



TRAFFIC CRASH REPORT

LOCAL INFORMATION
P1812100000276

LOCAL REPORT NUMBER *
49-0624-49

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

HIT/SKIP
1 - SOLVED
2 - UNSOLVED
0

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
1 98 - ANIMAL
99 - UNKNOWN

COUNTY *
Madison County

CITY, VILLAGE, TOWNSHIP *
 CITY *
 VILLAGE *
 TOWNSHIP *
Deer Creek (Township of)

CRASH DATE *
12/10/2018

TIME OF CRASH
03:31

DAY OF WEEK
MON

DEGREES/MINUTES/SECONDS

LATITUDE
::

LONGITUDE
::

DECIMAL DEGREES

LATITUDE
39.871844

LONGITUDE
83.381939

ROADWAY DIVISION
 DIVIDED
 UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL
 N - NORTHBOUND
 S - SOUTHBOUND
 E - EASTBOUND
 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
[] LOCATION ROUTE TYPE

LOC PREFIX
 N,S,E,W

LOCATION ROAD NAME
Spring Valley

LOCATION ROAD TYPE
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 ROUTE TYPE
0.10 FEET YARDS

DIR FROM REFERENCE ROUTE TYPE
N N,S,E,W

REFERENCE ROUTE NUMBER
[] REFERENCE ROUTE TYPE

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)
Sycamore

REFERENCE ROAD TYPE
LA

REFERENCE POINT USED
1 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/ROUNDBOUT

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
4 1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFICWAY
9 - UNKNOWN

ROAD CONTOUR
1 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 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 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
2 1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
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
 YES, SCHOOL BUS DIRECTLY INVOLVED
 YES, SCHOOL BUS INDIRECTLY INVOLVED

*SECONDARY CONDITION ONLY

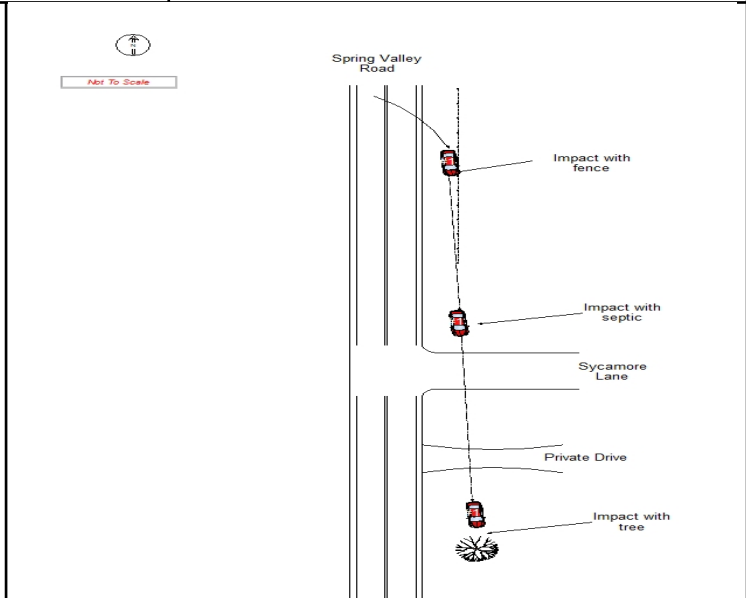
WORK ZONE RELATED

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. Unit #1 traveled off the left side of the roadway, struck a fence, a septic, and then a tree.



REPORT TAKEN BY
 POLICE AGENCY MOTORIST

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

DATE CRASH REPORTED
12/10/2018

TIME CRASH REPORTED
12/10/2018 3:36:0

DISPATCH TIME
03:36 AM

ARRIVAL TIME
03:49 AM

TIME CLEARED
05:44 AM

OTHER INVESTIGATION TIME
40

TOTAL MINUTES
168

OFFICER'S NAME*
Carman, Nathan

OFFICER'S BADGE NUMBER
0705

CHECKED BY
0351



UNIT

LOCAL REPORT NUMBER

49-0624-49

| | | | | |
|--|--|--|--------------------------|----------------------------------|
| UNIT NUMBER 1 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Williams, Kirstie, | OWNER PHONE NUMBER - INC, AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 740-281-5611 | DAMAGE SCALE 4 | DAMAGE AREA FRONT REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 12701 Kiousville Road, Mount Sterling, OH, 43143 | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER HJW1424 | VEHICLE IDENTIFICATION NUMBER 2G4WF5216W1538058 | 2 - MINOR | |
| VEHICLE YEAR 1998 | VEHICLE MAKE BUIC | VEHICLE MODEL REG | 3 - FUNCTIONAL | |
| VEHICLE COLOR RED | POLICY NUMBER | | 4 - DISABLING | 9 - UNKNOWN |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN | INSURANCE COMPANY | TOWED BY Flynn's Towing | | |

| | |
|---|-----------------------------------|
| 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 CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL | 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION 1 1 - T WO-WAY, NOT DIVIDED 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIAN 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED | <input type="checkbox"/> HIT / SKIP UNIT | | |
| HM CLASS NUMBER | | | | |

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

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

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

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

| | |
|--|---|
| SEQUENCE OF EVENTS 1 9 2 46 3 52 4 48 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT 4 99 - UNKNOWN | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION |
|--|---|

| |
|--|
| 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 55 <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 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
|--|---------------------------|--|--|



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
49-0624-49

| | | | | |
|-------------------------|---|------------------------------------|------------------|---|
| UNIT NUMBER 1 | NAME: LAST, FIRST, MIDDLE Dennison Jr, Tony | DATE OF BIRTH 11/04/1986 | AGE 32 | GENDER <input checked="" type="checkbox"/> M F - FEMALE <input type="checkbox"/> M - MALE |
|-------------------------|---|------------------------------------|------------------|---|

| | |
|--|--|
| ADDRESS, CITY, STATE, ZIP 11709 Henderson Antioc Rd, Mount Sterling, OH, 43143 | CONTACT PHONE - INCLUDE AREA CODE 740-506-0684 |
|--|--|

| | | | | | | | | | |
|---|---|---|--|-----------------------------------|--|---|--|---|--|
| INJURIES <input checked="" type="checkbox"/> | INJURED TAKEN BY <input checked="" type="checkbox"/> | EMS AGENCY Madison County EMS | MEDICAL FACILITY INJURED TAKEN TO Madison Health | SAFETY EQUIPMENT USED 1 | DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION <input checked="" type="checkbox"/> 1 | AIR BAG USAGE <input checked="" type="checkbox"/> 2 | EJECTION <input checked="" type="checkbox"/> 1 | TRAPPED <input checked="" type="checkbox"/> 1 |
|---|---|---|--|-----------------------------------|--|---|--|---|--|

| | | | | | | | | | | | |
|-----------------------|-------------------------|---|---|-------------------------------------|--|---|--|--|--------------------|------------------------------|----------------------------|
| OL STATE OH | OPERATOR LICENSE NUMBER | OL CLASS <input checked="" type="checkbox"/> 4 | No VALID DL <input type="checkbox"/> | M/C END <input type="checkbox"/> | CONDITION <input checked="" type="checkbox"/> 6 | ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/> 5 | ALCOHOL TEST STATUS <input checked="" type="checkbox"/> 2 | ALCOHOL TEST TYPE <input checked="" type="checkbox"/> 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 2 | DRUG TEST TYPE 1 |
|-----------------------|-------------------------|---|---|-------------------------------------|--|---|--|--|--------------------|------------------------------|----------------------------|

| | | | | |
|---|--|---|--|--|
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.202 | OFFENSE DESCRIPTION Operating vehicle without reasonable con | CITATION NUMBER 0HP490705121020180534 | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY <input checked="" type="checkbox"/> 7 <input type="checkbox"/> |
|---|--|---|--|--|

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

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

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

| | | | |
|--|---|---|---|
| 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 - S HOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - S HOULDER AND LAP BELT ONLY USED | 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 | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 12 - PASSENGER IN UNENCLOSED CARGO AREA | AIR BAG USAGE |
| 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 | 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, PICK-UP WITH CAP) | 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 |

| | | | | |
|---|---|---|--|---|
| EJECTION | TRAPPED | OPERATOR LICENSE CLASS | CONDITION | ALCOHOL/DRUG SUSPECTED |
| 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 | 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS 'D') 5 - MC/MOPED ONLY | 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS | 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER |

| | | | | |
|--|---|--|---|--|
| ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | DRUG TEST STATUS | DRUG TEST TYPE | DRIVER DISTRACTED BY |
| 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING /EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION |

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

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

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
49-0624-49

| | | | | | | | | | | |
|----------|--|---|------------|-----------------------------------|-----------------------|---|-----------------------------------|--|-----------------------------------|----------------------------------|
| 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 _____, OH | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | |
| | <input type="checkbox"/> INJURIES | <input type="checkbox"/> INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | <input type="checkbox"/> AIR BAG USAGE | <input type="checkbox"/> EJECTION | <input type="checkbox"/> 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 | | | |
| | <input type="checkbox"/> INJURIES | <input type="checkbox"/> INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | <input type="checkbox"/> AIR BAG USAGE | <input type="checkbox"/> EJECTION | <input type="checkbox"/> 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 | | | |
| | <input type="checkbox"/> INJURIES | <input type="checkbox"/> INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | <input type="checkbox"/> AIR BAG USAGE | <input type="checkbox"/> EJECTION | <input type="checkbox"/> 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 | | | |
| | <input type="checkbox"/> INJURIES | <input type="checkbox"/> INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | <input type="checkbox"/> AIR BAG USAGE | <input type="checkbox"/> EJECTION | <input type="checkbox"/> 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 | | | |
| | <input type="checkbox"/> INJURIES | <input type="checkbox"/> INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | <input type="checkbox"/> AIR BAG USAGE | <input type="checkbox"/> EJECTION | <input type="checkbox"/> TRAPPED |

| | | | | | |
|---|--|--|---|--|--|
| 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 USE MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - S SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - S HOULDER AND LAP BELT ONLY USED | 99 - UNKNOWN SAFETY EQUIPMENT 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 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) | 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 | | |