



Traffic Crash Report

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| Local Report Number * | Crash Severity | Hit/Skip |
| 1 6 0 8 0 8 3 6 | 2 1 - Fatal 2 - Injury 3 - PDO | <input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved |

| | | | | | | |
|--|---|---|-------------------------|-----------------------------|-----------------|------------------------------------|
| Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other | <input type="checkbox"/> PDQ Under State Reportable Dollar Amount | <input type="checkbox"/> Private Property | Reporting Agency NCIC * | Reporting Agency Name * | Number of Units | Unit in error |
| | | | 0 0 9 0 1 | Fairfield Police Department | 0 2 | 0 1 98 - Animal 99 - Unknown |

| | | | | |
|----------|---------------------------|-----------------|---------------|-------------|
| County * | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 0 9 | Fairfield | 1 1 0 8 2 0 1 6 | 1 9 1 9 | T U E |

| | | | |
|--------------------------------------|-----------|--------------------------|---------------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude |
| 0 / / | 0 / / | 3 9 . 3 4 4 5 7 4 | - 8 4 . 5 3 8 6 4 2 |

| | | | |
|---|--|----------------------|--|
| 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 | 0 4 | 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 SR - Square TL - Trail |

| | | | | | |
|----------------------------------|-----------------------|------------|--------------------|---------------------------------|---|
| Location Route Type ¹ | Location Route Number | Loc Prefix | Location Road Name | Location Road Type ¹ | Route Types ¹ |
| S R | 4 | | Dixie | H W | IR - Interstate Route (Inc. turnpike) CR - Numbered County Route US - US Route SR - State Route TR - Numbered Township Route |

| | | | | | |
|---|--|------------------------|------------|--|----------------------------------|
| Distance From Reference | Dir From Ref | Reference Route Number | Ref Prefix | 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 <input type="checkbox"/> E,W | | | 4876 | |

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|--|--|-------------------------------------|--|
| Reference Point Used | Crash Location | Intersection Related | Location of First Harmful Event |
| 3 1 - Intersection 2 - Mile Post 3 - House Number | 1 0 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 | <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 |

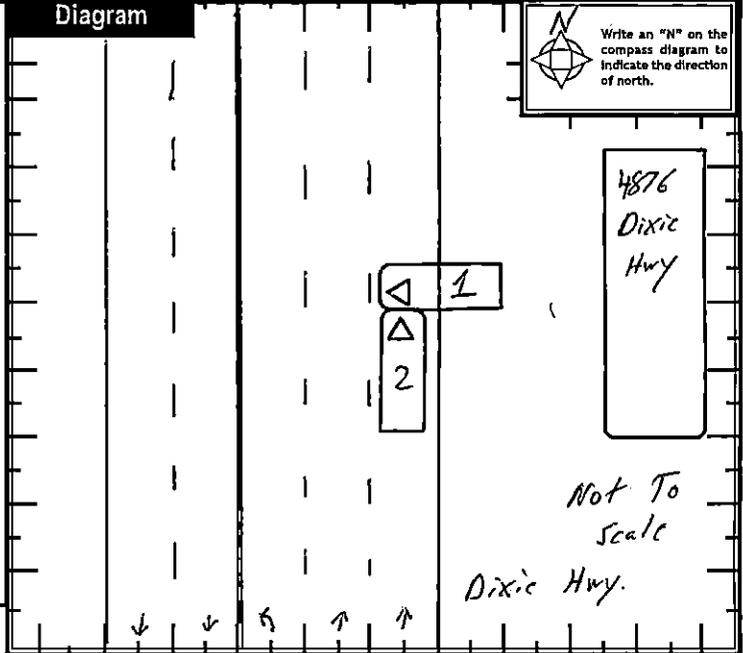
| | | |
|--|-----------------------------|---|
| Road Contour | Road Conditions | Weather |
| 1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown | 0 2 Primary Secondary | 4 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown |

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| 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 | 4 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 | Light Conditions | School Bus Related |
| 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other | 4 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 Bus 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"/> Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only) | <input type="checkbox"/> 1 - Lane Closure <input type="checkbox"/> 2 - Lane Shift/Crossover <input type="checkbox"/> 3 - Work on Shoulder or Median <input type="checkbox"/> 4 - Intermittent or Moving Work <input type="checkbox"/> 5 - Other | <input type="checkbox"/> 1 - Before the First Work Zone Warning Sign <input type="checkbox"/> 2 - Advance Warning Area <input type="checkbox"/> 3 - Transition Area <input type="checkbox"/> 4 - Activity Area <input type="checkbox"/> 5 - Termination Area |

Narrative
On 11-08-16 at approximately 7:19 p.m. Unit #2 was traveling northbound on Dixie Hwy. approaching 4876 Dixie Hwy. Unit #1 was exiting 4876 Dixie Hwy. and failed to yield to Unit #2. Unit #2 then struck Unit #1.



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|--|--|-------------------|--------------|--------------|--------------------------|---------------|
| Report Taken By | <input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPSS) | | | | | |
| <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 |
| 1 1 0 8 2 0 1 6 | 1 9 1 9 | 1 9 2 6 | 1 9 3 1 | 2 0 2 9 | 1 5 | 7 9 |
| Officer's Name * | Officer's Badge Number | Checked By | Page 1 of 4 | | | |
| P.O. T. Chenoweth | 124 | SP1 Dan Gamet #57 | | | | |



Unit

Local Report Number
16080836

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|---|--|---|----------------------------------|------------------|
| Unit Number 01 | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Williams, Janyth C. | Owner Phone Number - Inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 652-9342 | Damage Scale 4 | Damaged Area |
| Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 4321 River Rd. Fairfield, OH 45014 | | | 1 - None | |
| LP State OH | License Plate Number AG55AX | Vehicle Identification Number 4S4BT61C736104428 | 2 - Minor | |
| Vehicle Year 2003 | Vehicle Make Subaru | Vehicle Model Baja | 3 - Functional | |
| | | Vehicle Color Yellow | 4 - Disabling | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company Encompass Insurance | Policy Number US263832613 | 9 - Unknown | |
| | | Towed By Fox | | |
| Carrier Name, Address, City, State, Zip | | | Carrier Phone- include area code | |

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| 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 | Trafficway Description 2 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 | 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown | <input type="checkbox"/> Hit / Skip Unit |
| HM Class Number | | | |

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| 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 06 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 | | | | |

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|--|---|---|--|---|--|
| 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 09 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 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
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| Pre-Crash Actions 08 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 02 Primary 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign Secondary 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 99 - Unknown | 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 00 3 00 4 00 5 00 6 00 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 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 |
| 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 | | |

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| Unit Speed 20 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated | Posted Speed 35 | 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 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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Unit

Local Report Number
16080836

| | | | | |
|---|--|---|----------------------------------|------------------|
| Unit Number 02 | Owner Name: Last, First, Middle (Same As Driver) Sparks, Ellen | Owner Phone Number - inc. area code (Same As Driver) (513) 896-9405 | Damage Scale 3 | Damaged Area |
| LP State OH | License Plate Number FPS6465 | Vehicle Identification Number 1FMEU73E16UA7621901 | # Occupants 01 | |
| Vehicle Year 2006 | Vehicle Make Ford | Vehicle Model Explorer | Vehicle Color Blue | |
| Proof of Insurance Shown <input checked="" type="checkbox"/> | Insurance Company State Farm | Policy Number 8117420D0335F | Towed By Marcell's | |
| Carrier Name, Address, City, State, Zip | | | Carrier Phone- include area code | |

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|-------------------|--|--|---|--|
| 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 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. | Hazardous Material Released <input type="checkbox"/> | | | <input type="checkbox"/> Hit / Skip Unit |

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|--|--------------------|---|--|



Motorist / Non-Motorist / Occupant

Local Report Number
 1 6 0 8 0 8 3 6

Motorist/Non-Motorist

Unit Number: 01 | Name: Last, First, Middle: Williams, Janyth C. | Date of Birth: 02/25/1943 | Age: 73 | Gender: F (Female)

Address, City, State, Zip: 4321 River Rd. Fairfield, OH 45014 | Contact Phone- Include area code: (513) 652-9342

Injuries: 2 | Injured Taken By: 2 | EMS Agency: FFD | Medical Facility Injured Taken To: Mercy Hospital | Safety Equipment Used: 04 | DOT Compliant Motorcycle Helmet: | Seating Position: 01 | Air Bag Usage: 1 | Ejection: 1 | Trapped: 1

OL State: OH | Operator License Number: SK229421 | OL Class: 4 | No Valid OL: | M/C End: | 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): 331.22a | Offense Description: Right Of Way Private Drive | Citation Number: 231079 | Hands-Free Device Used: | Driver Distracted By: 7

Motorist/Non-Motorist

Unit Number: 02 | Name: Last, First, Middle: Harmon, John T. | Date of Birth: 06/14/1990 | Age: 26 | Gender: M (Male)

Address, City, State, Zip: 1117 St. Clair Ave. Hamilton, OH 45015 | Contact Phone- Include area code: (513) 805-2401

Injuries: 2 | Injured Taken By: 1 | EMS Agency: FFD | Medical Facility Injured Taken To: | Safety Equipment Used: 04 | DOT Compliant Motorcycle Helmet: | Seating Position: 01 | Air Bag Usage: 2 | Ejection: 1 | Trapped: 1

OL State: OH | Operator License Number: TE013799 | OL Class: 4 | No Valid OL: | M/C End: | 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): | Offense Description: | Citation Number: | Hands-Free Device Used: | Driver Distracted By: 1

Injuries: 1 - No Injury / None Reported, 2 - Possible, 3 - Non-Incapacitating, 4 - Incapacitating, 5 - Fatal

Injured Taken By: 1 - Not Transported / Treated at Scene, 2 - EMS, 3 - Police, 4 - Other, 9 - Unknown

Safety Equipment Used: Motorist: 01 - None Used - Vehicle Occupant, 02 - Shoulder Belt Only Used, 03 - Lap Belt Only Used, 04 - Shoulder and Lap Belt Used; 99 - Unknown Safety Equipment

Non-Motorist: 09 - None Used, 10 - Helmet Used, 11 - Protective Pads Used (Elbows, Knees, Etc), 12 - Reflective Clothing, 13 - Lighting, 14 - Other

Seating Position: 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 Cap), 12 - Passenger in Unenclosed Cargo Area, 13 - Trailing Unit, 14 - Riding on Vehicle Exterior (Non-Trailing Unit), 15 - Non-Motorist, 16 - Other, 99 - Unknown

Air Bag Usage: 1 - Not Deployed, 2 - Deployed Front, 3 - Deployed Side, 4 - Deployed Both Front/Side, 5 - Not Applicable, 9 - Deployment Unknown

Ejection: 1 - Not Ejected, 2 - Totally Ejected, 3 - Partially Ejected, 4 - Not Applicable

Trapped: 1 - Not Trapped, 2 - Extricated by Mechanical Means, 3 - Extricated by Non-Mechanical Means

Operator License Class: 1 - Class A, 2 - Class B, 3 - Class C, 4 - Regular Class (Ohio is "D"), 5 - MC/Moped Only

Condition: 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

Alcohol/Drug Suspected: 1 - None, 2 - Yes - Alcohol Suspected, 3 - Yes - HBD Not Impaired, 4 - Yes - Drugs Suspected, 5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status: 1 - None Given, 2 - Test Refused, 3 - Test Given, Contaminated Sample/Unusable, 4 - Test Given, Results Known, 5 - Test Given, Results Unknown

Alcohol Test Type: 1 - None, 2 - Blood, 3 - Urine, 4 - Breath, 5 - Other

Drug Test Status: 1 - None Given, 2 - Test Refused, 3 - Test Given, Contaminated Sample/Unusable, 4 - Test Given, Results Known, 5 - Test Given, Results Unknown

Drug Test Type: 1 - None, 2 - Blood, 3 - Urine, 4 - Other

Driver Distracted By: 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

Occupant

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: | DOT Compliant Motorcycle Helmet: | Seating Position: | Air Bag Usage: | Ejection: | Trapped: |

Occupant

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: | DOT Compliant Motorcycle Helmet: | Seating Position: | Air Bag Usage: | Ejection: | Trapped: |