



# TRAFFIC CRASH REPORT

|  |  |   |  |   |  |  |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|---|--|---|--|--|--|---|--|---|--|---|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>OHIO DEPARTMENT OF PUBLIC SAFETY</b><br>SAFETY • SERVICE • PROTECTION   |  | <b>LOCAL INFORMATION</b><br>P18011400002074   |  | <b>LOCAL REPORT NUMBER *</b><br>30-0073-30  |  | <b>CRASH SEVERITY</b><br>1 - FATAL<br>2 - INJURY<br>3 - PDO<br>[3]   |  | <b>HIT/SKIP</b><br>1 - SOLVED<br>2 - UNSOLVED<br>[0]        |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER |  | <input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT   |  | <input type="checkbox"/> PRIVATE PROPERTY   |  | <b>REPORTING AGENCY NCIC *</b><br>OHP30  |  | <b>REPORTING AGENCY NAME *</b><br>Ohio State Highway Patrol |  | <b>NUMBER OF UNITS</b><br>[1]   |  | <b>UNIT IN ERROR</b><br>[1] 98 - ANIMAL<br>99 - UNKNOWN |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>COUNTY *</b><br>Guernsey County   |  |   |  | <input type="checkbox"/> CITY *<br><input type="checkbox"/> VILLAGE *<br><input checked="" type="checkbox"/> TOWNSHIP *<br>Cambridge  |  |  |  | <b>CRASH DATE *</b><br>01/14/2018                           |  | <b>TIME OF CRASH</b><br>15:16   |  | <b>DAY OF WEEK</b><br>SUN                               |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DEGREES/MINUTES/SECONDS</b><br>LATITUDE<br>::   |  |   |  | <b>DECIMAL DEGREES</b><br>LONGITUDE<br>::   |  |  |  | <b>OR</b><br>LATITUDE<br>39.997628                          |  |   |  | <b>LONGITUDE</b><br>81.564636                           |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>ROADWAY DIVISION</b><br><input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED   |  | <b>DIVIDED LANE DIRECTION OF TRAVEL</b><br><input type="checkbox"/> N - NORTHBOUND<br><input type="checkbox"/> S - SOUTHBOUND<br><input type="checkbox"/> E - EASTBOUND<br><input type="checkbox"/> W - WESTBOUND   |  | <b>NUMBER OF THRU LANES</b><br>2  |  | <b>ROAD TYPES OR MILEPOST</b><br>AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY<br>AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE<br>BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL  |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>LOCATION ROUTE TYPE</b><br>[CR] 35  |  | <b>LOC PREFIX</b><br><input type="checkbox"/> N,S,<br><input type="checkbox"/> E,W  |  | <b>LOCATION ROAD NAME</b>   |  | <b>ROUTE TYPES</b><br>IR - INTERSTATE ROUTE (INC. TURNPIKE)<br>US - US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DISTANCE FROM REFERENCE</b><br>[0.50] MILES<br><input type="checkbox"/> FEET<br><input type="checkbox"/> YARDS  |  | <b>DIR FROM REF</b><br>[S] N,S,<br>[E] E,W  |  | <b>REFERENCE ROUTE TYPE</b><br>[TR] 452   |  | <b>REF PREFIX</b><br><input type="checkbox"/> N,S,<br><input type="checkbox"/> E,W   |  | <b>REFERENCE NAME (ROAD, MILEPOST, HOUSE #)</b>             |  |   |  |   |  | <b>REFERENCE ROAD TYPE</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>REFERENCE POINT USED</b><br>[1] 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER   |  | <b>CRASH LOCATION</b><br>[1] 01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ROUNDABOUT   |  | 06 - FIVE-POINT, OR MORE<br>07 - ON RAMP<br>08 - OFF RAMP<br>09 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS   |  | 11 - RAILWAY GRADE CROSSING<br>12 - SHARED-USE PATHS OR TRAILS<br>99 - UNKNOWN   |  | <input type="checkbox"/> INTERSECTION RELATED               |  | <b>LOCATION OF FIRST HARMFUL EVENT</b><br>[6] 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>9 - UNKNOWN |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>ROAD CONTOUR</b><br>[3] 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN   |  | <b>ROAD CONDITIONS</b><br>PRIMARY [3]<br>SECONDARY<br>01 - DRY<br>02 - WET<br>03 - SNOW<br>04 - ICE<br>05 - SAND, MUD, DIRT, OIL, GRAVEL<br>06 - WATER (STANDING, MOVING)<br>07 - SLUSH<br>08 - DEBRIS *<br>09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT *<br>10 - OTHER<br>99 - UNKNOWN |  | <b>MANNER OF CRASH COLLISION/IMPACT</b><br>[1] 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, -SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - UNKNOWN<br><b>WEATHER</b><br>[1] 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN |  |  |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>ROAD SURFACE</b><br>[4] 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER                              |  | <b>LIGHT CONDITIONS</b><br>[1] PRIMARY<br>SECONDARY<br>1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY<br>5 - DARK - ROADWAY NOT LIGHTED<br>6 - DARK - UNKNOWN ROADWAY LIGHTING<br>7 - GLARE *<br>8 - OTHER<br>9 - UNKNOWN                                       |  | <input type="checkbox"/> SCHOOL ZONE RELATED<br><input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED  |  | <b>TYPE OF WORK ZONE</b><br>[0] 1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER<br><b>LOCATION OF CRASH IN WORK ZONE</b><br>[0] 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>NARRATIVE</b><br>Unit #1 was traveling northbound on CR 35. Unit #1 used an access road to clear the IR 70/77 overpasses and his cargo struck the bridges.                    |  |   |  |   |  |  |  |   |  |   |  |   |  | <p>IR 77 Southbound to IR 70 Westbound</p> <p>IR 70 Westbound</p> <p>IR 70 Eastbound</p> <p>Access road</p> <p>Unit #1</p> <p>CR 35</p> <p>NOT TO SCALE</p> |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST   |  |   |  | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)   |  |  |  |   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DATE CRASH REPORTED</b><br>01/14/2018   |  | <b>TIME CRASH REPORTED</b><br>1/14/2018 3:16:00   |  | <b>DISPATCH TIME</b><br>03:16 PM  |  | <b>ARRIVAL TIME</b><br>03:27 PM  |  | <b>TIME CLEARED</b><br>05:28 PM                             |  | <b>OTHER INVESTIGATION TIME</b><br>45   |  | <b>TOTAL MINUTES</b><br>177                             |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>OFFICER'S NAME *</b><br>Zaugg, Joshua   |  |   |  |   |  | <b>OFFICER'S BADGE NUMBER</b><br>0677  |  | <b>CHECKED BY</b><br>1793                                   |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |



UNIT

LOCAL REPORT NUMBER

30-0073-30

|   |   |  |                                  |             |
|---|---|--|----------------------------------|-------------|
| UNIT NUMBER<br><b>1</b>   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>WorldWide Equipment Leasing IN, ,</b> | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>888-505-3273</b> | DAMAGE SCALE<br><b>1</b>         |             |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>10649 Evendale Drive, Cincinnati, OH, 45241</b> |   |  | 1 - NONE                         |             |
| LP STATE<br><b>OH</b>   | LICENSE PLATE NUMBER<br><b>PWA7453</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>1M1AW21Y9GM053348</b>  | 2 - MINOR                        |             |
| VEHICLE YEAR<br><b>2016</b>   | VEHICLE MAKE<br><b>MACK</b>   | VEHICLE MODEL<br><b>OTH</b>  | 3 - FUNCTIONAL                   |             |
| VEHICLE COLOR<br><b>WHI</b>   | POLICY NUMBER<br><b>ACPGPA3017124626</b>  |  | 4 - DISABLING                    |             |
| PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>   |   | INSURANCE COMPANY<br><b>AMCO INS CO</b>  | TOWED BY<br><b>Bill's Towing</b> | 9 - UNKNOWN |

|   |  |
|---|--|
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP<br><b>Cesario's INC, PO Box 205, Haymarket, VA, 20168</b> | CARRIER PHONE - INCLUDE AREA CODE<br><b>740-769-0113</b> |
|---|--|

|                          |   |   |  |   |
|--------------------------|---|---|--|---|
| US DOT<br><b>0453124</b> | VEHICLE WEIGHT <b>GVWR/GCWR</b><br><b>3</b> 1 - LESS THAN OR EQUAL TO 10K LBS<br>2 - 10,001 TO 26,000K LBS<br>3 - MORE THAN 26,000K LBS | CARGO BODY TYPE<br><b>11</b> 01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE /REFUSE<br>99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION<br><b>1</b> 1 - T wo-WAY, NOT DIVIDED<br>2 - T wo-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - T wo-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA<br>4 - T wo-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY<br><input type="checkbox"/> HIT / SKIP UNIT |
| HM PLACARD ID NO.        | HAZARDOUS MATERIAL<br><input type="checkbox"/> RELEASED   |   |  |   |
| HM CLASS NUMBER          |   |   |  |   |

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

|  |   |   |   |  |              |  |
|--|---|---|---|--|--------------|--|
| SPECIAL FUNCTION<br><b>1</b> 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>12</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> 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STUCK<br>9 - UNKNOWN |
|--|---|---|---|--|--------------|--|

|  |   |  |  |
|--|---|--|--|
| PRE-CRASH ACTIONS<br><b>1</b> 99 - UNKNOWN | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>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<br>21 - OTHER NON-MOTORIST ACTION |
|--|---|--|--|

|  |  |   |   |
|--|--|---|---|
| CONTRIBUTING CIRCUMSTANCE<br>PRIMARY<br><b>21</b> 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 | MOTORIST<br>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>26</b> FIRST HARMFUL EVENT<br>2 <input type="checkbox"/><br>3 <input type="checkbox"/> MOST HARMFUL EVENT<br>4 <input type="checkbox"/><br>5 <input type="checkbox"/><br>6 <input type="checkbox"/><br>99 - UNKNOWN | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE<br>OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION | COLLISION WITH FIXED OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |
|--|---|--|

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



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

30-0073-30

|  |  |  |   |  |                                     |  |  |   |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|---|--|-------------------------------------|--|--|---|--|--|--|---------------------|------------------|-----------------------|--|--|--|--|--|---------------|--|--|--|--|--|-------------------------------|--|--|--|--|--|---|--|--|--|--|--|----------|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| UNIT NUMBER<br>1   | NAME: LAST, FIRST, MIDDLE<br>Reeves, Byron   |  |   |  | DATE OF BIRTH<br>03/09/1962         |  | AGE<br>55  | GENDER<br><input checked="" type="checkbox"/> M F - FEMALE<br>M - MALE  |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ADDRESS, CITY, STATE, ZIP<br>3049 North 55th Street, Milwaukee, WI, 53201  |  |  |   |  |                                     |  | CONTACT PHONE - INCLUDE AREA CODE<br>414-721-8058  |   |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INJURIES<br><input checked="" type="checkbox"/>  | INJURED TAKEN BY<br><input checked="" type="checkbox"/>  | EMS AGENCY   |   | MEDICAL FACILITY INJURED TAKEN TO  |                                     | SAFETY EQUIPMENT USED<br>4   | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET   | SEATING POSITION<br><input checked="" type="checkbox"/> 1   | AIR BAG USAGE<br><input checked="" type="checkbox"/> 5     | EJECTION<br><input checked="" type="checkbox"/> 1                                      | TRAPPED<br><input checked="" type="checkbox"/> 1 |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OL STATE<br>WI   | OPERATOR LICENSE NUMBER  |  | OL CLASS<br><input checked="" type="checkbox"/> 1 | No<br><input type="checkbox"/> VALID<br>DL   | M/C<br><input type="checkbox"/> END | CONDITION<br><input checked="" type="checkbox"/> 1   | ALCOHOL/DRUG SUSPECTED<br><input checked="" type="checkbox"/> 1  | 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>1                            | DRUG TEST TYPE<br>1 |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )<br>4511.12   |  | OFFENSE DESCRIPTION<br>Obeying traffic control devices   |   |  |                                     | CITATION NUMBER<br>OHP300677011420181636   |  | HANDS-FREE<br>DEVICE<br>USED<br><input type="checkbox"/>  |  | DRIVER DISTRACTED BY<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| UNIT NUMBER  | NAME: LAST, FIRST, MIDDLE  |  |   |  | DATE OF BIRTH                       |  | AGE  | GENDER<br><input type="checkbox"/> F - FEMALE<br>M - MALE   |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ADDRESS, CITY, STATE, ZIP  |  |  |   |  |                                     |  | CONTACT PHONE - INCLUDE AREA CODE  |   |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INJURIES<br><input type="checkbox"/>   | INJURED TAKEN BY<br><input type="checkbox"/>   | EMS AGENCY   |   | MEDICAL FACILITY INJURED TAKEN TO  |                                     | SAFETY EQUIPMENT USED  | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>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<br><input type="checkbox"/> VALID<br>DL   | M/C<br><input type="checkbox"/> END | 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<br>DEVICE<br>USED<br><input type="checkbox"/>  |  | DRIVER DISTRACTED BY<br><input type="checkbox"/> <input type="checkbox"/>              |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table><tr><td>INJURIES</td><td>INJURED TAKEN BY</td><td colspan="10">SAFETY EQUIPMENT USED</td></tr><tr><td>1 - NO INJURY / NONE REPORTED<br/>2 - POSSIBLE<br/>3 - NON-INCAPACITATING<br/>4 - INCAPACITATING<br/>5 - FATAL</td><td>1 - NOT TRANSPORTED /<br/>TREATED AT SCENE<br/>2 - EMS<br/>3 - POLICE<br/>4 - OTHER<br/>9 - UNKNOWN</td><td colspan="10">99 - UNKNOWN SAFETY EQUIPMENT</td></tr><tr><td colspan="2"></td><td colspan="5">MOTORIST</td><td colspan="5">Non-MOTORIST</td></tr><tr><td colspan="2"></td><td colspan="5">01 - NONE USED - VEHICLE OCCUPANT<br/>02 - SHOULDER BELT ONLY USED<br/>03 - LAP BELT ONLY USED<br/>04 - SHOULDER AND LAP BELT ONLY USED</td><td colspan="5">05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br/>06 - CHILD RESTRAINT SYSTEM-REAR FACING<br/>07 - BOOSTER SEAT<br/>08 - HELMET USED</td></tr><tr><td colspan="2"></td><td colspan="5"></td><td colspan="5">09 - NONE USED<br/>10 - HELMET USED<br/>11 - PROTECTIVE PADS USED<br/>(ELBOWS, KNEES, ETC)</td></tr><tr><td colspan="2"></td><td colspan="5"></td><td colspan="5">12 - REFLECTIVE COATING<br/>13 - LIGHTING<br/>14 - OTHER</td></tr></table> |  |  |   |  |                                     |  |  |   |  |  |  | INJURIES            | INJURED TAKEN BY | SAFETY EQUIPMENT USED |  |  |  |  |  |               |  |  |  | 1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL   | 1 - NOT TRANSPORTED /<br>TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | 99 - UNKNOWN SAFETY EQUIPMENT |  |  |  |  |  |   |  |  |  |  |  | MOTORIST |  |  |  |  | Non-MOTORIST |  |  |  |  |  |  | 01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT ONLY USED |  |  |  |  | 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM-REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED |  |  |  |  |  |  |  |  |  |  |  | 09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED<br>(ELBOWS, KNEES, ETC) |  |  |  |  |  |  |  |  |  |  |  | 12 - REFLECTIVE COATING<br>13 - LIGHTING<br>14 - OTHER |  |  |  |  |
| INJURIES   | INJURED TAKEN BY   | SAFETY EQUIPMENT USED  |   |  |                                     |  |  |   |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL   | 1 - NOT TRANSPORTED /<br>TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | 99 - UNKNOWN SAFETY EQUIPMENT  |   |  |                                     |  |  |   |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | MOTORIST   |   |  |                                     |  | Non-MOTORIST   |   |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT ONLY USED |   |  |                                     |  | 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM-REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED |   |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |   |  |                                     |  | 09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED<br>(ELBOWS, KNEES, ETC)  |   |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |   |  |                                     |  | 12 - REFLECTIVE COATING<br>13 - LIGHTING<br>14 - OTHER   |   |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table><tr><td colspan="4">SEATING POSITION</td><td colspan="4"></td><td colspan="4">AIR BAG USAGE</td></tr><tr><td colspan="4">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</td><td colspan="4">07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br/>08 - THIRD - MIDDLE<br/>09 - THIRD - RIGHT SIDE<br/>10 - SLEEPER SECTION OF CAB (TRUCK)<br/>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA<br/>(NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP)</td><td colspan="4">12 - PASSENGER IN UNENCLOSED CARGO AREA<br/>13 - TRAILING UNIT<br/>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br/>15 - NON-MOTORIST<br/>16 - OTHER<br/>99 - UNKNOWN</td></tr><tr><td colspan="4"></td><td colspan="4"></td><td colspan="4"></td></tr></table>   |  |  |   |  |                                     |  |  |   |  |  |  | SEATING POSITION    |                  |                       |  |  |  |  |  | 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 |  |                               |  | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) |  |  |  | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SEATING POSITION   |  |  |   |  |                                     |  |  | 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   |  |  |   | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) |                                     |  |  | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN                                 |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |   |  |                                     |  |  |   |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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<br>MECHANICAL MEANS<br>3 - EXTRICATED BY<br>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 <u>ONLY</u>   |                                     | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBE<br>4 - ILLNESS |  | 5 - FELL ASLEEP, FAINTED, FATIGUE<br>6 - UNDER THE INFLUENCE OF<br>MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER   |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |   |  |                                     |  |  | 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   |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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<br>(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>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<br>COMPLIANT<br>MOTORCYCLE<br>HELMET<br><input type="checkbox"/>   | SEATING POSITION<br><input type="checkbox"/>  | AIR BAG USAGE<br><input type="checkbox"/>                  | EJECTION<br><input type="checkbox"/>   | TRAPPED<br><input type="checkbox"/>              |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| UNIT NUMBER  | NAME: LAST, FIRST, MIDDLE  |  |   |  | DATE OF BIRTH                       |  | AGE  | GENDER<br><input type="checkbox"/> F - FEMALE<br>M - MALE   |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ADDRESS, CITY, STATE, ZIP  |  |  |   |  |                                     |  | CONTACT PHONE - INCLUDE AREA CODE  |   |  |  |  |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INJURIES<br><input type="checkbox"/>   | INJURED TAKEN BY<br><input type="checkbox"/>   | EMS AGENCY   |   | MEDICAL FACILITY INJURED TAKEN TO  |                                     | SAFETY EQUIPMENT USED  | DOT<br>COMPLIANT<br>MOTORCYCLE<br>HELMET<br><input type="checkbox"/>   | SEATING POSITION<br><input type="checkbox"/>  | AIR BAG USAGE<br><input type="checkbox"/>                  | EJECTION<br><input type="checkbox"/>   | TRAPPED<br><input type="checkbox"/>              |                     |                  |                       |  |  |  |  |  |               |  |  |  |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |          |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |