD - ROAD AV - AVENUE    LA - LANE    SQ - SQUARE BL - BOULEVARD    MP - MILEPOST    ST - STREET CR - CIRCLE    OV - OVAL    TE - TERRACE CT - COURT    PK - PARKWAY    TL - TRAIL DR - DRIVE    PI - PIKE    WA - WAY HE - HEIGHTS    PL - PLACE		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 3					
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE <small>1 - MILES 2 - FEET 3 - YARDS</small>		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 2		DIRECTION OF TRAVEL <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>		MEDIAN TYPE <small>1 - DIVIDED FLUSH MEDIAN (&lt; 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN</small>					
<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 <small>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA</small>		CONTOUR 1 <small>1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN</small>		CONDITIONS 1 <small>1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN</small>		SURFACE 2 <small>1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN</small>			
LIGHT CONDITION 1 <small>1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN</small>		WEATHER 2 <small>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</small>		NARRATIVE Unit #1 and #2 were driving to the northeast on Commerce Parkway. Unit #2 was waiting to turn right to the southeast on State Route 29. Unit #1 struck Unit #2.									
CRASH REPORTED DATE / TIME 03/17/2020 16:02		DISPATCH DATE / TIME 03/17/2020 16:02		ARRIVAL DATE / TIME 03/17/2020 16:06		SCENE CLEARED DATE / TIME 03/17/2020 16:58		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED 30		OTHER INVESTIGATION TIME 86		OFFICER'S NAME* Bailey, Ryan		CHECKED BY OFFICER'S NAME* Meddock, Shane		<input type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</small>					
		OFFICER'S BADGE NUMBER* 1815		CHECKED BY OFFICER'S BADGE NUMBER* 0756									

<b>UNIT #</b> 1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) SHAW, TASHA, R	<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 ) 1056 SHEFFIELD BLVD APT E, LONDON, OH, 43140		
<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> HLG1740	<b>VEHICLE IDENTIFICATION #</b> 3FA6P0H74DR141057	<b>VEHICLE YEAR</b> 2013	<b>VEHICLE MAKE</b> FORD
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> PROGRESSIVE	<b>INSURANCE POLICY #</b> 51939724	<b>COLOR</b> SIL	<b>VEHICLE MODEL</b> FUSION
<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	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 1	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤ 10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.		<b>CLASS #</b> <b>PLACARD ID #</b>		

**UNIT TYPE** [ 1 ]

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	27 - TRAIN
	11 - ALL TERRAIN VEHICLE (ATV/UTV)	17 - MOTORHOME	99 - UNKNOWN OR HIT/SKIP	

**# of TRAILING UNITS** [ 0 ]

**VEHICLE** [ 2 ]

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? [ 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 - MIDBLOCK - 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** [ 3 ] **PRE-CRASH ACTIONS** [ 5 ]

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	
6 - STRUCK	6 - MAKING LEFT TURN	14 - ENTERING OR CROSSING SPECIFIED LOCATION	20 - OTHER NON-MOTORIST	
7 - STRUCK	7 - MAKING U-TURN			
8 - STRUCK	8 - ENTERING TRAFFIC LANE			
9 - OTHER / UNKNOWN				

**CONTRIBUTING CIRCUMSTANCES** [ 8 ]

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**

1 [ 20 ]	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 [ ]	2 - FIRE/EXPLOSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	24 - OTHER MOVABLE OBJECT
3 [ ]	3 - IMMERSION	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	
4 [ ]	4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	
5 [ ]	5 - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE		
6 [ ]	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 ]

LOCAL REPORT NUMBER

49-0108-49

**DAMAGE**

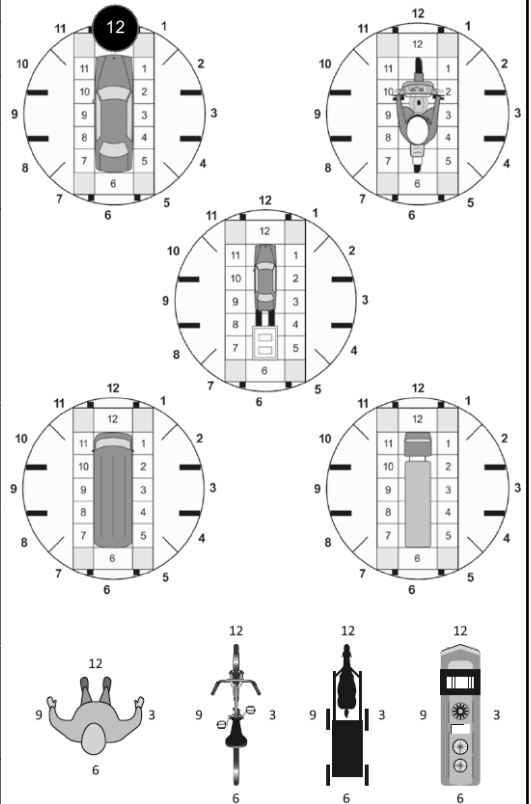
**DAMAGE SCALE**

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

[ 2 ]

**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
13 - TOP	99 - UNKNOWN

[ 12 ]

**TRAFFIC**

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

[ 2 ] [ 2 ]

<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
1	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING

[ 1 ] [ 1 ]

**UNIT / NON-MOTORIST DIRECTION**

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

FROM [ 8 ] TO [ 7 ]

**UNIT SPEED**

[ 5 ]

**DETECTED SPEED**

[ 1 ]

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

**POSTED SPEED**

[ 35 ]



# MOTORIST / Non-MOTORIST

**LOCAL REPORT NUMBER**  
49-0108-49

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>					<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>		
1	SHAW, TASHA, R					10/21/1982		37	F		
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>						<b>CONTACT PHONE - INCLUDE AREA CODE</b>					
1056 SHEFFIELD BLVD APT E, LONDON, OH, 43140											
<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>		
5	1			4		1	1	1	1		
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>			
OH			4511.21A	<input type="checkbox"/>	NO PERSON SHALL OPERATE A MOTO			OHP49181503172020165			
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>	<b>CONDITION</b>	<b>ALCOHOL TEST</b>			<b>DRUG TEST(S)</b>		
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS SELECT UP TO 4</b>
						1	1	.	1	1	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>					<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>		
2	WILSON, MARY, ANN					04/23/1967		52	F		
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>						<b>CONTACT PHONE - INCLUDE AREA CODE</b>					
5460 WESTGROVE DR, COLUMBUS, OH, 43228											
<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>		
5	1			4		1	1	1	1		
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>			
OH				<input type="checkbox"/>							
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>	<b>CONDITION</b>	<b>ALCOHOL TEST</b>			<b>DRUG TEST(S)</b>		
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS SELECT UP TO 4</b>
						1	1	.	1	1	

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

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
49-0108-49

<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>
<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>

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
		13 - TRAILING UNIT	1 - NOT TRAPPED
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

<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				