



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20151977	2 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	01820	GARFIELD HEIGHTS	02	01 98 - Animal 99 - Unknown

County *	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
18		GARFIELD HEIGHTS	06252015	1630	THU

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.415540	-81.616050

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound	04	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Type <sup>1</sup>	Location Route Number	Loc. Prefix	Location Road name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
		N.S. E.W	Transportation	BL	IR - Interstate Route (inc. turnpike) US - US Route SR - State Route CR - Numbered County Route TR - Numbered Township Route

Distance From Reference	Dir From Ref	Reference Route Type <sup>1</sup>	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	N.S. E.W			N.S. E.W	5500	

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
3 - 1 - Intersection 2 - Mile Post 3 - House Number	03 - 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	<input checked="" type="checkbox"/>	1 - 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	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
1 - 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 - Primary 01			* Secondary Condition Only

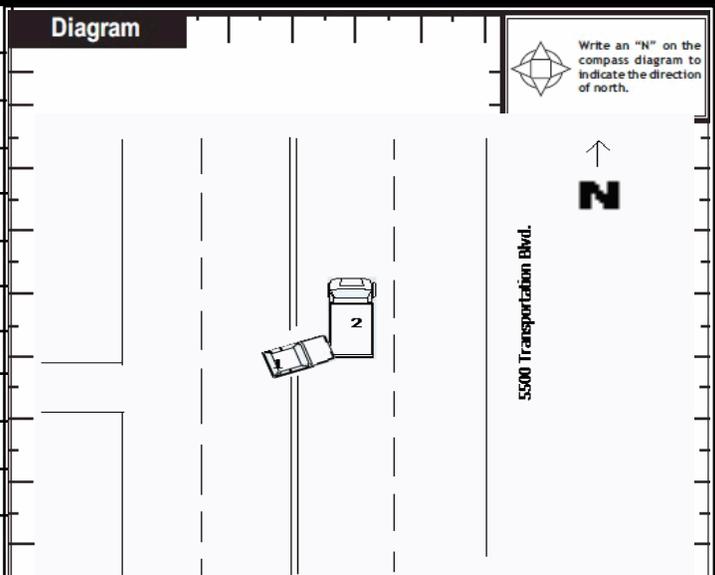
Manner of Crash Collision/Impact	Weather
6 - 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	2 - 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Road Surface	Light conditions	School Bus Related
2 - 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	1 - Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	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

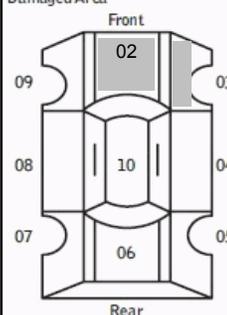
**Narrative**

UNIT 2 WAS TRAVELLING NORTH ON TRANSPORTION AND OBSERVED UNIT 1 TURNING LEFT FROM A DRIVEWAY ONTO N/B TRANSPORTION. UNIT 2 ATTEMPTED TO TAKE EVASIVE ACTION (BRAKING AND LANE CHANGE) BUT HIS TRAILER WAS STRUCK BY UNIT 1. UNIT 1 STATES THAT HE WAS TURNING LEFT FROM A DRIVEWAY ONTO N/B TRANSPORTION, DID NOT SEE UNIT 2 AND STRUCK THE TRAILER OF UNIT 2.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>	06252015	1630	1635	1635	1718	0	43

Officer's Name *	Officer's Badge Number	Checked By	Page of
R. Sackett	C02	C02 R. Sackett	

Unit Number <b>01</b>	Owner Name: Last, First, Middle <b>VITCAVAGE JANE</b> <input type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code <b>216-581-4069</b> <input checked="" type="checkbox"/> Same As Driver	Damage Scale <b>4</b>	Damaged Area 	
Owner Address, City, State, Zip <b>5348 E 132 GARF HTS OH 44125</b> <input checked="" type="checkbox"/> Same As Driver					
LP State <b>OH</b>	License Plate Number <b>CW02EM</b>	Vehicle Identification Number <b>1g1nd52j23m741186</b>	# Occupants <b>01</b>		
Vehicle Year <b>2003</b>	Vehicle Make <b>CHEV Chevrolet</b>	Vehicle Model <b>CRS Corsica</b>	Vehicle Color <b>GRY Gray</b>		
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>Progressive</b>	Policy Number	Towed By <b>A&amp;H</b>		
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code		
US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type <b>01</b> 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	Trafficway Description <b>2</b> 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 <b>01</b> 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - 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>03</b> 99 - Unknown or Hit/Skip 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sports Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Passenger Vehicle (less than 9 passengers) Med/Heavy Trucks or Combo Units>10k lbs Bus/Van/Limo (9 or More Including Driver)	Non-Motorist 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - BUS(16+ Seats, Inc Driver) 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist	
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.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <b>03</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>06</b> 99 - Unknown	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	21 - Other Non-Motorist Action
Contributing Circumstances Primary <b>02</b> 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	Motorist 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects <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>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown	<b>Non-Collision Events</b> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision				
<b>Collision with Person, Vehicle or Object Not Fixed</b> 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport		<b>Collision With Fixed Object</b> 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier		33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object	
Unit Speed <b>8</b> <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>02</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>4</b> To <b>1</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	

Unit Number <b>02</b>	Owner Name: Last, First, Middle <b>TNM Trucking</b> <input type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code <input type="checkbox"/> Same As Driver	Damage Scale <b>1</b>	Damaged Area 
Owner Address, City, State, Zip <input type="checkbox"/> Same As Driver <b>PO Box 10772 CLEVELAND OH 44110</b>				
LP State <b>MI</b>	License Plate Number <b>PAN3053</b>	Vehicle Identification Number <b>1fujahcg61pf96650</b>	# Occupants <b>01</b>	
Vehicle Year <b>2001</b>	Vehicle Make <b>FRHT Freightliner</b>	Vehicle Model <b>OTH Other</b>	Vehicle Color <b>WHI White</b>	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>Great West</b>	Policy Number	Towed By	
Carrier Name, Address, City, State, Zip <b>TNM Trucking PO Box 10772 CLEVELAND OH 44110</b>				Carrier Phone - include area code
US DOT	Vehicle Weight GVWR/GCWR <b>3</b> 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type <b>11</b> 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	Trafficway Description <b>2</b> 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	
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Contributing Circumstances Primary <b>01</b> Secondary <b>01</b> 99 - Unknown	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>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown	<b>Non-Collision Events</b> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision			
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Unit Speed <b>30</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>35</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	Unit Direction From <b>2</b> To <b>1</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	Page of



# Motorist / Non-Motorist / Occupant

Local Report Number \*

2 | 0 | 1 | 5 | 1 | 9 | 7 | 7 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 0   1	Name: Last, First, Middle vitcavage vincente	Date of Birth 0   4   1   0   1   9   6   4	Age 51	Gender M F - Female M - Male
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Address, City, State, Zip 5348 e 132 GARFIELD HTS OH 44125	Contact Phone - include area code 216-581-4069
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Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0   4	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0   1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number rm779328	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value	Drug Test Status 1	Drug Test Type 1

Offense Charged (Local Code) FTY	Offense Description Failure to Yield	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
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Unit Number 0   2	Name: Last, First, Middle Bragg Norris	Date of Birth 1   0   2   3   1   9   5   7	Age 57	Gender M F - Female M - Male
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Address, City, State, Zip 824 E 232 EUCLID OH 44119	Contact Phone - include area code
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Injuries 2	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0   4	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0   1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number UA378666	OL Class 3	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value	Drug Test Status 1	Drug Test Type 1

Offense Charged (Local Code) <input type="checkbox"/>	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
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<b>Injuries</b> 1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used <b>99 - Unknown Safety Equipment</b> <b>Non-Motorist</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used	<b>Non-Motorist</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</b> 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	<b>Operator License Class</b> 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped <u>Only</u>	<b>Condition</b> 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness 5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other	<b>Alcohol/Drug Suspected</b> 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected
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<b>Alcohol Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Alcohol Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	<b>Drug Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Drug Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Other	<b>Driver Distracted By</b> 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 the Vehicle 7 - External Distraction
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Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male
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Address, City, State, Zip	Contact Phone - include area code
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Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
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Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male
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Address, City, State, Zip	Contact Phone - include area code
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Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
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