



Traffic Crash Report

Local Report Number *	Crash Severity	HI/Skip
16028942	3 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	PDO Under State Reportable Dollar Amount	Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
			00901	Fairfield Police Department	02	01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
09		Fairfield	04/19/2016	0805	WED

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0 / 0	0 / 0 / 0	39.343681	-84.538033

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	01	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 ¹	Location Route Number	Loc Prefix	Location Road Name	Location Road Type ²	Route Types ¹
			Donald	DR	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref	Reference Route Type ¹	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type ²
75	E	S	4		Dixie	H

Reference Point Used	Crash Location	Reference Name (Road, Milepost, House #)	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	01 01 - Not an Intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout 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	Dixie	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

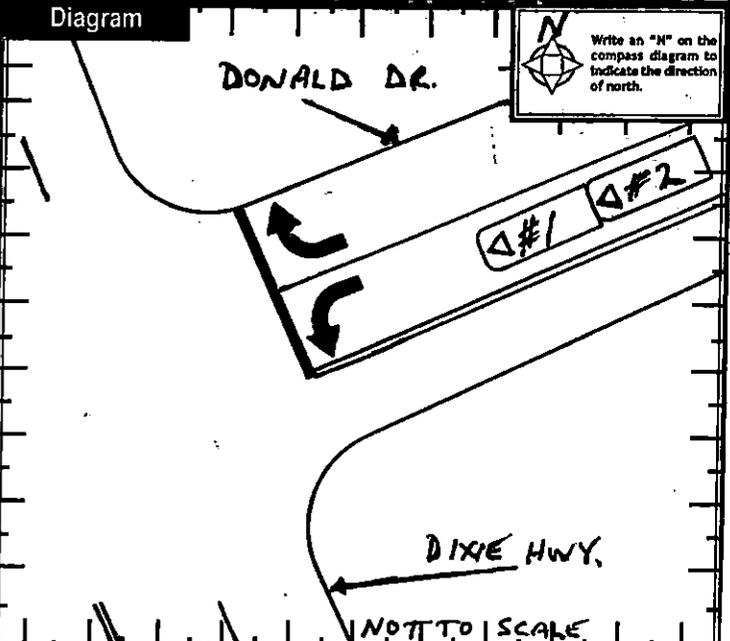
Road Contour	Road Conditions	Weather
1 - Intersection 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 Primary Secondary	1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Manner of Crash Collision/Impact	Weather
5 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	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

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)	<input type="checkbox"/> 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	<input type="checkbox"/> 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative
On April 19, 2016 at about 8:05 a.m. Unit 1 was backing east on Donald Drive to allow a truck to complete its turn onto Donald Drive from Dixie Highway and in so doing collided with Unit 2 which was traveling west on Donald Drive.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPSS)	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"/>	04/19/2016	0807	0809	0817	0835	1201	38
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 4					
E. Knizner	83	MLC 53						



Unit

Local Report Number
16028942

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Ulrich, Keith	Owner Phone Number - Inc. area code (<input type="checkbox"/> Same As Driver) (513) 266-4287	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 5300 Lakeside Drive Fairfield, Ohio 45014			1 - None	
LP State OH	License Plate Number GKR2820	Vehicle Identification Number 1FTRW07653KA96054	2 - Minor	
Vehicle Year 2003	Vehicle Make Ford	Vehicle Model F150	3 - Functional	
Vehicle Color White	Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company State Farm	4 - Disabling	
Policy Number 434 9562-A14-35E	Towed By	Carrier Name, Address, City, State, Zip	9 - Unknown	
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 01 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 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
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit		

Non-Motorist Location Prior to Impact 01 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 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 07 99 - Unknown or Hit / Skip	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 01 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 06 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 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 02 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	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
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Contributing Circumstances Primary 11 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 01 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
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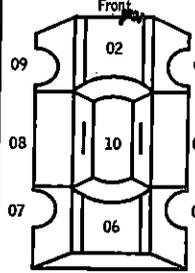
Sequence of Events 1 20 2 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	06 - Equipment Failure (Blow Tire, Brake Failure, etc) 07 - Separation 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
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacycle 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	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 5	Posted Speed 25	Traffic Control 12 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 4 To 3 1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Unit

Local Report Number
1 6 0 2 8 9 4 2

Unit Number 0 2	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Donahue, Terry Ann	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 470-6324	Damage Scale 2	Damaged Area 
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 4968 Cedar Brook Court Liberty Township, Ohio 45011				
LP State OH	License Plate Number GGN8625	Vehicle Identification Number 5FNJYF4H52EB054157	# Occupants 0 1	
Vehicle Year 2 0 1 4	Vehicle Make Honda	Vehicle Model Pilot	Vehicle Color Black	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Geico	Policy Number 4180989313	Towed By	
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 0 1 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 Vary/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 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
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Unit Speed 0 0 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 2 5	Traffic Control 1 2 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 3 To 4 1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 2 8 9 4 2

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Ulrich, Seth M.	Date of Birth 12161997	Age 18	Gender M F - Female M - Male
Address, City, State, Zip 5300 Lakeside Drive Fairfield, Ohio 45014			Contact Phone- include area code (513) 266-4287	
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> DOT Compliant Motorcycle Helmet
Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1	
OL State OH	Operator License Number UE696495	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 1
Drug Test Status 1	Drug Test Type 1	Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number
				Hands-Free Device Used <input type="checkbox"/>
				Driver Distracted By 1

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Donahue, Terry Ann	Date of Birth 07091974	Age 41	Gender F F - Female M - Male
Address, City, State, Zip 4968 Cedar Brook Court Liberty Township, Ohio 45011			Contact Phone- include area code (513) 470-6324	
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> DOT Compliant Motorcycle Helmet
Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1	
OL State OH	Operator License Number RK222039	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 1
Drug Test Status 1	Drug Test Type 1	Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number
				Hands-Free Device Used <input type="checkbox"/>
				Driver Distracted By 1

- | | | | | |
|-------------------------------|--|-----------------------------------|--|--|
| Injuries | Injured Taken By | Safety Equipment Used | 99 - Unknown Safety Equipment | Non-Motorist |
| 1 - No Injury / None Reported | 1 - Not Transported / Treated at Scene | 01 - None Used - Vehicle Occupant | 05 - Child Restraint System-Forward Facing | 09 - None Used |
| 2 - Possible | 2 - EMS | 02 - Shoulder Belt Only Used | 06 - Child Restraint System- Rear Facing | 10 - Helmet Used |
| 3 - Non-Incapacitating | 3 - Police | 03 - Lap Belt Only Used | 07 - Booster Seat | 11 - Protective Pads Used (Elbows, Knees, Etc) |
| 4 - Incapacitating | 4 - Other | 04 - Shoulder and Lap Belt Used | 08 - Helmet Used | 12 - Reflective Clothing |
| 5 - Fatal | 9 - Unknown | | | 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) | 08 - Third - Middle | 13 - Trailing Unit | 1 - Not Deployed |
| 02 - Front - Middle | 09 - Third - Right Side | 14 - Riding on Vehicle Exterior (Non-Trailing Unit) | 2 - Deployed Front |
| 03 - Front - Right Side | 10 - Sleeper Section of Cab (Truck) | 15 - Non-Motorist | 3 - Deployed Side |
| 04 - Second - Left Side (Motorcycle Passenger) | 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap) | 16 - Other | 4 - Deployed Both Front/Side |
| 05 - Second - Middle | | 99 - Unknown | 5 - Not Applicable |
| 06 - Second - Right Side | | | 9 - Deployment Unknown |

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|-----------------------|--|---------------------------------|--|---------------------------------------|
| Ejection | Trapped | Operator License Class | Condition | Alcohol/Drug Suspected |
| 1 - Not Ejected | 1 - Not Trapped | 1 - Class A | 1 - Apparently Normal | 1 - None |
| 2 - Totally Ejected | 2 - Extricated by Mechanical Means | 2 - Class B | 2 - Physical Impairment | 2 - Yes - Alcohol Suspected |
| 3 - Partially Ejected | 3 - Extricated by Non-Mechanical Means | 3 - Class C | 3 - Emotional (Depressed, Angry, Disturbed) | 3 - Yes - HBD Not Impaired |
| 4 - Not Applicable | | 4 - Regular Class (Ohio is "D") | 4 - Illness | 4 - Yes - Drugs Suspected |
| | | 5 - MC/Moped Only | | 5 - Yes - Alcohol and Drugs Suspected |
| | | | 5 - Fell Asleep, Fainted, Fatigued | |
| | | | 6 - Under The Influence of Medications, Drugs, Alcohol | |
| | | | 7 - Other | |

- | | | | | |
|--|--------------------------|--|-------------------------------|---|
| Alcohol Test Status | Alcohol Test-Type | Drug Test Status | Drug Test Type | Driver Distracted By |
| 1 - None Given | 1 - None | 1 - None Given | 1 - None | 1 - No Distraction Reported |
| 2 - Test Refused | 2 - Blood | 2 - Test Refused | 2 - Blood | 2 - Phone |
| 3 - Test Given, Contaminated Sample/Unusable | 3 - Urine | 3 - Test Given, Contaminated Sample/Unusable | 3 - Urine | 3 - Texting/E-mailing |
| 4 - Test Given, Results Known | 4 - Breath | 4 - Test Given, Results Known | 4 - Test Given, Results Known | 4 - Electronic Communication Device |
| 5 - Test Given, Results Unknown | 5 - Other | 5 - Test Given, Results Unknown | 5 - Other | 5 - Other Electronic Device (Navigation Device, Radio, DVD) |
| | | | | 6 - Other Inside the Vehicle |
| | | | | 7 - External Distraction |

Occupant

Unit Number 01	Name: Last, First, Middle	Date of Birth	Age	Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male
Address, City, State, Zip			Contact Phone- include area code	
Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> DOT Compliant Motorcycle Helmet
Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>	

Occupant

Unit Number 01	Name: Last, First, Middle	Date of Birth	Age	Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male
Address, City, State, Zip			Contact Phone- include area code	
Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> DOT Compliant Motorcycle Helmet
Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>	