



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
16031569	3 1 - Fatal 2 - Injury 3 - PDO	1 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	04282016	1805	THU

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0	0	39.355430	-84.569586

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input type="checkbox"/> Divided <input type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound		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 N,S,E,W	Location Road Name	Location Road Type ²	Route Types ¹
			JOE NUXHALL	WY	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 N,S,E,W	Reference Name (Road, Milepost, House #)	Reference Road Type ²
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<input type="checkbox"/> N,S,E,W				268	

Reference Point Used	Crash Location	Location of First Harmful Event
3 1 - Intersection 2 - Mile Post 3 - House Number	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	6 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 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 Primary Secondary 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 - 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

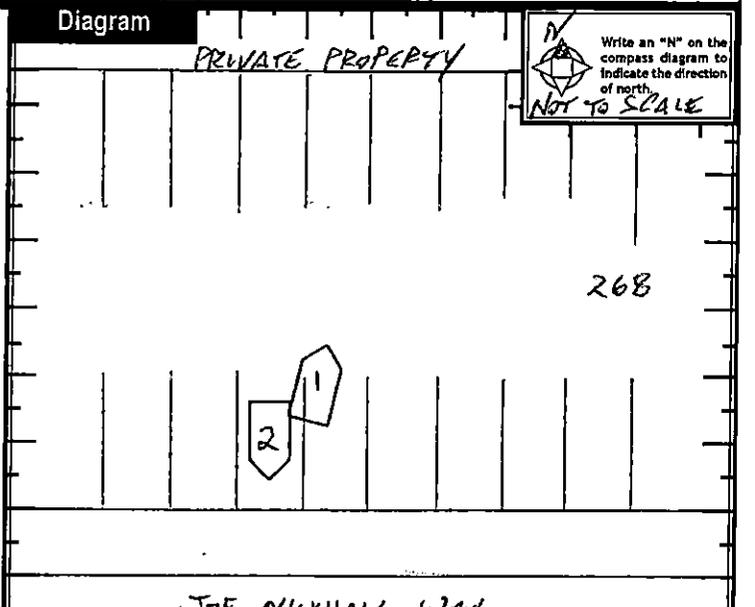
Road Surface	Light Conditions	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other 9 - Unknown	<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	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/> Workers Present <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

ON 4-28-16 AT APPROXIMATELY 6:05 P.M. UNIT 2 WAS UNOCCUPIED AND PARKED IN A MARKED PARKING SPACE ON A PRIVATE PARKING LOT. UNIT 1, WHILE ATTEMPTING TO PARK/UNPARK STRUCK THE REAR OF UNIT 2. UNIT 1 LEFT THE SCENE WITHOUT EXCHANGING INFORMATION WITH UNIT 2.

THE DRIVER OF UNIT 1 WAS LOCATED AND ISSUED A CITATION FOR LEAVING THE SCENE OF A CRASH.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPs)					
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist						
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
04282016	1810	1823	1833	1846	30	43

Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 4
TODD ADAMSON	119	<i>[Signature]</i> #18	



Unit

Local Report Number
16031569

Unit Number 01	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) LUSK, JESSY L.	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 816-3906	Damage Scale 2	Damaged Area
Owner-Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 208 HIGHLAND AVE. HAMILTON, OH 45011				
LP State OH	License Plate Number GAF7988	Vehicle Identification Number 1G4HR54K73U197386	# Occupants 01	
Vehicle Year 2003	Vehicle Make BUICK	Vehicle Model LESABRE	Vehicle Color SILVER	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company PROGRESSIVE	Policy Number 901367117	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 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 <input type="checkbox"/> 1 - Two-Way, Not Divided <input type="checkbox"/> 2 - Two-Way, Not Divided, Continuous Left Turn Lane <input type="checkbox"/> 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median <input type="checkbox"/> 4 - Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	<input checked="" type="checkbox"/> Hit / Skip Unit	

Non-Motorist Location Prior to Impact <input type="checkbox"/> 01 - Intersection - Marked Crosswalk <input type="checkbox"/> 02 - Intersection - No Crosswalk <input type="checkbox"/> 03 - Intersection - Other <input type="checkbox"/> 04 - Midblock - Marked Crosswalk <input type="checkbox"/> 05 - Travel Lane - Other Location <input type="checkbox"/> 06 - Bicycle Lane <input type="checkbox"/> 07 - Shoulder/Roadside <input type="checkbox"/> 08 - Sidewalk <input type="checkbox"/> 09 - Median/Crossing Island <input type="checkbox"/> 10 - Driveway Access <input type="checkbox"/> 11 - Shared-Use Path or Trail <input type="checkbox"/> 12 - Non-Trafficway Area <input type="checkbox"/> 99 - Other/Unknown	Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 03 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 - Tractor/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 07 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 Motorist 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 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	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 <input type="checkbox"/> 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 21 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 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 (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
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	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 <input type="checkbox"/>	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 1 To 2 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 | 3 | 1 | 5 | 6 | 9

Unit Number 02	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) POLLARD, LORI	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 368-9331	Damage Scale 2	Damaged Area
LP State OH	License Plate Number EZL3925	Vehicle Identification Number 1G6JDJ5EG3A0105945	# Occupants 	
Owner-Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 6628 KARINCREST DR. LIBERTY TWP. OH 45044				
Vehicle Year 2010	Vehicle Make CADILLAC	Vehicle Model CTS	Vehicle Color RED	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company ALLIED INS. CO.	Policy Number PPGM00498995971	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 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 <input type="checkbox"/> 1 - Two-Way, Not Divided <input type="checkbox"/> 2 - Two-Way, Not Divided, Continuous Left Turn Lane <input type="checkbox"/> 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median <input type="checkbox"/> 4 - Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 5 - One-Way Trafficway <input type="checkbox"/> Hit / Skip Unit
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Unit Speed 0 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <input type="checkbox"/>	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 1 To 2 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 3 1 5 6 9

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle LUSK, JESSY L.	Date of Birth 12261990	Age 25	Gender F - Female M - Male
Address, City, State, Zip 208 HIGHLAND AVE. HAMILTON, OH 45011			Contact Phone- include area code (513) 816-3906	
Injuries 1	Injured Taken By	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 TT177009	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>
Condition 1	Alcohol/Drug Suspected	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value
Offense Charged (<input checked="" type="checkbox"/> Local Code) 335.13A	Offense Description LEAVING THE SCENE	Citation Number 229363	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
Address, City, State, Zip			Contact Phone- include area code	
Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> DOT Compliant Motorcycle Helmet
Seating Position	Air Bag Usage	Ejection	Trapped	
OL State	Operator License Number	OL Class	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>
Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value
Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By

- | | | | | |
|-------------------------------|--|---------------------------------|--|--|
| Injuries | Injured Taken By | Safety Equipment Used. | 99 - Unknown Safety Equipment. | Non-Motorist |
| 1 - No Injury / None Reported | 1 - Not Transported / Treated at Scene | Motorist | 01 - None Used - Vehicle Occupant | 09 - None Used |
| 2 - Possible | 2 - EMS | 02 - Shoulder Belt Only Used | 05 - Child Restraint System-Forward Facing | 10 - Helmet Used |
| 3 - Non-Incapacitating | 3 - Police | 03 - Lap Belt Only Used | 06 - Child Restraint System- Rear Facing | 11 - Protective Pads Used (Elbows, Knees, Etc) |
| 4 - Incapacitating | 4 - Other | 04 - Shoulder and Lap Belt Used | 07 - Booster Seat | 12 - Reflective Clothing |
| 5 - Fatal | 9 - Unknown | | 08 - Helmet Used | 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 - Fell Asleep, Fainted, Fatigued | 5 - Yes - Alcohol and Drugs Suspected |
| | | | 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 - Other | 4 - Electronic Communication Device |
| 5 - Test Given, Results Unknown | 5 - Other | 5 - Test Given, Results Unknown | | 5 - Other Electronic Device (Navigation Device, Radio, DVD) |
| | | | | 6 - Other Inside the Vehicle |
| | | | | 7 - External Distraction |

Occupant

Unit Number	Name: Last, First, Middle DOUGLAS, RONALD E.	Date of Birth 08101975	Age 40	Gender M - Male F - Female
Address, City, State, Zip 314 SYMMES RD. FAIRFIELD, OH 45044			Contact Phone- include area code (513) 258-7304	
Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> DOT Compliant Motorcycle Helmet
Seating Position	Air Bag Usage	Ejection	Trapped	
OL State	Operator License Number	OL Class	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>
Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value
Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> DOT Compliant Motorcycle Helmet
Seating Position	Air Bag Usage	Ejection	Trapped	