

Printed
9/28/16 PP

No Damage to County Infrastructure



TRAFFIC CRASH REPORT

LOCAL INFORMATION P16090500006601		LOCAL REPORT NUMBER * 49-0357-49		CRASH SEVERITY 2 - 1 - FATAL 2 - INJURY 3 - PDO		HIT/SKIP 0 - 1. SOLVED 2. UNSOLVED							
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER		<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT		<input type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NCIC * OHP49		REPORTING AGENCY NAME * Ohio State Highway Patrol		NUMBER OF UNITS 1		UNIT IN ERROR 1 - 98 - ANIMAL 99 - UNKNOWN	
COUNTY * Madison County		<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP * Canaan (Township of)		CRASH DATE * 09/05/2016		TIME OF CRASH 14:07		DAY OF WEEK MON					
DEGREES/MINUTES/SECONDS LATITUDE ..				OR DECIMAL DEGREES LATITUDE 40.059411				LONGITUDE 83.211100					
ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED		DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND		NUMBER OF THRU LANES 2		ROAD TYPES OR MILEPOST AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL							
LOCATION ROUTE NUMBER <input type="checkbox"/> LOCATION ROUTE TYPE		LOC PREFIX <input type="checkbox"/> N,S,E,W		LOCATION ROAD NAME Hayden Run		LOCATION ROAD TYPE <input checked="" type="checkbox"/> RD		ROUTE TYPES IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE			
DISTANCE FROM REFERENCE <input checked="" type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS 0.20		DIR FROM REF <input checked="" type="checkbox"/> W <input type="checkbox"/> N,S,E,W		REFERENCE ROUTE NUMBER <input type="checkbox"/> REF PREFIX N,S,E,W		REFERENCE NAME (ROAD, MILEPOST, HOUSE #) Elliot		<input checked="" type="checkbox"/> RD REFERENCE ROAD TYPE					
REFERENCE POINT USED <input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE NUMBER		CRASH LOCATION <input checked="" type="checkbox"/> 1		CRASH LOCATION <input type="checkbox"/> 01 - NOT AN INTERSECTION <input type="checkbox"/> 02 - FOUR-WAY INTERSECTION <input type="checkbox"/> 03 - T-INTERSECTION <input type="checkbox"/> 04 - Y-INTERSECTION <input type="checkbox"/> 05 - TRAFFIC CIRCLE/ROUNDBOAT		<input type="checkbox"/> 06 - FIVE-POINT, OR MORE <input type="checkbox"/> 07 - ON RAMP <input type="checkbox"/> 08 - OFF RAMP <input type="checkbox"/> 09 - CROSSOVER <input type="checkbox"/> 10 - DRIVEWAY/ALLEY ACCESS		<input type="checkbox"/> INTERSECTION RELATED <input type="checkbox"/> 11 - RAILWAY GRADE CROSSING <input type="checkbox"/> 12 - SHARED-USE PATHS OR TRAILS <input type="checkbox"/> 99 - UNKNOWN		LOCATION OF FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 4 <input 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 TRAFFICWAY <input type="checkbox"/> 9 - UNKNOWN			
ROAD CONTOUR <input checked="" 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 - UNKNOWN		ROAD CONDITIONS <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		<input type="checkbox"/> 01 - DRY <input type="checkbox"/> 02 - WET <input type="checkbox"/> 03 - SNOW <input type="checkbox"/> 04 - ICE		<input type="checkbox"/> 05 - SAND, MUD, DIRT, OIL, GRAVEL <input type="checkbox"/> 06 - WATER (STANDING, MOVING) <input type="checkbox"/> 07 - SLUSH <input type="checkbox"/> 08 - DEBRIS		<input type="checkbox"/> 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT <input type="checkbox"/> 10 - OTHER <input type="checkbox"/> 99 - UNKNOWN		*SECONDARY CONDITION ONLY			
MANNER OF CRASH COLLISION/IMPACT <input checked="" 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 - UNKNOWN		WEATHER <input checked="" type="checkbox"/> 1 - CLEAR <input 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 - OTHER/UNKNOWN			
ROAD SURFACE <input checked="" type="checkbox"/> 2 <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"/> 6 - OTHER		LIGHT CONDITIONS <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		<input type="checkbox"/> 1 - DAYLIGHT <input type="checkbox"/> 2 - DAWN <input type="checkbox"/> 3 - DUSK <input type="checkbox"/> 4 - DARK - LIGHTED ROADWAY		<input type="checkbox"/> 5 - DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 6 - DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 7 - GLARE <input type="checkbox"/> 8 - OTHER		<input type="checkbox"/> 9 - UNKNOWN		<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> SCHOOL BUS RELATED DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)		TYPE OF WORK ZONE <input checked="" type="checkbox"/> 0 <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		LOCATION OF CRASH IN WORK ZONE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 - BEFORE THE FIRST 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									
NARRATIVE Unit#1 was traveling westbound on Hayden Run Road when it failed to negotiate the curve. Unit#1 drove off the right side of the road, over corrected and traveled off the left side of the road. Unit #1 struck a ditch, overturned and struck a utility pole. The driver of Unit #1 was totally ejected from the vehicle.				<p>The diagram shows a north-south road labeled 'HAYDEN RUN RD'. A north arrow is at the top. A ditch is on the right side of the road. A utility pole is located between the road and the ditch. Unit #1 is shown as a vehicle that has crossed the right side of the road, struck the utility pole, and is overturned. The driver of Unit #1 is shown being ejected from the vehicle. A dashed line indicates the path of the vehicle before the crash.</p>									
REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)											
DATE CRASH REPORTED 09/05/2016		TIME CRASH REPORTED 9/5/2016 2:07:00		DISPATCH TIME 02:07 PM		ARRIVAL TIME 02:18 PM		TIME CLEARED 04:57 PM		OTHER INVESTIGATION TIME 20		TOTAL MINUTES 190	
OFFICER'S NAME * Banks, Darrin				OFFICER'S BADGE NUMBER 0814		CHECKED BY 0808							



UNIT

LOCAL REPORT NUMBER

49-0357-49

UNIT NUMBER 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Testa, Renee, F	OWNER PHONE NUMBER - INC, AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	DAMAGE SCALE 4	DAMAGE AREA FRONT REAR
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 2462 Meadowglade Dr, Hilliard, OH, 43026		VEHICLE IDENTIFICATION NUMBER 999999999999999999	# OCCUPANTS 1	
LP STATE OH	LICENSE PLATE NUMBER GGF9267	VEHICLE MAKE HOND	VEHICLE MODEL CRV	VEHICLE COLOR BLK
VEHICLE YEAR 2004	INSURANCE COMPANY	POLICY NUMBER	TOWED BY Flynns	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN				
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE	
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 >4 FT.) 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	UNIT TYPE 6 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	13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK, 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/>	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	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	MOST DAMAGED AREA 9 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-CRASH ACTIONS 13	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	NON-MOTORIST 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	IMPACT AREA 9 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
CONTRIBUTING CIRCUMSTANCE PRIMARY 6	MOTORIST 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	NON-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	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	
SEQUENCE OF EVENTS 1 8 2 9 3 44 4 1 5 40 6 <input type="checkbox"/>	FIRST HARMFUL EVENT 3	MOST HARMFUL EVENT 5	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT		21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
UNIT SPEED <input 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 2 TO 4		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
49-0357-49

UNIT NUMBER: 1 | NAME: LAST, FIRST, MIDDLE: Testa, Renee, F | DATE OF BIRTH: 02/12/1965 | AGE: 51 | GENDER: F (FEMALE, M-MALE)

ADDRESS, CITY, STATE, ZIP: 2462 Meadowglade Dr, Hilliard, OH, 43026 | CONTACT PHONE - INCLUDE AREA CODE:

INJURIES: 4 | INJURED TAKEN BY: 2 | EMS AGENCY: Norwich Twp EMS | MEDICAL FACILITY INJURED TAKEN TO: Grant Medical Center | SAFETY EQUIPMENT USED: 1 | DOT COMPLIANT MOTORCYCLE HELMET: | SEATING POSITION: 1 | AIR BAG USAGE: 1 | EJECTION: 2 | TRAPPED: 1

OL STATE: OH | OPERATOR LICENSE NUMBER: RM740820 | OL CLASS: 4 | No VALID DL: | M/C END: | CONDITION: 1 | ALCOHOL/DRUG SUSPECTED: 1 | ALCOHOL TEST STATUS: 1 | ALCOHOL TEST TYPE: 1 | ALCOHOL TEST VALUE: 1 | DRUG TEST STATUS: 1 | DRUG TEST TYPE: 1

OFFENSE CHARGED (LOCAL CODE): | OFFENSE DESCRIPTION: | CITATION NUMBER: | HANDS-FREE DEVICE USED: | DRIVER DISTRACTED BY: 1

UNIT NUMBER: | NAME: LAST, FIRST, MIDDLE: | DATE OF BIRTH: | AGE: | GENDER: (FEMALE, MALE)

ADDRESS, CITY, STATE, ZIP: | CONTACT PHONE - INCLUDE AREA CODE:

INJURIES: | INJURED TAKEN BY: | EMS AGENCY: | MEDICAL FACILITY INJURED TAKEN TO: | SAFETY EQUIPMENT USED: | DOT COMPLIANT MOTORCYCLE HELMET: | SEATING POSITION: | AIR BAG USAGE: | EJECTION: | TRAPPED:

OL STATE: | OPERATOR LICENSE NUMBER: | OL CLASS: | No VALID DL: | M/C END: | CONDITION: | ALCOHOL/DRUG SUSPECTED: | ALCOHOL TEST STATUS: | ALCOHOL TEST TYPE: | ALCOHOL TEST VALUE: | DRUG TEST STATUS: | DRUG TEST TYPE:

OFFENSE CHARGED (LOCAL CODE): | OFFENSE DESCRIPTION: | CITATION NUMBER: | HANDS-FREE DEVICE USED: | DRIVER DISTRACTED BY:

INJURIES: 1 - NO INJURY / NONE REPORTED, 2 - POSSIBLE, 3 - NON-INCAPACITATING, 4 - INCAPACITATING, 5 - FATAL

INJURED TAKEN BY: 1 - NOT TRANSPORTED / TREATED AT SCENE, 2 - EMS, 3 - POLICE, 4 - OTHER, 9 - UNKNOWN

SAFETY EQUIPMENT USED: 01 - NONE USED - VEHICLE OCCUPANT, 02 - SHOULDER BELT ONLY USED, 03 - LAP BELT ONLY USED, 04 - SHOULDER AND LAP BELT ONLY USED, 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING, 06 - CHILD RESTRAINT SYSTEM-REAR FACING, 07 - BOOSTER SEAT, 08 - HELMET USED, 99 - UNKNOWN SAFETY EQUIPMENT

NON-MOTORIST: 09 - NONE USED, 10 - HELMET USED, 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC), 12 - REFLECTIVE COATING, 13 - LIGHTING, 14 - OTHER

SEATING POSITION: 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER), 02 - FRONT - MIDDLE, 03 - FRONT - RIGHT SIDE, 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER), 05 - SECOND - MIDDLE, 06 - SECOND - RIGHT SIDE, 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR), 08 - THIRD - MIDDLE, 09 - THIRD - RIGHT SIDE, 10 - SLEEPER SECTION OF CAB (TRUCK), 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP), 12 - PASSENGER IN UNENCLOSED CARGO AREA, 13 - TRAILING UNIT, 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT), 15 - NON-MOTORIST, 16 - OTHER, 99 - UNKNOWN

AIR BAG USAGE: 1 - NOT DEPLOYED, 2 - DEPLOYED FRONT, 3 - DEPLOYED SIDE, 4 - DEPLOYED BOTH FRONT/SIDE, 5 - NOT APPLICABLE, 9 - DEPLOYMENT UNKNOWN

EJECTION: 1 - NOT EJECTED, 2 - TOTALLY EJECTED, 3 - PARTIALLY EJECTED, 4 - NOT APPLICABLE

TRAPPED: 1 - NOT TRAPPED, 2 - EXTRICATED BY MECHANICAL MEANS, 3 - EXTRICATED BY NON-MECHANICAL MEANS

OPERATOR LICENSE CLASS: 1 - CLASS A, 2 - CLASS B, 3 - CLASS C, 4 - REGULAR CLASS (OHIO IS 'D'), 5 - MC/MOPED ONLY

CONDITION: 1 - APPARENTLY NORMAL, 2 - PHYSICAL IMPAIRMENT, 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED), 4 - ILLNESS, 5 - FELL ASLEEP, FAINTED, FATIGUE, 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL, 7 - OTHER

ALCOHOL/DRUG SUSPECTED: 1 - NONE, 2 - YES - ALCOHOL SUSPECTED, 3 - YES - HAD NOT IMPAIRED, 4 - YES - DRUGS SUSPECTED, 5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS: 1 - NONE GIVEN, 2 - TEST REFUSED, 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE, 4 - TEST GIVEN, RESULTS KNOWN, 5 - TEST GIVEN, RESULTS UNKNOWN

ALCOHOL TEST TYPE: 1 - NONE, 2 - BLOOD, 3 - URINE, 4 - BREATH, 5 - OTHER

DRUG TEST STATUS: 1 - NONE GIVEN, 2 - TEST REFUSED, 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE, 4 - TEST GIVEN, RESULTS KNOWN, 5 - TEST GIVEN, RESULTS UNKNOWN

DRUG TEST TYPE: 1 - NONE, 2 - BLOOD, 3 - URINE, 4 - OTHER

DRIVER DISTRACTED BY: 1 - NO DISTRACTION REPORTED, 2 - PHONE, 3 - TEXTING/EMAILING, 4 - ELECTRONIC COMMUNICATION DEVICE (NAVIGATION DEVICES, RADIO, DVD), 6 - OTHER INSIDE THE VEHICLE, 7 - EXTERNAL DISTRACTION

UNIT NUMBER: | NAME: LAST, FIRST, MIDDLE: | DATE OF BIRTH: | AGE: | GENDER: (FEMALE, MALE)

ADDRESS, CITY, STATE, ZIP: | CONTACT PHONE - INCLUDE AREA CODE:

INJURIES: | INJURED TAKEN BY: | EMS AGENCY: | MEDICAL FACILITY INJURED TAKEN TO: | SAFETY EQUIPMENT USED: | DOT COMPLIANT MOTORCYCLE HELMET: | SEATING POSITION: | AIR BAG USAGE: | EJECTION: | TRAPPED:

UNIT NUMBER: | NAME: LAST, FIRST, MIDDLE: | DATE OF BIRTH: | AGE: | GENDER: (FEMALE, MALE)

ADDRESS, CITY, STATE, ZIP: | CONTACT PHONE - INCLUDE AREA CODE:

INJURIES: | INJURED TAKEN BY: | EMS AGENCY: | MEDICAL FACILITY INJURED TAKEN TO: | SAFETY EQUIPMENT USED: | DOT COMPLIANT MOTORCYCLE HELMET: | SEATING POSITION: | AIR BAG USAGE: | EJECTION: | TRAPPED:

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

49-0357-49

OCCUPANT	UNIT NUMBER	NAME: LAST, FIRST, MIDDLE Geis, Aaron,	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE						
	ADDRESS, CITY, STATE, ZIP 7797 Hayden Run Road, Hilliard, OH, 43026				CONTACT PHONE - INCLUDE AREA CODE 614-578-2331						
	INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OCCUPANT	UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE						
	ADDRESS, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OCCUPANT	UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE						
	ADDRESS, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OCCUPANT	UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE						
	ADDRESS, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OCCUPANT	UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE						
	ADDRESS, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
INJURIES		INJURED TAKEN BY	SAFETY EQUIPMENT USED		99 - UNKNOWN SAFETY EQUIPMENT						
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL		1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USE		NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED		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			EJECTION		TRAPPED			
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK)			11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN			1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	