



# TRAFFIC CRASH REPORT

LOCAL INFORMATION

P18090100013623

LOCAL REPORT NUMBER \*

49-0437-49

CRASH SEVERITY

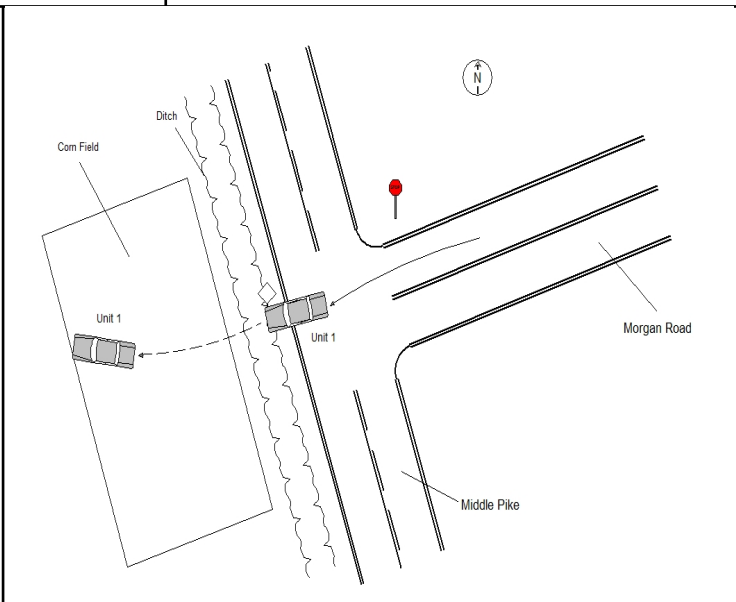
2  
1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

0  
1 - SOLVED  
2 - UNSOLVEDPHOTOS TAKEN  
 OH - 2  
 OH - 1P  
 OH - 3  
 OTHERPDO UNDER STATE REPORTABLE DOLLAR AMOUNT  
PRIVATE PROPERTY  
REPORTING AGENCY NCIC \*  
OHP49REPORTING AGENCY NAME \*  
Ohio State Highway PatrolNUMBER OF UNITS  
1UNIT IN ERROR  
1  
98 - ANIMAL  
99 - UNKNOWNCOUNTY \*  
Madison CountyCITY, VILLAGE, TOWNSHIP \*  
 CITY \*  
 VILLAGE \*  
 TOWNSHIP \*  
Jefferson (Township of)CRASH DATE \*  
09/01/2018TIME OF CRASH  
23:30DAY OF WEEK  
SATDEGREES/MINUTES/SECONDS  
LATITUDE  
::DECIMAL DEGREES  
LATITUDE  
39.991311  
LONGITUDE  
83.284089ROADWAY DIVISION  
 DIVIDED  
 UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL  
 N - NORTHBOUND  
 E - EASTBOUND  
 S - SOUTHBOUND  
 W - WESTBOUNDNUMBER OF THRU LANES  
2ROAD 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 - TRAILLOCATION ROUTE NUMBER  
TYPELOC PREFIX  
N,S,E,W  
LOCATION ROAD NAME  
Middle PikeROUTE TYPES  
IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
SR - STATE ROUTEDISTANCE FROM REFERENCE  
50.00  
 MILES  
 FEET  
 YARDSDIR FROM REF  
S  
N,S,E,WREFERENCE ROUTE NUMBER  
TYPEREFERENCE NAME (ROAD, MILEPOST, HOUSE #)  
Morgan RoadREFERENCE ROAD TYPE  
RDREFERENCE POINT USED  
1  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBERCRASH LOCATION  
3  
01 - NOT AN INTERSECTION  
02 - FOUR-WAY INTERSECTION  
03 - T-INTERSECTION  
04 - Y-INTERSECTION  
05 - TRAFFIC CIRCLE/ROUNDBOUTREFERENCE POINT USED  
06 - FIVE-POINT, OR MORE  
07 - ON RAMP  
08 - OFF RAMP  
09 - CROSSOVER  
10 - DRIVEWAY/ALLEY ACCESSREFERENCE POINT USED  
11 - RAILWAY GRADE CROSSING  
12 - SHARED-USE PATHS OR TRAILS  
99 - UNKNOWNLOCATION OF FIRST HARMFUL EVENT  
4  
1 - ON ROADWAY  
2 - ON SHOULDER  
3 - IN MEDIAN  
4 - ON ROADSIDE  
5 - ON GORE  
6 - OUTSIDE TRAFFICWAY  
9 - UNKNOWNROAD CONTOUR  
1  
1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL  
4 - CURVE GRADE  
9 - UNKNOWNROAD CONDITIONS  
1  
PRIMARY  
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 ONLYMANNER OF CRASH COLLISION/IMPACT  
1  
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 - UNKNOWNWEATHER  
1  
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/UNKNOWNROAD SURFACE  
2  
1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK  
4 - SLAG, GRAVEL, STONE  
5 - DIRT  
6 - OTHERLIGHT 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  
\*SECONDARY CONDITION ONLYSCHOOL BUS RELATED  
 YES, SCHOOL BUS DIRECTLY INVOLVED  
 YES, SCHOOL BUS INDIRECTLY INVOLVEDWORK 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 - OTHERLOCATION 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 westbound on Morgan Road. Unit 1 failed to stop at a posted stop sign at the intersection of Middle Pike. Unit 1 traveled off the left side of the road striking a sign post. Unit 1 traveled into a corn field coming to rest in the field.

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORISTSUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)  
DATE CRASH REPORTED  
09/01/2018TIME CRASH REPORTED  
9/1/2018 11:53:00DISPATCH TIME  
11:53 PMARRIVAL TIME  
12:05 AMTIME CLEARED  
02:00 AMOTHER INVESTIGATION TIME  
60TOTAL MINUTES  
187OFFICER'S NAME\*  
Clemons, PhilipOFFICER'S BADGE NUMBER  
1649CHECKED BY  
1666



# UNIT

LOCAL REPORT NUMBER

49-0437-49

|   |  |  |                          |                                   |
|---|--|--|--------------------------|-----------------------------------|
| UNIT NUMBER<br><b>1</b>   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Thomas, Gary, Philip</b> | OWNER PHONE NUMBER - INC, AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>614-873-5062</b> | DAMAGE SCALE<br><b>4</b> | DAMAGE AREA<br>FRONT<br><br>REAR  |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>8429 Country View Ln, Plain City, OH, 43064</b> |  |  | 1 - NONE                 |                                   |
| LP STATE<br><b>OH</b>   | LICENSE PLATE NUMBER<br><b>HNW7024</b>   | VEHICLE IDENTIFICATION NUMBER<br><b>2G1FP22G2X2141021</b>  | 2 - MINOR                |                                   |
| VEHICLE YEAR<br><b>1999</b>   | VEHICLE MAKE<br><b>CHEV</b>  | VEHICLE MODEL<br><b>C/R</b>  | 3 - FUNCTIONAL           |                                   |
| PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>   | INSURANCE COMPANY<br><b>Progressive</b>  | POLICY NUMBER<br><b>915450042</b>  | 4 - DISABLING            | # OCCUPANTS<br><b>1</b>           |
| TOWED BY<br><b>Flynn's Towing</b>   |  |  | 9 - UNKNOWN              |                                   |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP   |  |  |                          | CARRIER PHONE - INCLUDE AREA CODE |

|                   |   |  |   |
|-------------------|---|--|---|
| US DOT            | VEHICLE WEIGHT GVWR/GCWR<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 CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | 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.) MEDIAN<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   | 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  | <input type="checkbox"/> HIT / SKIP UNIT  |
| HM CLASS NUMBER   |   |  |   |

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/> | 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>3</b><br>99 - UNKNOWN OR HIT/SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<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 | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<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 | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
| <input type="checkbox"/> HAS HM PLACARD                           |   |   |   |   |   |

|                              |   |   |   |                               |  |  |              |  |
|------------------------------|---|---|---|-------------------------------|--|--|--------------|--|
| SPECIAL FUNCTION<br><b>1</b> | 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>2</b> | 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> | 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 CIRCUMSTANCES<br>PRIMARY<br><b>2</b> | 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"/> | 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>9</b> 2 <b>37</b> 3 <b>24</b> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT | 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   |   |   |  |
| 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 | 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 | 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 | 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 |
|  |   | 41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX  | 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>55</b>  | POSTED SPEED<br><b>55</b> | TRAFFIC CONTROL<br><b>2</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 | 07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - COSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS | 13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>3</b> TO <b>4</b> | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | 5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST | 9 - UNKNOWN |
| <input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED |                           |  |   |   |   |  |  |             |



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**49-0437-49**

|                         |  |                                    |                  |   |
|-------------------------|--|------------------------------------|------------------|---|
| UNIT NUMBER<br><b>1</b> | NAME: LAST, FIRST, MIDDLE<br><b>Thomas, Gary, Philip</b> | DATE OF BIRTH<br><b>02/15/1957</b> | AGE<br><b>61</b> | GENDER<br><input checked="" type="checkbox"/> M F - FEMALE<br><input type="checkbox"/> M - MALE |
|-------------------------|--|------------------------------------|------------------|---|

|   |  |
|---|--|
| ADDRESS, CITY, STATE, ZIP<br><b>8429 Country View Ln, Plain City, OH, 43064</b> | CONTACT PHONE - INCLUDE AREA CODE<br><b>614-873-5062</b> |
|---|--|

|   |   |            |                                   |                                   |  |   |  |   |  |
|---|---|------------|-----------------------------------|-----------------------------------|--|---|--|---|--|
| INJURIES<br><input checked="" type="checkbox"/> 3 | INJURED TAKEN BY<br><input checked="" type="checkbox"/> 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><b>4</b> | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br><input checked="" type="checkbox"/> HELMET | SEATING POSITION<br><input checked="" type="checkbox"/> 1 | AIR BAG USAGE<br><input checked="" type="checkbox"/> 1 | EJECTION<br><input checked="" type="checkbox"/> 1 | TRAPPED<br><input checked="" type="checkbox"/> 1 |
|---|---|------------|-----------------------------------|-----------------------------------|--|---|--|---|--|

|          |                         |                                      |  |                                     |  |   |  |  |                    |                              |                            |
|----------|-------------------------|--------------------------------------|--|-------------------------------------|--|---|--|--|--------------------|------------------------------|----------------------------|
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS<br><input type="checkbox"/> | No VALID DL<br><input checked="" type="checkbox"/> | M/C END<br><input type="checkbox"/> | CONDITION<br><input checked="" type="checkbox"/> 1 | ALCOHOL/DRUG SUSPECTED<br><input checked="" type="checkbox"/> 3 | ALCOHOL TEST STATUS<br><input checked="" type="checkbox"/> 1 | ALCOHOL TEST TYPE<br><input checked="" type="checkbox"/> 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
|----------|-------------------------|--------------------------------------|--|-------------------------------------|--|---|--|--|--------------------|------------------------------|----------------------------|

|  |  |   |  |   |
|--|--|---|--|---|
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)<br><b>4511.12</b> | OFFENSE DESCRIPTION<br><b>Obedying traffic control devices</b> | CITATION NUMBER<br><b>OHP491649909022018131</b> | HANDS-FREE DEVICE USED<br><input type="checkbox"/> | DRIVER DISTRACTED BY<br><input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 |
|--|--|---|--|---|

|             |                           |               |     |  |
|-------------|---------------------------|---------------|-----|--|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> 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<br><input type="checkbox"/> MOTORCYCLE<br><input type="checkbox"/> HELMET | 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"/> <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 | <b>MOTORIST</b><br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - S HOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - S HOULDER AND LAP BELT ONLY USED | <b>NON-MOTORIST</b><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 |

|  |  |  |   |
|--|--|--|---|
| SEATING POSITION   | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)   | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | AIR BAG USAGE   |
| 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 | 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, PICK-UP WITH CAP) | 13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | 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  | TRAPPED   | OPERATOR LICENSE CLASS  | CONDITION  | ALCOHOL/DRUG SUSPECTED   |
| 1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS 'D')<br>5 - MC/MOPED ONLY | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS | 5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER<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  | ALCOHOL TEST TYPE   | DRUG TEST STATUS   | DRUG TEST TYPE                                  | DRIVER DISTRACTED BY  |
| 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 | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | 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 | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER | 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 |

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

|                           |                                   |
|---------------------------|-----------------------------------|
| 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<br><input type="checkbox"/> MOTORCYCLE<br><input type="checkbox"/> HELMET | 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><input type="checkbox"/> 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<br><input type="checkbox"/> MOTORCYCLE<br><input type="checkbox"/> HELMET | 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