



# TRAFFIC CRASH REPORT

LOCAL INFORMATION  
P16101400003594

LOCAL REPORT NUMBER \*  
49-0424-49

CRASH SEVERITY  
3  
1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP  
0  
1 - SOLVED  
2 - UNSOLVED

PHOTOS TAKEN  
OH-2 OH-1P  
OH-3 OTHER

PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

PRIVATE PROPERTY

REPORTING AGENCY NCIC \*  
OHP49

REPORTING AGENCY NAME \*  
Ohio State Highway Patrol

NUMBER OF UNITS  
1

UNIT IN ERROR  
98 98 - ANIMAL  
99 - UNKNOWN

COUNTY \*  
Madison County

CITY \*  
VILLAGE \*  
TOWNSHIP \*

CITY, VILLAGE, TOWNSHIP \*  
Paint (Township of)

CRASH DATE \*  
10/14/2016

TIME OF CRASH  
20:04

DAY OF WEEK  
FRI

DEGREES/MINUTES/SECONDS  
LATITUDE  
::

LONGITUDE  
::

DECIMAL DEGREES  
LATITUDE  
39.852467

LONGITUDE  
83.374950

ROADWAY DIVISION  
DIVIDED  
UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL  
N - NORTHBOUND E - EASTBOUND  
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  
TYPE

LOC PREFIX  
N,S,  
E,W

LOCATION ROAD NAME  
Springvalley

LOCATION ROAD TYPE  
RD

ROUTE TYPES  
IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
SR - STATE ROUTE

DISTANCE FROM REFERENCE  
0.10 MILES  
FEET  
YARDS

DIR FROM REF  
N,S,  
E,W

REFERENCE ROUTE TYPE

REFERENCE ROUTE NUMBER

REF PREFIX  
N,S,  
E,W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)  
Big Plain Circleville

REFERENCE ROAD TYPE  
RD

REFERENCE POINT USED  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBER

CRASH LOCATION  
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

INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT  
1 - ON ROADWAY  
2 - ON SHOULDER  
3 - IN MEDIAN  
4 - ON ROADSIDE  
5 - ON GORE  
6 - OUTSIDE TRAFFICWAY  
9 - UNKNOWN

ROAD CONTOUR  
1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL  
4 - CURVE GRADE  
9 - UNKNOWN

ROAD CONDITIONS  
PRIMARY  
1

SECONDARY  
01 - DRY  
02 - WET  
03 - SNOW  
04 - ICE

05 - SAND, MUD, DIRT, OIL, GRAVEL  
06 - WATER (STANDING, MOVING)  
07 - SLUSH  
08 - DEBRIS\*

09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*  
10 - OTHER  
99 - UNKNOWN

\*SECONDARY CONDITION ONLY

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 - UNKNOWN

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 - OTHER/UNKNOWN

ROAD SURFACE  
1 - CONCRETE  
2 - BLACKTOP  
3 - BRICK/BLOCK  
4 - SLAG, GRAVEL, STONE  
5 - DIRT  
6 - OTHER

LIGHT CONDITIONS  
5 PRIMARY

SECONDARY  
1 - DAYLIGHT  
2 - DAWN  
3 - DUSK  
4 - DARK - LIGHTED ROADWAY

5 - DARK - ROADWAY NOT LIGHTED  
6 - DARK - UNKNOWN ROADWAY LIGHTING  
7 - GLARE\*  
8 - OTHER  
9 - UNKNOWN

SCHOOL BUS RELATED  
SCHOOL ZONE RELATED

SCHOOL BUS DIRECTLY INVOLVED  
SCHOOL BUS INDIRECTLY INVOLVED

\*SECONDARY CONDITION ONLY

WORK ZONE RELATED

WORKERS PRESENT  
LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)  
LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE  
0  
1 - LANE CLOSURE  
2 - LANE SHIFT/ CROSSOVER  
3 - WORK ON SHOULDER OR MEDIAN

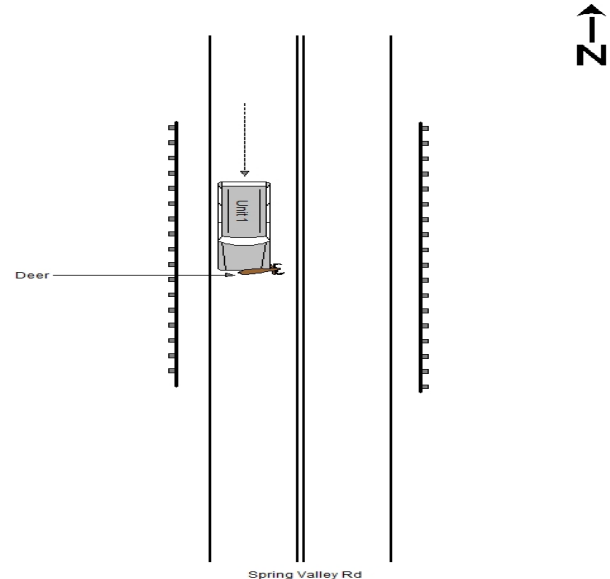
4 - INTERMITTENT OR MOVING WORK  
5 - OTHER

LOCATION OF CRASH IN WORK ZONE  
0  
1 - BEFORE THE FIRST WORK ZONE WARNING SIGN  
2 - ADVANCE WARNING AREA  
3 - TRANSITION AREA

4 - ACTIVITY AREA  
5 - TERMINATION AREA

## NARRATIVE

Unit#1 was traveling southbound on Spring Valley Road, then struck a deer standing in the road.



REPORT TAKEN BY  
POLICE AGENCY  
MOTORIST

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED  
10/14/2016

TIME CRASH REPORTED  
10/14/2016

DISPATCH TIME  
08:04 PM

ARRIVAL TIME  
08:11 PM

TIME CLEARED  
08:40 PM

OTHER INVESTIGATION TIME  
10

TOTAL MINUTES  
46

OFFICER'S NAME \*  
Banks, Darrin

OFFICER'S BADGE NUMBER  
0814

CHECKED BY  
0808



UNIT

LOCAL REPORT NUMBER

49-0424-49

|  |   |  |                          |                                  |
|--|---|--|--------------------------|----------------------------------|
| UNIT NUMBER<br><b>1</b>  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Bateman, Larry,</b> | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>740-506-2817</b> | DAMAGE SCALE<br><b>2</b> | DAMAGE AREA<br>FRONT<br><br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>9070 Westjeff Kiousville Road, London, OH, 43140</b> |   |  | 1 - NONE                 |                                  |
| LP STATE<br><b>OH</b>  | LICENSE PLATE NUMBER<br><b>762YUK</b>   | VEHICLE IDENTIFICATION NUMBER<br><b>1FMZU72K04UB89701</b>  | 2 - MINOR                |                                  |
| VEHICLE YEAR<br><b>2004</b>  | VEHICLE MAKE<br><b>FORD</b>   | VEHICLE MODEL<br><b>EBE</b>  | 3 - FUNCTIONAL           |                                  |
| PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>  | INSURANCE COMPANY<br><b>Usaa</b>  | POLICY NUMBER<br><b>037990294G71013</b>  | 4 - DISABLING            |                                  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |   |  | 9 - UNKNOWN              |                                  |
| CARRIER PHONE - INCLUDE AREA CODE  |   |  |                          |                                  |

|                   |  |   |  |  |
|-------------------|--|---|--|--|
| US DOT            | VEHICLE WEIGHT <b>GVWR/GCWR</b><br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS<br><input type="checkbox"/> 2 - 10,001 TO 26,000K LBS<br><input type="checkbox"/> 3 - MORE THAN 26,000K LBS. | CARGO BODY TYPE<br><b>1</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE /REFUSE<br>99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - T WO-WAY, NOT DIVIDED<br>2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA<br>4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL<br><input type="checkbox"/> RELEASED  |   |  | <input type="checkbox"/> HIT / SKIP UNIT   |
| HM CLASS NUMBER   |  |   |  |  |

|   |   |   |  |
|---|---|---|--|
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK<br><input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK<br><input type="checkbox"/> 03 - INTERSECTION OTHER<br><input type="checkbox"/> 04 - MIDBLOCK - MARKED CROSSWALK<br><input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION<br><input type="checkbox"/> 06 - BICYCLE LANE<br><input type="checkbox"/> 07 - SHOULDER/ROADSIDE<br><input type="checkbox"/> 08 - SIDEWALK<br><input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND<br><input type="checkbox"/> 10 - DRIVE WAY ACCESS<br><input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL<br><input type="checkbox"/> 12 - NON-TRAFFICWAY AREA<br><input type="checkbox"/> 99 - OTHER/UNKNOWN | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>6</b><br>99 - UNKNOWN OR HIT/SKIP<br><b>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)</b><br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE<br><b>MED/HEAVY TRUCKS OR COMBO UNITS &gt; 10K LBS BUS/VAN/LMO(9 OR MORE INCLUDING DRIVER)</b><br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK, 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE<br><input type="checkbox"/> HAS HM PLACARD | 21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br><b>NON-MOTORIST</b><br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
|---|---|---|--|

|   |   |   |   |  |              |  |
|---|---|---|---|--|--------------|--|
| SPECIAL FUNCTION<br><b>1</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>9</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL (ALL AREAS)<br>14 - OTHER | 99 - UNKNOWN | ACTION<br><b>3</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
|---|---|---|---|--|--------------|--|

|   |  |   |  |  |                                |
|---|--|---|--|--|--------------------------------|
| PRE-CRASH ACTIONS<br><b>1</b><br>99 - UNKNOWN | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
|---|--|---|--|--|--------------------------------|

|   |  |  |   |  |
|---|--|--|---|--|
| CONTRIBUTING CIRCUMSTANCE<br>PRIMARY<br><b>1</b><br>SECONDARY<br><input type="checkbox"/><br>99 - UNKNOWN | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><input type="checkbox"/><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
|---|--|--|---|--|

|  |   |  |
|--|---|--|
| SEQUENCE OF EVENTS<br>1 <b>18</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN   | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT | 10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE<br>OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL-OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVART<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |   |  |

|   |                           |  |  |
|---|---------------------------|--|--|
| UNIT SPEED<br><b>40</b><br><input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED | POSTED SPEED<br><b>55</b> | TRAFFIC CONTROL<br><b>12</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>1</b> TO <b>2</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
|---|---------------------------|--|--|



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

49-0424-49

|                  |   |                             |           |  |
|------------------|---|-----------------------------|-----------|--|
| UNIT NUMBER<br>1 | NAME: LAST, FIRST, MIDDLE<br>Bateman, Larry | DATE OF BIRTH<br>08/03/1947 | AGE<br>69 | GENDER<br><input checked="" type="checkbox"/> M F - FEMALE<br>M - MALE |
|------------------|---|-----------------------------|-----------|--|

|   |   |
|---|---|
| ADDRESS, CITY, STATE, ZIP<br>9070 Westjeff Kiousville Road, London, OH, 43140 | CONTACT PHONE - INCLUDE AREA CODE<br>740-506-2817 |
|---|---|

|   |   |            |                                   |                            |   |   |  |   |  |
|---|---|------------|-----------------------------------|----------------------------|---|---|--|---|--|
| INJURIES<br><input checked="" type="checkbox"/> | INJURED TAKEN BY<br><input checked="" type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>4 | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><input checked="" type="checkbox"/> | AIR BAG USAGE<br><input checked="" type="checkbox"/> | EJECTION<br><input checked="" type="checkbox"/> | TRAPPED<br><input checked="" type="checkbox"/> |
|---|---|------------|-----------------------------------|----------------------------|---|---|--|---|--|

|                |                                     |   |   |                                     |  |   |  |  |                    |                       |                     |
|----------------|-------------------------------------|---|---|-------------------------------------|--|---|--|--|--------------------|-----------------------|---------------------|
| OL STATE<br>OH | OPERATOR LICENSE NUMBER<br>RK750739 | OL CLASS<br><input checked="" type="checkbox"/> 4 | No VALID DL<br><input type="checkbox"/> | M/C END<br><input type="checkbox"/> | CONDITION<br><input checked="" type="checkbox"/> | ALCOHOL/DRUG SUSPECTED<br><input checked="" type="checkbox"/> | ALCOHOL TEST STATUS<br><input checked="" type="checkbox"/> | ALCOHOL TEST TYPE<br><input checked="" type="checkbox"/> | ALCOHOL TEST VALUE | DRUG TEST STATUS<br>1 | DRUG TEST TYPE<br>1 |
|----------------|-------------------------------------|---|---|-------------------------------------|--|---|--|--|--------------------|-----------------------|---------------------|

|  |                     |                 |  |   |
|--|---------------------|-----------------|--|---|
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED<br><input type="checkbox"/> | DRIVER DISTRACTED BY<br><input checked="" type="checkbox"/> |
|--|---------------------|-----------------|--|---|

|             |                           |               |     |   |
|-------------|---------------------------|---------------|-----|---|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br>M - MALE |
|-------------|---------------------------|---------------|-----|---|

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

|                                      |  |            |                                   |                       |   |  |   |                                      |                                     |
|--------------------------------------|--|------------|-----------------------------------|-----------------------|---|--|---|--------------------------------------|-------------------------------------|
| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><input type="checkbox"/> | AIR BAG USAGE<br><input type="checkbox"/> | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
|--------------------------------------|--|------------|-----------------------------------|-----------------------|---|--|---|--------------------------------------|-------------------------------------|

|          |                         |                                      |   |                                     |                                       |  |   |   |                    |                  |                |
|----------|-------------------------|--------------------------------------|---|-------------------------------------|---------------------------------------|--|---|---|--------------------|------------------|----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS<br><input type="checkbox"/> | No VALID DL<br><input type="checkbox"/> | M/C END<br><input type="checkbox"/> | CONDITION<br><input type="checkbox"/> | ALCOHOL/DRUG SUSPECTED<br><input type="checkbox"/> | ALCOHOL TEST STATUS<br><input type="checkbox"/> | ALCOHOL TEST TYPE<br><input type="checkbox"/> | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
|----------|-------------------------|--------------------------------------|---|-------------------------------------|---------------------------------------|--|---|---|--------------------|------------------|----------------|

|  |                     |                 |  |  |
|--|---------------------|-----------------|--|--|
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED<br><input type="checkbox"/> | DRIVER DISTRACTED BY<br><input type="checkbox"/> |
|--|---------------------|-----------------|--|--|

|  |   |  |  |
|--|---|--|--|
| INJURIES   | INJURED TAKEN BY  | SAFETY EQUIPMENT USED  | 99 - UNKNOWN SAFETY EQUIPMENT  |
| 1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT ONLY USED | NON-MOTORIST<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM-REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>12 - REFLECTIVE COATING<br>13 - LIGHTING<br>14 - OTHER |

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| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
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| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO'S "D")<br>5 - MC/MOPED ONLY | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS | ALCOHOL/DRUG SUSPECTED<br>5 - FELL ASLEEP, FAINTED, FATIGUE<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER | ALCOHOL/DRUG SUSPECTED<br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |
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| ALCOHOL TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | DRUG TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/EMAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><input type="checkbox"/> | AIR BAG USAGE<br><input type="checkbox"/> | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
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|-------------|---------------------------|---------------|-----|---|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br>M - MALE |
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| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><input type="checkbox"/> | AIR BAG USAGE<br><input type="checkbox"/> | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
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MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT