



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY | HIT/SKIP |
| 49-0272-49 | 3 1 - FATAL 2 - INJURY 3 - PDO | 0 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 * | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN ERROR |
| | | | OHP49 | Ohio State Highway Patrol | 1 | 1 98 - ANIMAL 99 - UNKNOWN |

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|----------------|---------------------------|--------------|---------------|-------------|
| COUNTY * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * | TIME OF CRASH | DAY OF WEEK |
| Madison County | Canaan (Township of) | 05/24/2018 | 10:47 | THU |

| | |
|-------------------------|------------------------|
| DEGREES/MINUTES/SECONDS | DECIMAL DEGREES |
| LATITUDE :: | LONGITUDE 40.023386 |
| LATITUDE :: | LONGITUDE 83.309508 |

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|---|--|----------------------|--|
| ROADWAY DIVISION | DIVIDED LANE DIRECTION OF TRAVEL | NUMBER OF THRU LANES | ROAD TYPES OR MILEPOST |
| <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED | <input type="checkbox"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND | 2 | 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 TL - TRAIL |

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|-----------------------|------------|--------------------|--------------------|--|
| LOCATION ROUTE NUMBER | LOC PREFIX | LOCATION ROAD NAME | LOCATION ROAD TYPE | ROUTE TYPES |
| | N,S,E,W | Middle | PI | IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE |

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|--|--------------|-----------------|------------------------|------------|--|---------------------|
| DISTANCE FROM REFERENCE ROUTE | DIR FROM REF | REFERENCE ROUTE | REFERENCE ROUTE NUMBER | REF PREFIX | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE |
| 0.10 MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS | S N,S,E,W | US | 42 | N,S,E,W | | |

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| REFERENCE POINT USED | CRASH LOCATION | LOCATION OF FIRST HARMFUL EVENT |
| 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | 1 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ ROUNDABOUT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN | 2 1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNKNOWN 4 - ON ROADSIDE |

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| ROAD CONTOUR | ROAD CONDITIONS | WEATHER |
| 1 - STRAIGHT LEVEL 4 - CURVE GRADE 2 - STRAIGHT GRADE 9 - UNKNOWN 3 - CURVE LEVEL | 1 PRIMARY 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 | 1 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN |

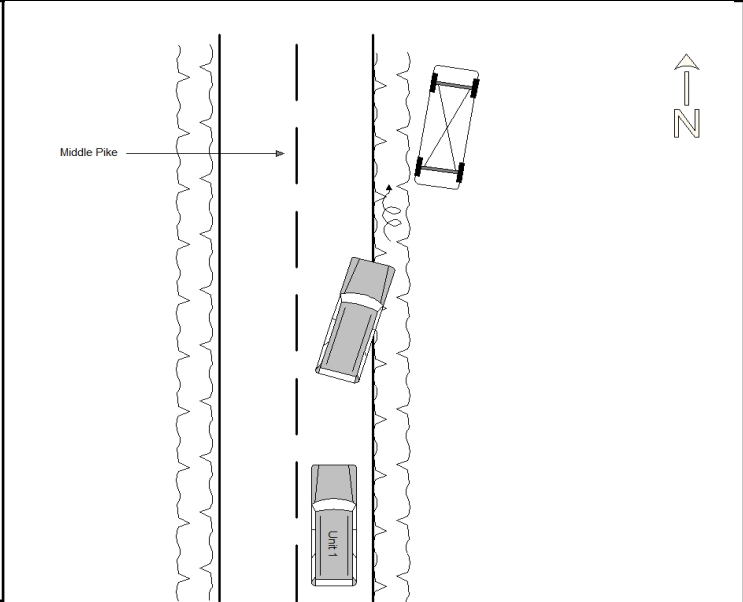
| | |
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| MANNER OF CRASH COLLISION/IMPACT | WEATHER |
| 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSITE DIRECTION 3 - HEAD-ON 6 - ANGLE 9 - UNKNOWN 4 - REAR-TO-REAR 7 - SIDESWIPE, SAME DIRECTION | 1 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN |

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

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| WORK ZONE RELATED | WORKERS PRESENT | TYPE OF WORK ZONE | LOCATION OF CRASH IN WORK ZONE |
| <input type="checkbox"/> | <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | 0 1 - LANE CLOSURE 4 - INTERMITTENT OR MOVING WORK 2 - LANE SHIFT/ CROSSOVER 5 - OTHER 3 - WORK ON SHOULDER OR MEDIAN | 0 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA 2 - ADVANCE WARNING AREA 5 - TERMINATION AREA 3 - TRANSITION AREA |

NARRATIVE

Unit 1 was traveling south on Middle Pike when it drove off the right side of the roadway and rolled into a field.



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| REPORT TAKEN BY | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | |
| DATE CRASH REPORTED | TIME CRASH REPORTED | DISPATCH TIME |
| 05/24/2018 | 5/24/2018 | 10:49 AM |
| ARRIVAL TIME | TIME CLEARED | OTHER INVESTIGATION TIME |
| 11:13 AM | 11:50 AM | 30 |
| OFFICER'S NAME* | OFFICER'S BADGE NUMBER | CHECKED BY |
| Barnes, Paul | 0537 | 0351 |
| TOTAL MINUTES | | |
| 91 | | |



UNIT

LOCAL REPORT NUMBER

49-0272-49

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|--|---|--|--------------------------|----------------------------------|
| UNIT NUMBER 1 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Flowers, Joyce, | OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 614-288-6419 | DAMAGE SCALE 4 | DAMAGE AREA FRONT REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 8950 SR 665, London, OH, 43140 | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER GEY2613 | VEHICLE IDENTIFICATION NUMBER 1FMEU63E27UA72224 | 2 - MINOR | |
| VEHICLE YEAR 2007 | VEHICLE MAKE FORD | VEHICLE MODEL SPT | 3 - FUNCTIONAL | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY Allstate | POLICY NUMBER 992744849 | 4 - DISABLING | 9 - UNKNOWN |
| TOWED BY Smith's Towing | | | | |

CARRIER NAME, ADDRESS, CITY, STATE, ZIP _____ CARRIER PHONE - INCLUDE AREA CODE _____

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| US DOT | VEHICLE WEIGHT GVWR/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 1 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 CHASIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL | 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE /REFUSE 99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION 1 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 <input type="checkbox"/> RELEASED | | | |
| HM CLASS NUMBER | | | | |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 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 - DRIVE WAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN | TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 6 99 - UNKNOWN OR HIT/SKIP PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE 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) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST | <input type="checkbox"/> HAS HM PLACARD |
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| SPECIAL FUNCTION 1 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 13 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 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 1 99 - UNKNOWN | MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN | 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - 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 |
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| CONTRIBUTING CIRCUMSTANCE PRIMARY 17 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 | MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING 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 <input type="checkbox"/> 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 |
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| SEQUENCE OF EVENTS 1 8 2 44 3 1 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 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 |
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| 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 - CULVART 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX | 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT |
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| UNIT SPEED 30 <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | POSTED SPEED 55 | TRAFFIC CONTROL 12 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 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST | 9 - UNKNOWN |
|---|---------------------------|---|--|---|---|--|-------------|



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

49-0272-49

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|---|--|---|--|--|--|
| UNIT NUMBER 1 | NAME: LAST, FIRST, MIDDLE Crites, Chandler | DATE OF BIRTH 03/09/2001 | AGE 17 | GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE | |
| ADDRESS, CITY, STATE, ZIP 8950 SR 665, London, OH, 43140 | | | CONTACT PHONE - INCLUDE AREA CODE 614-395-6598 | | |
| INJURIES <input checked="" type="checkbox"/> | INJURED TAKEN BY <input checked="" type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 4 | |
| DOT COMPLIANT <input type="checkbox"/> | MOTORCYCLE HELMET | SEATING POSITION <input checked="" type="checkbox"/> 1 | AIR BAG USAGE <input checked="" type="checkbox"/> 1 | EJECTION <input checked="" type="checkbox"/> 1 | |
| TRAPPED <input checked="" type="checkbox"/> | OL STATE OH | OPERATOR LICENSE NUMBER | OL CLASS <input checked="" type="checkbox"/> 4 | No VALID DL <input type="checkbox"/> | |
| M/C END <input type="checkbox"/> | CONDITION <input checked="" type="checkbox"/> 1 | ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/> 1 | ALCOHOL TEST STATUS <input checked="" type="checkbox"/> 1 | ALCOHOL TEST TYPE <input checked="" type="checkbox"/> 1 | |
| ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 | OFFENSE CHARGED 4511.202 | OFFENSE DESCRIPTION Operating vehicle without reasonable con | |
| CITATION NUMBER OHP490537052420181145 | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY <input checked="" type="checkbox"/> 1 | UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | |
| DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE M - MALE | ADDRESS, CITY, STATE, ZIP | | |
| CONTACT PHONE - INCLUDE AREA CODE | | | INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | |
| EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT <input type="checkbox"/> | MOTORCYCLE HELMET | |
| SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | TRAPPED <input type="checkbox"/> | OL STATE | |
| OPERATOR LICENSE NUMBER | OL CLASS <input type="checkbox"/> | No VALID DL <input type="checkbox"/> | M/C END <input type="checkbox"/> | CONDITION <input type="checkbox"/> | |
| ALCOHOL/DRUG SUSPECTED <input type="checkbox"/> | ALCOHOL TEST STATUS <input type="checkbox"/> | ALCOHOL TEST TYPE <input type="checkbox"/> | ALCOHOL TEST VALUE | DRUG TEST STATUS | |
| DRUG TEST TYPE | OFFENSE CHARGED <input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED <input type="checkbox"/> | |
| DRIVER DISTRACTED BY <input type="checkbox"/> | INJURIES | INJURED TAKEN BY | SAFETY EQUIPMENT USED | 99 - UNKNOWN SAFETY EQUIPMENT | |
| 1 - NO INJURY / NONE REPORTED | 1 - NOT TRANSPORTED / TREATED AT SCENE | MOTORIST | 01 - NONE USED - VEHICLE OCCUPANT | 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING | |
| 2 - POSSIBLE | 2 - EMS | NON-MOTORIST | 02 - SHOULDER BELT ONLY USED | 06 - CHILD RESTRAINT SYSTEM-REAR FACING | |
| 3 - NON-INCAPACITATING | 3 - POLICE | | 03 - LAP BELT ONLY USED | 07 - BOOSTER SEAT | |
| 4 - INCAPACITATING | 4 - OTHER | | 04 - SHOULDER AND LAP BELT ONLY USED | 08 - HELMET USED | |
| 5 - FATAL | 9 - UNKNOWN | | | 09 - NONE USED | |
| | | | | 10 - HELMET USED | |
| | | | | 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | |
| | | | | 12 - REFLECTIVE COATING | |
| | | | | 13 - LIGHTING | |
| | | | | 14 - OTHER | |
| SEATING POSITION | | AIR BAG USAGE | | | |
| 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 1 - NOT DEPLOYED | | |
| 02 - FRONT - MIDDLE | 08 - THIRD - MIDDLE | 13 - TRAILING UNIT | 2 - DEPLOYED FRONT | | |
| 03 - FRONT - RIGHT SIDE | 09 - THIRD - RIGHT SIDE | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 3 - DEPLOYED SIDE | | |
| 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 10 - SLEEPER SECTION OF CAB (TRUCK) | 15 - NON-MOTORIST | 4 - DEPLOYED BOTH FRONT/SIDE | | |
| 05 - SECOND - MIDDLE | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) | 16 - OTHER | 5 - NOT APPLICABLE | | |
| 06 - SECOND - RIGHT SIDE | | 99 - UNKNOWN | 9 - DEPLOYMENT UNKNOWN | | |
| EJECTION | TRAPPED | OPERATOR LICENSE CLASS | CONDITION | ALCOHOL/DRUG SUSPECTED | |
| 1 - NOT EJECTED | 1 - NOT TRAPPED | 1 - CLASS A | 1 - APPARENTLY NORMAL | 1 - NONE | |
| 2 - TOTALLY EJECTED | 2 - EXTRICATED BY MECHANICAL MEANS | 2 - CLASS B | 2 - PHYSICAL IMPAIRMENT | 2 - YES - ALCOHOL SUSPECTED | |
| 3 - PARTIALLY EJECTED | 3 - EXTRICATED BY NON-MECHANICAL MEANS | 3 - CLASS C | 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) | 3 - YES - HBD NOT IMPAIRED | |
| 4 - NOT APPLICABLE | | 4 - REGULAR CLASS (OHIO'S "D") | 4 - ILLNESS | 4 - YES - DRUGS SUSPECTED | |
| | | 5 - MC/MOPED ONLY | | 5 - YES - ALCOHOL AND DRUGS SUSPECTED | |
| ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | DRUG TEST STATUS | DRUG TEST TYPE | DRIVER DISTRACTED BY | |
| 1 - NONE GIVEN | 1 - NONE | 1 - NONE GIVEN | 1 - NONE | 1 - NO DISTRACTION REPORTED | |
| 2 - TEST REFUSED | 2 - BLOOD | 2 - TEST REFUSED | 2 - BLOOD | 2 - PHONE | |
| 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | 3 - URINE | 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | 3 - URINE | 3 - TEXTING/EMAILING | |
| 4 - TEST GIVEN, RESULTS KNOWN | 4 - BREATH | 4 - TEST GIVEN, RESULTS KNOWN | 4 - OTHER | 4 - ELECTRONIC COMMUNICATION DEVICE (NAVIGATION DEVICE, RADIO, DVD) | |
| 5 - TEST GIVEN, RESULTS UNKNOWN | 5 - OTHER | 5 - TEST GIVEN, RESULTS UNKNOWN | | 6 - OTHER INSIDE THE VEHICLE | |
| | | | | 7 - EXTERNAL DISTRACTION | |
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE M - MALE | |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | |
| INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | |
| DOT COMPLIANT <input type="checkbox"/> | MOTORCYCLE HELMET | SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | |
| TRAPPED <input type="checkbox"/> | OL STATE | OPERATOR LICENSE NUMBER | OL CLASS <input type="checkbox"/> | No VALID DL <input type="checkbox"/> | |
| M/C END <input type="checkbox"/> | CONDITION <input type="checkbox"/> | ALCOHOL/DRUG SUSPECTED <input type="checkbox"/> | ALCOHOL TEST STATUS <input type="checkbox"/> | ALCOHOL TEST TYPE <input type="checkbox"/> | |
| ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE | DRIVER DISTRACTED BY <input type="checkbox"/> | UNIT NUMBER | |
| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE M - MALE | ADDRESS, CITY, STATE, ZIP | |
| CONTACT PHONE - INCLUDE AREA CODE | | | INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | |
| EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT <input type="checkbox"/> | MOTORCYCLE HELMET | |
| SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | TRAPPED <input type="checkbox"/> | OL STATE | |
| OPERATOR LICENSE NUMBER | OL CLASS <input type="checkbox"/> | No VALID DL <input type="checkbox"/> | M/C END <input type="checkbox"/> | CONDITION <input type="checkbox"/> | |
| ALCOHOL/DRUG SUSPECTED <input type="checkbox"/> | ALCOHOL TEST STATUS <input type="checkbox"/> | ALCOHOL TEST TYPE <input type="checkbox"/> | ALCOHOL TEST VALUE | DRUG TEST STATUS | |
| DRUG TEST TYPE | DRIVER DISTRACTED BY <input type="checkbox"/> | UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | |
| AGE | GENDER <input type="checkbox"/> F - FEMALE M - MALE | ADDRESS, CITY, STATE, ZIP | | | |
| CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | |
| DOT COMPLIANT <input type="checkbox"/> | MOTORCYCLE HELMET | SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | |
| TRAPPED <input type="checkbox"/> | OL STATE | OPERATOR LICENSE NUMBER | OL CLASS <input type="checkbox"/> | No VALID DL <input type="checkbox"/> | |
| M/C END <input type="checkbox"/> | CONDITION <input type="checkbox"/> | ALCOHOL/DRUG SUSPECTED <input type="checkbox"/> | ALCOHOL TEST STATUS <input type="checkbox"/> | ALCOHOL TEST TYPE <input type="checkbox"/> | |
| ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE | DRIVER DISTRACTED BY <input type="checkbox"/> | UNIT NUMBER | |
| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE M - MALE | ADDRESS, CITY, STATE, ZIP | |
| CONTACT PHONE - INCLUDE AREA CODE | | | INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | |
| EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT <input type="checkbox"/> | MOTORCYCLE HELMET | |
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| ALCOHOL/DRUG SUSPECTED <input type="checkbox"/> | ALCOHOL TEST STATUS <input type="checkbox"/> | ALCOHOL TEST TYPE <input type="checkbox"/> | ALCOHOL TEST VALUE | DRUG TEST STATUS | |
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| AGE | GENDER <input type="checkbox"/> F - FEMALE M - MALE | ADDRESS, CITY, STATE, ZIP | | | |
| CONTACT PHONE - INCLUDE AREA CODE | | | | | |