

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

49-0449-49

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH -2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION P23121800000311 REPORTING AGENCY NAME * Ohio State Highway Patrol		NCIC * OHP49		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 1		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
COUNTY* 49 LOCALITY* 3 <small>1 - CITY 2 - VILLAGE 3 - TOWNSHIP</small>		LOCATION: CITY, VILLAGE, TOWNSHIP* Paint (Township of)				CRASH DATE / TIME* 12/18/2023 06:36		CRASH SEVERITY 3 <small>1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY</small>					
ROUTE TYPE SR ROUTE NUMBER 38 PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6				ROAD TYPE MP		LATITUDE DECIMAL DEGREES 39.790313		LONGITUDE DECIMAL DEGREES -83.474278			
REFERENCE POINT 2 <small>1 - INTERSECTION 2 - MILE POST 3 - HOUSE #</small>		DIRECTION FROM REFERENCE 1 <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS				HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	
DISTANCE FROM REFERENCE 0.20		DISTANCE UNIT OF MEASURE 1 <small>1 - MILES 2 - FEET 3 - YARDS</small>		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA				ROADWAY <input type="checkbox"/> ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT 4 <small>1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP</small>				MANNER OF CRASH COLLISION/IMPACT 1 <small>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON</small>				DIRECTION OF TRAVEL 3 - EAST		MEDIAN TYPE 2 <small>1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN</small>			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 2 <small>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA</small>				CONTOUR 1 <small>1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN</small>		CONDITIONS 2 <small>1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN</small>		SURFACE 2 <small>1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN</small>	
LIGHT CONDITION 4 <small>1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN</small>				WEATHER 4 <small>1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL</small>				WEATHER 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN					
NARRATIVE Unit#1 was traveling northbound on SR38, drove off the right side of roadway, then struck a tree prior to final rest.													
CRASH REPORTED DATE / TIME 12/18/2023 06:36		DISPATCH DATE / TIME 12/18/2023 06:36		ARRIVAL DATE / TIME 12/18/2023 06:51		SCENE CLEARED DATE / TIME 12/18/2023 08:30		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED OTHER INVESTIGATION TIME		TOTAL MINUTES 114		OFFICER'S NAME* Banks, Darrin		CHECKED BY OFFICER'S NAME* Davis, William		<input type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</small>					
				OFFICER'S BADGE NUMBER* 0814		CHECKED BY OFFICER'S BADGE NUMBER* 1518							

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) PERKINS, BRITTANY, N	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1104 GREG ST, WASHINGTON COURT HOUSE, OH, 43160		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # HFZ6244	VEHICLE IDENTIFICATION # 3N1CN7AP4KL805690	VEHICLE YEAR 2019	VEHICLE MAKE NISSAN																														
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR GRY	VEHICLE MODEL VERSA																														
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME PRO TOW																															
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 1	HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD																															
TYPE OF USE		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.	CLASS # PLACARD ID #																															
<table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>6 - VAN (9-15 SEATS)</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN/SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>9 - AUTOCYCLE</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>10 - MOPED OR MOTORIZED BICYCLE</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td></td> <td>11 - ALL TERRAIN VEHICLE (ATV/UTV)</td> <td>17 - MOTORHOME</td> <td>99 - UNKNOWN OR HIT/SKIP</td> <td></td> </tr> </table>					1 - PASSENGER CAR	6 - VAN (9-15 SEATS)	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER	2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	4 - PICK UP	9 - AUTOCYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN		11 - ALL TERRAIN VEHICLE (ATV/UTV)	17 - MOTORHOME	99 - UNKNOWN OR HIT/SKIP	
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NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK	4 - MIBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN
	2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	
	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	
ACTION	1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
	2 - NON-COLLISION	2 - BACKING	10 - PARKED	16 - WORKING	99 - OTHER / UNKNOWN
	3 - STRIKING	3 - CHANGING LANES	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	
	4 - STRUCK	4 - OVERTAKING/PASSING	12 - DRIVERLESS	18 - APPROACHING OR LEAVING VEHICLE	
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	13 - NEGOTIATING A CURVE	19 - STANDING	
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	14 - ENTERING OR CROSSING SPECIFIED LOCATION	20 - OTHER NON-MOTORIST	
		7 - MAKING U-TURN			
		8 - ENTERING TRAFFIC LANE			
CONTRIBUTING CIRCUMSTANCES	1 - NONE	8 - FOLLOWING TOO CLOSE /ACDA	13 - IMPROPER START FROM A PARKED POSITION	18 - OPERATING DEFECTIVE EQUIPMENT	23 - OPENING DOOR INTO ROADWAY
	2 - FAILURE TO YIELD	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	19 - LOAD SHIFTING /FALLING/SPILLING	99 - OTHER IMPROPER ACTION
	3 - RAN RED LIGHT	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	20 - IMPROPER CROSSING	
	4 - RAN STOP SIGN	11 - DROVE OFF ROAD	16 - WRONG WAY	21 - LYING IN ROADWAY	
	5 - UNSAFE SPEED	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NOT DISCERNIBLE	
	6 - IMPROPER TURN				
	7 - LEFT OF CENTER				

SEQUENCE OF EVENTS	EVENTS
1 [8]	1 - OVERTURN/ROLLOVER
2 [48]	2 - FIRE/EXPLOSION
3 []	3 - IMMERSION
4 []	4 - JACKKNIFE
5 []	5 - CARGO / EQUIPMENT LOSS OR SHIFT
6 []	6 - EQUIPMENT FAILURE
7 []	7 - SEPARATION OF UNITS
8 []	8 - RAN OFF ROAD RIGHT
9 []	9 - RAN OFF ROAD LEFT
10 []	10 - CROSS MEDIAN
11 []	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
12 []	12 - DOWNHILL RUNAWAY
13 []	13 - OTHER NON-COLLISION
14 []	14 - PEDESTRIAN
15 []	15 - PEDALCYCLE
16 []	16 - RAILWAY VEHICLE
17 []	17 - ANIMAL - FARM
18 []	18 - ANIMAL - DEER
19 []	19 - ANIMAL - OTHER
20 []	20 - MOTOR VEHICLE IN TRANSPORT
21 []	21 - PARKED MOTOR VEHICLE
22 []	22 - WORK ZONE MAINTENANCE EQUIPMENT
23 []	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 []	24 - OTHER MOVABLE OBJECT
COLLISION WITH FIXED OBJECT - STRUCK	
25 []	25 - IMPACT ATTENUATOR / CRASH CUSHION
26 []	26 - BRIDGE OVERHEAD STRUCTURE
27 []	27 - BRIDGE PIER OR ABUTMENT
28 []	28 - BRIDGE PARAPET
29 []	29 - BRIDGE RAIL
30 []	30 - GUARDRAIL FACE
31 []	31 - GUARDRAIL END
32 []	32 - PORTABLE BARRIER
33 []	33 - MEDIAN CABLE BARRIER
34 []	34 - MEDIAN GUARDRAIL BARRIER
35 []	35 - MEDIAN CONCRETE BARRIER
36 []	36 - MEDIAN OTHER BARRIER
37 []	37 - TRAFFIC SIGN POST
38 []	38 - OVERHEAD SIGN POST
39 []	39 - LIGHT / LUMINARIES SUPPORT
40 []	40 - UTILITY POLE
41 []	41 - OTHER POST, POLE OR SUPPORT
42 []	42 - CULVERT
43 []	43 - CURB
44 []	44 - DITCH
45 []	45 - EMBANKMENT
46 []	46 - FENCE
47 []	47 - MAILBOX
48 []	48 - TREE
49 []	49 - FIRE HYDRANT
50 []	50 - WORK ZONE MAINTENANCE EQUIPMENT
51 []	51 - WALL
52 []	52 - BUILDING
53 []	53 - TUNNEL
54 []	54 - OTHER FIXED OBJECT
55 []	55 - OTHER / UNKNOWN
[2] FIRST HARMFUL EVENT	[2] MOST HARMFUL EVENT

LOCAL REPORT NUMBER 49-0449-49											
DAMAGE											
DAMAGE SCALE											
<table border="0"> <tr> <td>1 - NONE</td> <td>3 - FUNCTIONAL DAMAGE</td> </tr> <tr> <td>4 - MINOR DAMAGE</td> <td>4 - DISABLING DAMAGE</td> </tr> <tr> <td>9 - UNKNOWN</td> <td></td> </tr> </table>		1 - NONE	3 - FUNCTIONAL DAMAGE	4 - MINOR DAMAGE	4 - DISABLING DAMAGE	9 - UNKNOWN					
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DAMAGED AREA(S) INDICATE ALL THAT APPLY											
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]											
INITIAL POINT OF CONTACT											
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TRAFFIC											
TRAFFICWAY FLOW	TRAFFIC CONTROL										
1 - ONE-WAY	1 - ROUNDABOUT										
2 - TWO-WAY	4 - STOP SIGN										
	2 - SIGNAL										
	5 - YIELD SIGN										
	3 - FLASHER										
	6 - NO CONTROL										
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING										
[2]	1 - NOT INVOLVED										
	2 - INVOLVED-ACTIVE CROSSING										
	3 - INVOLVED-PASSIVE CROSSING										
UNIT / NON-MOTORIST DIRECTION											
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UNIT SPEED	DETECTED SPEED										
[55]	1 - STATED / ESTIMATED SPEED										
POSTED SPEED	[1] 2 - CALCULATED / EDR										
[55]	3 - UNDETERMINED										

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
49-0449-49

UNIT # 1	NAME: LAST, FIRST, MIDDLE PERKINS, BRITTANY, N				DATE OF BIRTH 07/03/1990		AGE 33	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 1104 GREG ST, WASHINGTON COURT HOUSE, OH, 43160					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) Central Twp	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) OSU Hospital		SAFETY EQUIPMENT USED 1	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.202		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION OPERATING VEHICLE WITHOUT REASO			CITATION NUMBER C459735	
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3 18	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 5	ALCOHOL TEST		DRUG TEST(S)	
						STATUS		TYPE		RESULTS SELECT UP TO 4
						1		1		

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
						STATUS		TYPE		RESULTS SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
						STATUS		TYPE		RESULTS SELECT UP TO 4

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

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
49-0449-49

OCCUPANT	UNIT # NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED
UNIT # NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED
UNIT # NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED
UNIT # NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED

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

WITNESS	NAME: LAST, FIRST, MIDDLE HUGHES II. DAVID . J	DATE OF BIRTH 07/05/1977	AGE 46	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 10660 FOODY RD, LONDON, OH, 43140	CONTACT PHONE - INCLUDE AREA CODE		
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			