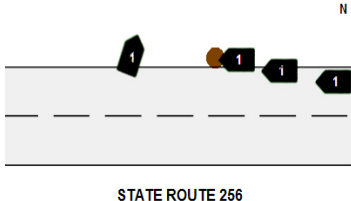




TRAFFIC CRASH REPORT

Document #: 20176184062

| | | | | | |
|--|--------------|--|---|---|-----------------------|
| <input type="checkbox"/> PHOTOS TAKEN | | <input type="checkbox"/> OH-2 | | <input type="checkbox"/> OH-3 | |
| <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-1P | | <input type="checkbox"/> OTHER | |
| <input type="checkbox"/> PRIVATE PROPERTY | | | | | |
| LOCAL INFORMATION | | | | | |
| 7 | | | | | |
| REPORTING AGENCY NAME* | | | | NCIC* | |
| FAIRFIELD COUNTY SHERIFF | | | | 02300 | |
| HIT/SKIP | | NUMBER OF UNITS | | UNIT IN ERROR | |
| 0 | | 1 | | 1 | |
| 1 - SOLVED | | | | 98 - ANIMAL | |
| 2 - UNSOLVED | | | | 99 - UNKNOWN | |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | ODPS FIPS | CRASH DATE / TIME* |
| 23 | 3 | WALNUT TOWNSHIP | | 80570 | 11/15/2017 9:08:00 AM |
| CRASH SEVERITY | | | | | |
| 4-INJURY POSSIBLE | | | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | N - NORTH S - SOUTH E - EAST W - WEST | LOCATION ROAD NAME | ROAD TYPE |
| SR | 00256 | | | BALTIMORE-SOMERSET | RD |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | N - NORTH S - SOUTH E - EAST W - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE#) | ROAD TYPE |
| | | S | | 1075 | |
| REFERENCE POINT | | DIRECTION FROM REFERENCE | | ROUTE TYPE | |
| 3 | | S | | IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | |
| 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | | N - NORTH S - SOUTH E - EAST W - WEST | | AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE | | ROAD TYPE | |
| 100.000 | | 2 | | HW - HIGHWAY LA - LANE MP - MILEPOST PI - PIKE PK - PARKWAY PL - PLACE | |
| 1 - MILES 2 - FEET 3 - YARDS | | | | RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | |
| ODOT GOOGLE MAP LINK https://www.google.com/maps?q=39.840881,-82.567010 | | | | | |
| INTERSECTION RELATED | | | | | |
| <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH | | | | | |
| <input type="checkbox"/> WITHIN INTERCHANGE AREA | | | | | |
| NUMBER OF APPROACHES | | | | | |
| ROADWAY | | | | | |
| <input type="checkbox"/> ROADWAY DIVIDED | | | | | |
| LOCATION OF FIRST HARMFUL EVENT | | | MANNER OF CRASH COLLISION/IMPACT | | |
| 2 | | | 1 | | |
| 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 | | | 1 - NOT COLLISION BETWEEN TWO 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 - OTHER/UNKNOWN | | |
| 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOOL BOOTH 99 - OTHER / UNKNOWN | | | | | |
| <input type="checkbox"/> WORK ZONE RELATED | | WORK ZONE TYPE | | LOCATION OF CRASH IN WORK ZONE | |
| <input type="checkbox"/> WORKERS PRESENT | | 0 | | 0 | |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT | | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | | 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE | | | | | |
| LIGHT CONDITION | | | WEATHER | | |
| 1 | | | 1 | | |
| 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN | | | 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 | | |
| NARRATIVE | | | | | |
| UNIT # 1 WAS TRAVELING EASTBOUND WHEN DRIVER OF UNIT # 1 LOOKED DOWN TO GET HER CELL PHONE WHEN SHE LOOKED BACK UP THAT'S WHEN SHE RAN OFF THE RIGHT SIDE OF ROADWAY HITTING A UTILITY POLE AND GOING INTO THE DITCH HITTING A TRASH CAN, MAILBOX AND THEN COMING TO REST. | | | | | |
|  | | | | | |
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | |
| 11/15/2017 12:00:00 AM | | 11/15/2017 9:10:00 AM | | 11/15/2017 9:10:00 AM | |
| SCENE CLEARED DATE / TIME | | REPORT TAKEN BY | | | |
| 11/15/2017 10:04:00 AM | | <input type="checkbox"/> POLICE AGENCY | | | |
| | | <input type="checkbox"/> MOTORIST | | | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | |
| 0 | | 54 | | | |
| OFFICER'S NAME* | | OFFICER'S BADGE NUMBER* | | CHECKED BY OFFICER'S NAME* | |
| | | | | | |
| CHECKED BY OFFICER'S BADGE NUMBER* | | SUPPLEMENT CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs | | | |
| | | | | | |

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| | | | | |
|---|---|---|---|-----------------------------|
| UNIT # 1 | OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER | | OWNER PHONE: INCLUDE AREACODE () SAME AS DRIVER | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER | | | | |
| COMMERCIAL CARRIER: STREET, CITY, STATE, ZIP () SAME AS DRIVER | | | COMMERCIAL CARRIER PHONE: INCLUDE AREACODE | |
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # □ | VEHICLE YEAR 2015 | VEHICLE MAKE TOYT |
| <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR WHI | VEHICLE MODEL SNA |
| TYPE OF USE | | US DOT # | TOWED BY: COMPANY NAME Unknown | |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | VEHICLE WEIGHT GVWR/GCWR | HAZARDOUS MATERIAL | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | <input type="checkbox"/> #OCCUPANTS 3 | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID # | |
| 2 | 1 - PASSENGER CAR 7 - MOTORCYCLE 2 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE(ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS) | | | |
| 0 | # OF TRAILING UNITS | | | |
| <input type="checkbox"/> | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1-YES 2-NO 9-OTHER/UNKNOWN | | AUTONOMOUS MODE LEVEL <input type="checkbox"/> 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 99 - OTHER/UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 2 - PARTIAL AUTOMATION | |
| 1 | SPECIAL FUNCTION 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER/UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL | | | |
| 1 | CARGO BODY TYPE 1 - NO CARGO BODY TYPE/NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN 11 - DUMP | | | |
| <input type="checkbox"/> | VEHICLE DEFECTS 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER/UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT | | | |
| <input type="checkbox"/> | NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER/UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS | | | |
| 5 | ACTION 1 - NON-CONTACT 9 - 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING ACTION AND STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER/UNKNOWN 9 - OTHER/UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS | | | |
| 99 | CONTRIBUTING CIRCUMSTANCE 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 24 - VIOLATING LICENSE RESTRICTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - IMPROPER BACKING 99 - OTHER IMPROPER ACTION 6 - IMPROPER TURN | | | |
| SEQUENCE OF EVENTS | | | | |
| NON-COLLISION | | | | |
| 8 | 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CAR, OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT COLLISION WITH FIXED OBJECT - STRUCK 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 21 - PARKED MOTOR VEHICLE 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE | | | |
| 40 | | | | |
| 44 | | | | |
| 47 | | | | |
| COLLISION WITH FIXED OBJECT - STRUCK | | | | |
| 25 | 25 - IMPACT ATTENUATOR/ CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER/UNKNOWN 49 - FIRE HYDRANT | | | |
| 1 | FIRST HARMFUL EVENT | | | |
| 2 | MOST HARMFUL EVENT | | | |

| | |
|--|---|
| Document #: 20176184062 | |
| Local Report #: A17-0903 | |
| DAMAGE | |
| DAMAGE SCALE | |
| 4 1 - NONE 2 - MINOR | 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - OTHER/UNKNOWN |
| DAMAGED AREAS INDICATE ALL THAT APPLY | |
| 2,3,9,10,12,13 | |
| | |
| <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 | |
| 1 0 - NON-COLLISION 1-12 - REFER TO UNIT DIAGRAM 13 - TOP | 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN |
| TRAFFIC | |
| TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY | TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD <input type="checkbox"/> | RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION | |
| FROM 4 TO 3 | 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN |
| UNIT SPEED 55 | DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED |
| POSTED SPEED 55 | |



MOTORIST / NON-MOTORIST

Document #: 20176184062

Local Report #: A17-0903

Motorist/Non-Motorist

| | | | | | | | | | | | | | |
|---|---|--|---|---|---------------------------|---|---|--|--|---|--|---|--------------|
| UNIT # 1 | PERSON TYPE D | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE 30 | GENDER F | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| INJURIES 4 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) UNKNOWN | | INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <input type="checkbox"/> | | SAFETY EQUIPMENT USED 1 | | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | | SEATING POSITION 1 | AIR BAG USAGE 4 | EJECTION 1 | TRAPPED 2 |
| OL STATE OH | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED <input type="checkbox"/> | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION <input type="checkbox"/> | | | CITATION NUMBER <input type="checkbox"/> | | | |
| OL CLASS 4 | ENDORSEMENTS SELECT UP TO 2 <input type="checkbox"/> <input type="checkbox"/> | | RESTRICTION: SELECT UP TO 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | DRIVER DISTRACTED BY 2 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 0.000 | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| INJURIES | | SEATING POSITION | | AIR BAG | | OL CLASS | | OL RESTRICTON(S) | | DRIVER DISTRACTION | | TEST STATUS | |
| 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY | | 1 - FRONT SEAT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT SEAT - MIDDLE 3 - FRONT SEAT - RIGHT SIDE 4 - SECOND SEAT - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND SEAT - MIDDLE 6 - SECOND SEAT - 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, 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 | | 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS 'D') 5 - M/C MOPEO ONLY 6 - NO VALID OL | | 1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A AND CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR | | 1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TESTING, TYPING, DIALING) 3 - TALKING ON HANDS FRE COMMUNICATION DEVICE 4 - TALKING ON HAND HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER/UNKNOWN | | 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | |
| INJURED TAKE BY 1 - NOT TRANSPORTED/ TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER/UNKNOWN | | | | EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE | | OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE AND TRIPLE TRAILERS X - TANKER / HAZMAT | | | | | | ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | |
| SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER AND 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 (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN/ BICYCLE ONLY 99 - OTHER/UNKNOWN | | | | TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | | GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN | | | | CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL | | DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 5 - OTHER | |
| | | | | | | | | | | | | DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS | |

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OCCUPANT

Document #: 20176184062

Local Report #: A17-0903

| | | | | | | | | | | |
|--|-----------------------------------|--|------------------------------|--|--|--|---|--------------------|---------------|--------------|
| OCCUPANT | UNIT # 1 | PERSON TYPE 0 | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE 19 | GENDER F | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| | INJURIES 4 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) UNKNOWN | INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <input type="checkbox"/> | SAFETY EQUIPMENT USED 1 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSTION 3 | AIR BAG USAGE 4 | EJECTION 1 | TRAPPED 3 |
| OCCUPANT | UNIT # 1 | PERSON TYPE 0 | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE 23 | GENDER F | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| | INJURIES 4 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) UNKNOWN | INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <input type="checkbox"/> | SAFETY EQUIPMENT USED 1 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSTION 4 | AIR BAG USAGE 4 | EJECTION 1 | TRAPPED 3 |
| 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 2 - SHOULDER BELT ONLY 3 - LAP BELT ONLY 4 - SHOULDER AND 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 (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN/BICYCLE ONLY 99 - OTHER/UNKNOWN | | | 1 - FRONT SEAT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT SEAT - MIDDLE 3 - FRONT SEAT - RIGHT SIDE 4 - SECOND SEAT - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND SEAT - MIDDLE 6 - SECOND SEAT - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - 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) 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 1 - NOT TRANSPORTED/TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER/UNKNOWN | | | | | | | EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE | | | |
| GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN | | | | | | | TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | | | |

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