



TRAFFIC CRASH REPORT

Document #: 20176184062

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|---|--|---|--|------------------------------|--|--|--|------------------------------------|--|--|--|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input checked="" 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* FAIRFIELD COUNTY SHERIFF | | NCIC* 02300 | | HIT/SKIP 0 1 - SOLVED 2 - UNSOLVED | | NUMBER OF UNITS 1 | | UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN | |
|---|--|---|--|------------------------------|--|--|--|------------------------------------|--|--|--|

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|-----------------------------|--|---|--|---|--|----------------------------------|--|---|--|---|--|
| COUNTY* 23 | | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3 | | LOCATION: CITY, VILLAGE, TOWNSHIP* WALNUT TOWNSHIP | | ODPS FIPS 80570 | | CRASH DATE / TIME* 11/15/2017 9:08:00 AM | | CRASH SEVERITY 4-INJURY POSSIBLE | |
|-----------------------------|--|---|--|---|--|----------------------------------|--|---|--|---|--|

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|--------------------------------|--|-------------------------------------|--|---|--|--|--|-------------------------------|--|--|--|--|--|
| ROUTE TYPE SR | | ROUTE NUMBER 00256 | | PREFIX N - NORTH S - SOUTH E - EAST W - WEST | | LOCATION ROAD NAME BALTIMORE-SOMERSET | | ROAD TYPE RD | | ODPS LATITUDE 39.841098 | | ODPS LONGITUDE -82.569065 | |
|--------------------------------|--|-------------------------------------|--|---|--|--|--|-------------------------------|--|--|--|--|--|

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| ROUTE TYPE S | | ROUTE NUMBER 1075 | | PREFIX N - NORTH S - SOUTH E - EAST W - WEST | | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE#) 1075 | | ROAD TYPE | | ODOT LATITUDE 39.840881 | | ODOT LONGITUDE -82.567010 | |
|-------------------------------|--|------------------------------------|--|---|--|--|--|------------------|--|--|--|--|--|

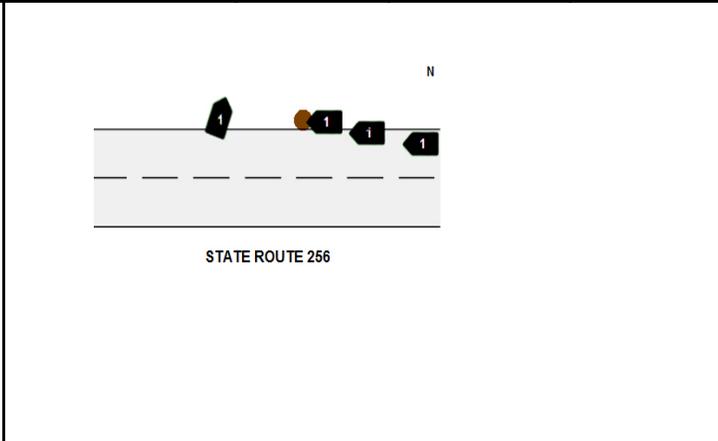
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|---|--|---|--|--|--|--|--|--|--|--|--|
| REFERENCE POINT 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | | DIRECTION FROM REFERENCE S N - NORTH S - SOUTH E - EAST W - WEST | | ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE 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 PI - PIKE PK - PARKWAY PL - PLACE 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 | | | |
| DISTANCE FROM REFERENCE 100.000 | | DISTANCE UNIT OF MEASURE 2 1 - MILES 2 - FEET 3 - YARDS | | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | | | | | | | |
| ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED | | | | | | | | | | | |

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| LOCATION OF FIRST HARMFUL EVENT 2 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 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 | | | | MANNER OF CRASH COLLISION/IMPACT 1 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 | | | | DIRECTION OF TRAVEL E N - NORTH S - SOUTH E - EAST W - WEST | | MEDIAN TYPE 3 1 - DIVIDED FLUSH MEDIAN (LESS THAN 4 FEET) 2 - DIVIDED FLUSH MEDIAN (4 FEET AND GREATER) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN | |
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| <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 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 | | CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | | CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | | SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK, STONE 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN | |
|---|--|---|--|--|--|---|--|--|--|---|--|

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| LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/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 | | | |
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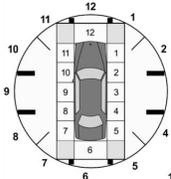
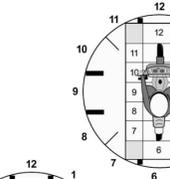
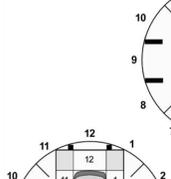
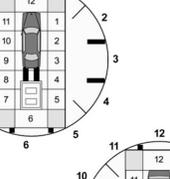
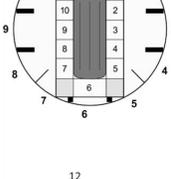
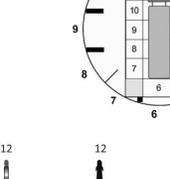
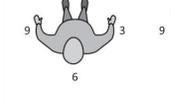
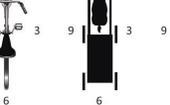
NARRATIVE
 UNIT # 1 WAS TRAVELING EASTBOUND WHEN DRIVER OF UNIT # 1 LOOKED DOWN TO GET HER CELL PHONE WHEN SHE LOOKED BACK UP THAT'S WHEN SHE RAN OFF THE RIGHT SIDE OF ROADWAY HITTING A UTILITY POLE AND GOING INTO THE DITCH HITTING A TRASH CAN, MAILBOX AND THEN COMING TO REST.



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| CRASH REPORTED DATE / TIME 11/15/2017 12:00:00 AM | | DISPATCH DATE / TIME 11/15/2017 9:10:00 AM | | ARRIVAL DATE / TIME 11/15/2017 9:10:00 AM | | SCENE CLEARED DATE / TIME 11/15/2017 10:04:00 AM | | REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input checked="" type="checkbox"/> MOTORIST | |
| TOTAL TIME ROADWAY CLOSED 0 | | OTHER INVESTIGATION TIME 0 | | TOTAL MINUTES 54 | | OFFICER'S NAME* OFFICER'S BADGE NUMBER* | | CHECKED BY OFFICER'S NAME* CHECKED BY OFFICER'S BADGE NUMBER* | |
| <input type="checkbox"/> SUPPLEMENT CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS | | | | | | | | | |

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|---|---|--|--|--|---|
| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER | | OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER | | |
| 1 | | | | | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER | | | | | |
| COMMERCIAL CARRIER: STREET, CITY, STATE, ZIP () SAME AS DRIVER | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | | |
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | | VEHICLE YEAR | |
| | | □ | | 2015 | |
| <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | VEHICLE MAKE | |
| | | | WHI | TOYT | |
| TYPE OF USE | | US DOT # | TOWED BY: COMPANY NAME | | |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | | Unknown | | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS | HAZARDOUS MATERIAL | | |
| | | 3 | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | | |
| | | VEHICLE WEIGHT GVWR/GCWR | CLASS # | PLACARD ID # | |
| | | <input type="checkbox"/> 1 - ≤10k LBS. <input type="checkbox"/> 2 - 10,001 - 26K LBS. <input type="checkbox"/> 3 - > 26K LBS. | | | |
| 2 | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | 7 - MOTORCYCLE 2 WHEELED 8 - MOTORCYCLE 3 WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE(ATV/UTV) | 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL DRAWN VEHICLE | 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP |
| 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 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 99 - OTHER/UNKNOWN | | |
| 1 | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT | 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER 99 - OTHER/UNKNOWN |
| 1 | 1 - NO CARGO BODY TYPE/NOT APPLICABLE 2 - BUS | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING | 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL | 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP | 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN |
| <input type="checkbox"/> | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT | 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE | 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT | 99 - OTHER/UNKNOWN |
| <input type="checkbox"/> | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION | 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK | 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS | 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN |
| 5 | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING ACTION AND STRUCK 9 - OTHER/UNKNOWN | 9 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN | 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE | 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN |
| 99 | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY | 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING | 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - VIOLATING LICENSE RESTRICTION 99 - OTHER IMPROPER ACTION |
| SEQUENCE OF EVENTS | | | | | |
| NON-COLLISION | | | | | |
| 1 | 8 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | 16 - RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE | |
| 2 | 40 | | | 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CAR, OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT COLLISION WITH FIXED OBJECT - STRUCK | |
| 3 | 44 | | | | |
| 4 | 47 | COLLISION WITH FIXED OBJECT - STRUCK | | | |
| 5 | 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 | |
| 6 | | | | 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN | |
| 1 | FIRST HARMFUL EVENT | | 2 | MOST HARMFUL EVENT | |

| | |
|--|--|
| 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 | TRAFFIC CONTROL |
| 2 1 - ONE-WAY 2 - TWO-WAY | 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING |
| <input type="checkbox"/> | 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION | |
| FROM 4 | TO 3 |
| 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

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|---|---------------------------------------|--|------------------------------------|---|----------------------------------|---|--|--|---------------------------|--|---------------------|--|--|
| 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 | | RESTRICTION: SELECT UP TO 3 | | 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: 1 TYPE: 1 VALUE: 0.000 | | DRUG TEST(S) STATUS: 1 TYPE: 1 RESULT: SELECT UP TO 4 | |
| INJURIES | | SEATING POSITION | | AIR BAG | | OL CLASS | | OL RESTRICTION(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 FREE 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 | | EJECTION | | TRAPPED | | OL ENDORSEMENT | | CONDITION | | ALCOHOL TEST TYPE | | DRUG TEST TYPE | |
| 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 | | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | | 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 | | 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 | | 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | | 1 - NONE 2 - BLOOD 3 - URINE 5 - OTHER | |
| SAFETY EQUIPMENT | | TRAPPED | | DRUG TEST TYPE | | GENDER | | DRUG TEST RESULT(S) | | DRUG TEST RESULT(S) | | DRUG TEST RESULT(S) | |
| 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 | | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | | 1 - NONE 2 - BLOOD 3 - URINE 5 - OTHER | | F - FEMALE M - MALE U - OTHER/UNKNOWN | | 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS | | 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS | | 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 # | PERSON TYPE | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE | GENDER | |
| | 1 | 0 | | | | | | 19 | F | |
| 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 | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| 4 | 1 | UNKNOWN | | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 3 | 4 | 1 | 3 |
| OCCUPANT | UNIT # | PERSON TYPE | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE | GENDER | |
| | 1 | 0 | | | | | | 23 | F | |
| 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 | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| 4 | 1 | UNKNOWN | | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 4 | 4 | 1 | 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 | | | | | | | | | 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 | |

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