

# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

SPD 14003599

CRASH SEVERITY

3 1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

2 1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * <b>02200</b>	REPORTING AGENCY NAME * <b>SANDUSKY POLICE DEPARTMENT</b>	NUMBER OF UNITS <b>02</b>	UNIT IN ERROR <b>01</b> 98 - ANIMAL 99 - UNKNOWN
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COUNTY * <b>22</b>	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * <b>SANDUSKY</b>	CRASH DATE * <b>03062014</b>	TIME OF CRASH <b>1:550</b>	DAY OF WEEK <b>Thu</b>
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DEGREES / MINUTES / SECONDS LATITUDE <b>41° 26' 15.89"</b>	LONGITUDE <b>-82° 43' 32.64"</b>	DECIMAL DEGREES LATITUDE <b>41.43705</b>	LONGITUDE
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> S - SOUTHBOUND	E - EASTBOUND W - WESTBOUND	NUMBER OF THRU LANES <b>02</b>	ROAD TYPES OR MILEPOST <sup>2</sup> AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE WA - WAY TL - TRAIL
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LOCATION ROUTE TYPE 1 <b>00</b>	LOCATION ROUTE NUMBER	LOC PREFIX N.S. E.W.	LOCATION ROAD NAME <b>PUTNAM</b>	LOCATION ROAD TYPE 2 <b>ST</b>	ROUTE TYPES <sup>1</sup> IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE <b>50</b>	MILES <input checked="" type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF N.S. E.W.	REFERENCE ROUTE NUMBER <b>00</b>	REF PREFIX N.S. E.W.	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) <b>PIERCE</b>	REFERENCE ROAD TYPE 2 <b>ST</b>
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REFERENCE POINT USED <input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE NUMBER	CRASH LOCATION <input checked="" type="checkbox"/> 01 - NOT AN INTERSECTION <input type="checkbox"/> 02 - FOUR-WAY INTERSECTION <input type="checkbox"/> 03 - T-INTERSECTION <input type="checkbox"/> 04 - Y-INTERSECTION <input type="checkbox"/> 05 - TRAFFIC CIRCLE/ROUNDBOUNT	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	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE	5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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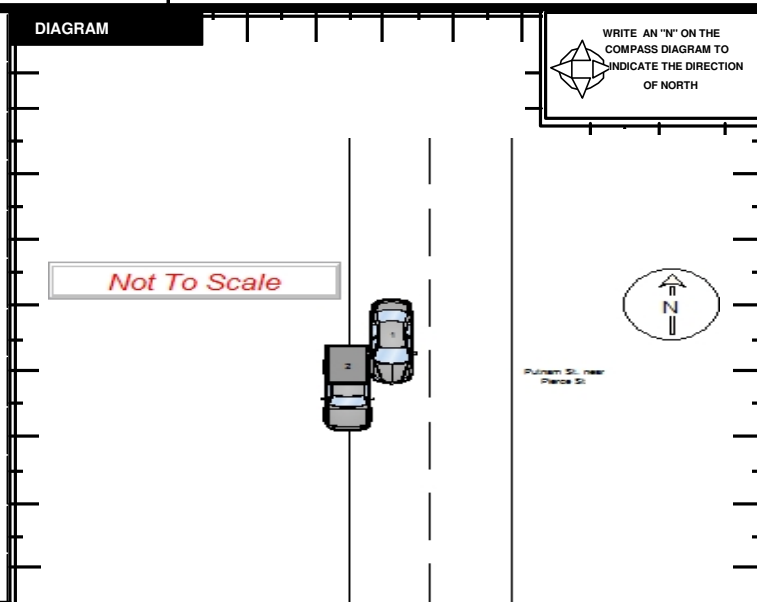
ROAD CONTOUR <input checked="" type="checkbox"/> 1 - STRAIGHT LEVEL <input type="checkbox"/> 2 - STRAIGHT GRADE <input type="checkbox"/> 3 - CURVE LEVEL	4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY <input checked="" type="checkbox"/> 01 SECONDARY <input type="checkbox"/> 02	01 - DRY 02 - WET 03 - 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
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MANNER OF CRASH COLLISION/ IMPACT <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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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ROAD SURFACE <input checked="" type="checkbox"/> 1 - CONCRETE <input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT <input type="checkbox"/> 3 - BRICK/ BLOCK	4 - SLAG, GRAVEL STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 01 SECONDARY <input type="checkbox"/> 02	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	<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/ VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/ CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN	4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA	4 - ACTIVITY AREA 5 - TERMINATION AREA
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**NARRATIVE**  
Unit #2 was parked along the street facing south on Putnam St., just south of Pierce St. Unit #1 was driving south on Putnam St. and side swiped the side of Unit #2

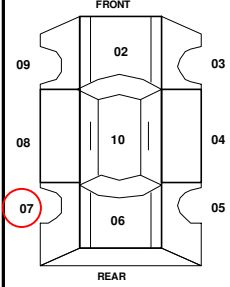


REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPDS)	DATE CRASH REPORTED <b>03062014</b>	TIME CRASH REPORTED <b>1:550</b>	DISPATCH TIME <b>1:750</b>	ARRIVAL TIME <b>1:750</b>	TIME CLEARED <b>1:750</b>	OTHER INVESTIGATION TIME <b>0030</b>	TOTAL MINUTES <b>0030</b>
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OFFICER'S NAME * <b>PETERS, LESTER A</b>	OFFICER'S BADGE NUMBER <b>2061</b>	CHECKED BY <b>BRAUN, RICHARD K</b>	Page: 1 of 4
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UNIT NUMBER <b>01</b>		OWNER NAME: LAST, FIRST, MIDDLE <b>OWNER / UNIT UNKNOWN</b>		OWNER PHONE NUMBER: _____ INC. AREA CODE _____		DAMAGE SCALE <b>9</b>		DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP _____									
LP STATE <b>NO</b>		LICENSE PLATE NUMBER _____			VEHICLE IDENTIFICATION NUMBER _____			# OCCUPANTS <b>00</b>	
VEHICLE YEAR <b>0</b>		VEHICLE MAKE _____		VEHICLE MODEL _____		VEHICLE COLOR _____			
<input type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY _____		POLICY NUMBER _____		TOWED BY _____			
CARRIER NAME, ADDRESS, CITY, STATE, ZIP _____								CARRIER PHONE - INCLUDE AREA CODE _____	
US DOT _____		VEHICLE WEIGHT GVWR / GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.		CARGO BODY TYPE 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 - TWO - WAY, NOT DIVIDED 2 - TWO - WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO - WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN 4 - TWO - WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE - WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT		
HM PLACARD ID NO. _____		<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		HM CLASS NUMBER _____					
NON - MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDLICK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER / ROADSIDE 08 - SIDEWALK 09 - MEDIAN / CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED - USE PATH OR TRAIL 12 - NON - TRAFFICWAY AREA 99 - OTHER / UNKNOWN		TYPE OF USE <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		UNIT TYPE <b>99</b> 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 / PEDACYCLIST 26 - PEDESTRIAN / SKATER 27 - OTHER NON - MOTORIST			<input type="checkbox"/> HAS HM PLACARD		
SPECIAL FUNCTION <b>01</b> 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.		MOST DAMAGED AREA <b>04</b> 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		ACTION <b>3</b> 1 - NON - CONTACT 2 - NON - COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING / STRUCK 9 - UNKNOWN					
PRE - CRASH ACTIONS <b>01</b> MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING / PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN NON - MOTORIST 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 <b>17</b> MOTORIST 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 NON - 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		VEHICLE DEFECTS <b>01</b> 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 <b>21</b> 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 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 NON - COLLISION EVENTS 01 - OVERTURN / ROLLOVER 02 - FIRE / EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO / EQUIPMENT LOSS OR SHIFT COLLISION WITH FIXED 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 <b>0</b> <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED		POSTED SPEED <b>25</b>		TRAFFIC CONTROL <b>01</b> 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 <b>1</b> TO <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN		

Main form body containing sections: UNIT NUMBER, OWNER NAME, OWNER PHONE NUMBER, DAMAGE SCALE, DAMAGED AREA, OWNER ADDRESS, LP STATE, LICENSE PLATE NUMBER, VEHICLE IDENTIFICATION NUMBER, # OCCUPANTS, VEHICLE YEAR, VEHICLE MAKE, VEHICLE MODEL, VEHICLE COLOR, INSURANCE COMPANY, POLICY NUMBER, TOWED BY, CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE, US DOT, VEHICLE WEIGHT, GVWR / GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HM PLACARD ID NO., HM CLASS NUMBER, NON - MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION, PRE - CRASH ACTIONS, CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS, SEQUENCE OF EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT, UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION.





# MOTORIST / NON - MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

**SPD14003599**

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE Home: Work:
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M / C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE

OFFENSE CHARGED ( LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE Home: Work:
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M / C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE

OFFENSE CHARGED ( LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	NON - MOTORIST
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 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	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, ECT ) 12 - REFLECTIVE CLOTHING 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 / DRUGS 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	1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED

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 / E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE ( NAVIGATION DEVICE, RADIO, DVD ) 6 - OTHER INSIDE VEHICLE 7 - EXTERNAL DISTRACTION

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED