

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER \*

2 | 0 | 2 | 2 | 3 | 7 | 8 | 3

PHOTOS TAKEN     OH-2     OH-3  
 SECONDARY CRASH     OH-1P     OTHER  
 Private Property

LOCAL INFORMATION

REPORTING AGENCY NAME \*

GARFIELD HEIGHTS

NCIC \*

0 | 1 | 8 | 2 | 0

HIT/SKIP  
1 - Solved  
2 - Unsolved

NUMBER OF UNITS  
0 | 1

UNIT IN ERROR  
98 - ANIMAL  
99 - UNKNOWN  
0 | 1

COUNTY \*  
1 | 8

LOCALITY \*  
1

LOCATION: CITY, VILLAGE, TOWNSHIP \*  
GARFIELD HTS

CRASH DATE/TIME \*  
1 | 2 | 2 | 9 | 2 | 0 | 2 | 2 | 1 | 5 | 3 | 8

CRASH SEVERITY  
5

1 - FATAL  
2 - SERIOUS INJURY SUSPECTED  
3 - MINOR INJURY SUSPECTED  
4 - INJURY POSSIBLE  
5 - PROPERTY DAMAGE ONLY

ROUTE TYPE  
ROUTE NUMBER  
PREFIX

1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

LOCATION ROAD NAME  
YORK

ROAD TYPE  
A | V

LATITUDE DECIMAL DEGREES  
4 | 1 | . | 4 | 0 | 6 | 0 | 7 | 0

REFERENCE POINT  
3

DIRECTION  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

IR - INTERSTATE ROUTE (TP)  
US - FEDERAL US ROUTE  
SR - STATE ROUTE  
CR - NUMBERED COUNTY ROUTE  
TR - NUMBERED TOWNSHIP ROUTE

AL - ALLEY  
AV - AVENUE  
BL - BOULEVARD  
CR - CIRCLE  
CT - COURT  
DR - DRIVE  
HE - HEIGHTS

HW - HIGHWAY  
LA - LANE  
MP - MILEPOST  
OV - OVAL  
PK - PARKWAY  
PI - PIKE  
PL - PLACE  
RD - ROAD  
SQ - SQUARE  
ST - STREET  
TE - TERRACE  
TL - TRAIL  
WA - WAY

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA

NUMBER OF APPROACHES

DISTANCE FROM REFERENCE  
DISTANCE UNIT OF MEASURE  
1 - Miles  
2 - Feet  
3 - Yards

REFERENCE POINT  
DIRECTION

ROUTE TYPE  
ROAD TYPE

ROAD TYPE

ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EYE  
0 | 6

1 - ON ROADWAY  
2 - ON SHOULDER  
3 - IN MEDIAN  
4 - ON ROADSIDE  
5 - ON GORE  
6 - OUTSIDE TRAFFICWAY  
7 - ON RAMP  
8 - OFF RAMP

9 - CROSSOVER  
10 - DRIVEWAY / ALLEY ACCESS  
11 - RAILWAY GRADE CROSSING  
12 - SHARED USE PATHS  
13 - BIKE LANE  
14 - TOLL BOOTH  
99 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION/IMPACT  
1

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 - OTHER / UNKNOWN

DIRECTION OF TRAVEL  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

MEDIAN TYPE  
1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
2 - DIVIDED FLUSH MEDIAN (4-7 FEET)  
3 - DIVIDED, DEPRESSED MEDIAN  
4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
9 - OTHER / UNKNOWN

WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE  
1 - LANE CLOSURE  
2 - LANE SHIFT/CROSSOVER  
3 - WORK ON SHOULDER OR MEDIAN  
4 - INTERMITTENT OR MOVING WORK  
5 - OTHER

LOCATION OF CRASH IN WORK ZONE  
1 - BEFORE THE 1ST WORK ZONE WARNING SIGN  
2 - ADVANCE WARNING AREA  
3 - TRANSITION AREA  
4 - ACTIVITY AREA  
5 - TERMINATION AREA

CONTOUR  
1

1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL  
4 - CURVE GRADE  
9 - OTHER / UNKNOWN

CONDITIONS  
2

1 - DRY  
2 - WET  
3 - SNOW  
4 - ICE  
5 - SAND, MUD, DIRT, OIL, GRAVEL  
6 - WATER (STANDING, MOVING)  
7 - SLUSH  
9 - OTHER/UNKNOWN

SURFACE  
1

1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK  
4 - SLAG, GRAVEL, STONE  
5 - DIRT  
9 - OTHER / UNKNOWN

LIGHT CONDITION  
1

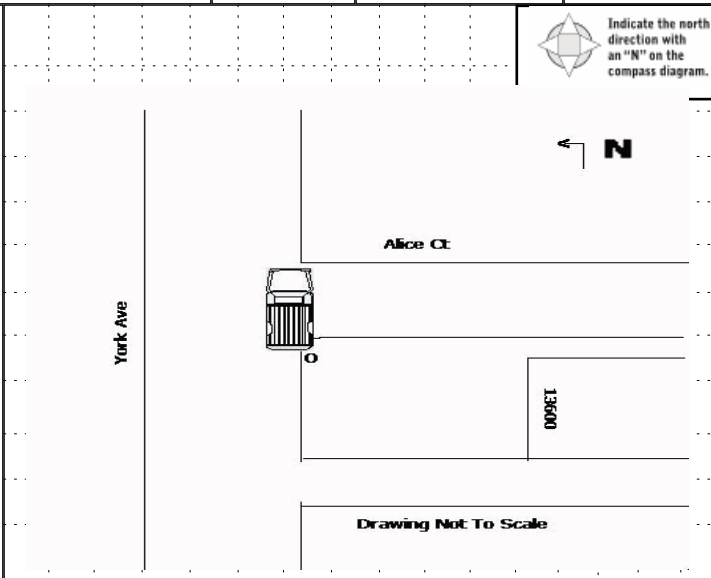
1 - DAYLIGHT  
2 - DAWN/DUSK  
3 - DARK - LIGHTED ROADWAY  
4 - DARK - ROADWAY NOT LIGHTED  
5 - DARK - UNKNOWN ROADWAY LIGHTING  
9 - OTHER / UNKNOWN

WEATHER  
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 - FREEZING RAIN OR FREEZING DRIZZLE  
99 - OTHER / UNKNOWN

NARRATIVE

UNIT 1 WAS BACKING UP WESTBOUND ON YORK AVE AND STRUCK UTILITY POLE #742850, BREAKING THE POLE IN HALF, WITH THE STREET LIGHT ATTACHED TO A POWER LINE, HANGING DOWN IN FRONT OF 13600. CEI RESPONDED TO SCENE.



CRASH REPORTED DATE/TIME  
1 | 2 | 2 | 9 | 2 | 0 | 2 | 2 | 1 | 5 | 3 | 8

DISPATCH DATE/TIME  
1 | 2 | 2 | 9 | 2 | 0 | 2 | 2 | 1 | 5 | 4 | 0

ARRIVAL DATE/TIME  
1 | 2 | 2 | 9 | 2 | 0 | 2 | 2 | 1 | 5 | 5 | 1

SCENE CLEARED DATE/TIME  
1 | 2 | 2 | 9 | 2 | 0 | 2 | 2 | 1 | 6 | 2 | 2

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
0

OTHER INVESTIGATION TIME  
3 | 5

TOTAL MINUTES  
6 | 6

OFFICER'S NAME \*  
B. Cramer

OFFICER'S BADGE NUMBER\*  
0 | 3 | 1

CHECKED BY OFFICER'S NAME\*  
D. Bailey

CHECKED BY OFFICER'S BADGE NUMBER\*  
L | 0 | 7

SUPPLEMENT (CORRECTION OR ADDITION TO EXISTING REPORT SENT TO ODDS)

**UNIT #** 01 **OWNER NAME:** LAST, FIRST, MIDDLE ( ) Same As Driver  
**REFUSE J&J**  
**OWNER PHONE:** INCLUDE AREA CODE ( ) Same As Driver

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP ( ) Same As Driver  
**3596 STATE ROUTE 39 NW DOVER OH 44622**

**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP  
**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** PHQ4476 **VEHICLE IDENTIFICATION #** 1M2A1U1414CX1C1M001278 **VEHICLE YEAR** 2012 **VEHICLE MAKE** Mack

**INSURANCE VERIFIED**  **INSURANCE COMPANY** employee mutual casu **INSURANCE POLICY #** 5e6848023 **VEHICLE COLOR** WHI **VEHICLE MODEL** Other/Unknow

**COMMERCIAL**  **GOVERNMENT**  **EMERGENCY RESPONSE**  **US DOT #** **TOWED BY: COMPANY NAME**

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** 01 **VEHICLE WEIGHT GVWR/GCWR**  
 1 - <10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.

**HAZARDOUS MATERIAL**  
 MATERIAL **CLASS #** **PLACARD**  
 RELEASED

**UNIT TYPE** 20

|                             |                                 |                        |  |                            |
|-----------------------------|---------------------------------|------------------------|--|----------------------------|
| 1 - PASSENGER CAR           | 7 - MOTORCYCLE 2-WHEEL          | 12 - GOLF CART         | 18 - LIMO (LIVERY VEHICLE)                     | 23 - PEDESTRIAN/SKATER     |
| 2 - PASSENGER VAN (MINIVAN) | 8 - MOTORCYCLE 3-WHEEL          | 13 - SNOWMOBILE        | 19 - BUS (16+ PASSENGERS)                      | 24 - WHEELCHAIR (ANY TYPE) |
| 3 - SPORT UTILITY VEHICLE   | 9 - AUTOCYCLE                   | 14 - SINGLE UNIT TRUCK | 20 - OTHER VEHICLE                             | 25 - OTHER NON- MOTORIST   |
| 4 - PICK UP                 | 10 - MOPED OR MOTORIZED BICYCLE | 15 - SEMI-TRACTOR      | 21 - HEAVY EQUIPMENT                           | 26 - BICYCLE               |
| 5 - CARGO VAN               | 11 - ALL TERRAIN VEHICLE        | 16 - FARM EQUIPMENT    | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN                 |
| 6 - VAN (9-15 SEATS)        |                                 | 17 - MOTORHOME         |  | 99 - UNKNOWN OR HIT/SKIP   |

**# OF TRAILING UNITS**

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 2

**AUTONOMOUS MODE LEVEL** 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

0 - NO AUTOMATION  
 1 - DRIVER ASSISTANCE  
 2 - PARTIAL AUTOMATION  
 3 - CONDITIONAL AUTOMATION  
 4 - HIGH AUTOMATION  
 5 - FULL AUTOMATION  
 9 - UNKNOWN

**SPECIAL FUNCTION** 01

|                             |                        |                             |                            |                      |
|-----------------------------|------------------------|-----------------------------|----------------------------|----------------------|
| 1 - NONE                    | 6 - BUS - CHARTER/TOUR | 11 - FIRE                   | 16 - FARM                  | 21 - MAIL CARRIER    |
| 2 - TAXI                    | 7 - BUS - INTERCITY    | 12 - MILITARY               | 17 - MOWING                | 99 - OTHER / UNKNOWN |
| 3 - ELECTRONIC RIDE SHARING | 8 - BUS - SHUTTLE      | 13 - POLICE                 | 18 - SNOW REMOVAL          |                      |
| 4 - SCHOOL TRANSPORT        | 9 - BUS - OTHER        | 14 - PUBLIC UTILITY         | 19 - TOWING                |                      |
| 5 - BUS-TRANSIT/COMMUTER    | 10 - AMBULANCE         | 15 - CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE PATROL |                      |

**CARGO BODY TYPE** 01

|   |  |                                  |                |                       |
|---|--|----------------------------------|----------------|-----------------------|
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 5 - INTERMODAL CONTAINER CHASSIS | 8 - POLE       | 12 - CONCRETE MIXER   |
| 2 - BUS                                 | 4 - LOGGING                              | 6 - CARGO VAN/ENCLOSED BOX       | 9 - CARGO TANK | 13 - AUTO TRANSPORTER |
|   |  | 7 - GRAIN/CHIPS/GRAVEL           | 10 - FLAT BED  | 14 - GARBAGE/REFUSE   |
|   |  |                                  | 11 - DUMP      | 99 - OTHER / UNKNOWN  |

**VEHICLE DEFECTS**

|                  |                  |                                 |                                   |                      |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 1 - TURN SIGNALS | 4 - BRAKES       | 7 - WORN OR SLICK TIRES         | 9 - MOTOR TROUBLE                 | 99 - OTHER / UNKNOWN |
| 2 - HEAD LAMPS   | 5 - STEERING     | 8 - TRAILER EQUIPMENT DEFECTIVE | 10 - DISABLED FROM PRIOR ACCIDENT |                      |
| 3 - TAIL LAMPS   | 6 - TIRE BLOWOUT |                                 |                                   |                      |

**NON-MOTORIST LOCATION AT IMPACT**

|                                       |                                  |                       |                                 |  |
|---------------------------------------|----------------------------------|-----------------------|---------------------------------|--|
| 1 - INTERSECTION - MARKED CROSSWALK   | 3 - INTERSECTION - OTHER         | 6 - BICYCLE LANE      | 9 - MEDIAN/CROSSING ISLAND      | 12 - FIRST RESPONDER AT INCIDENT SCENE |
| 2 - INTERSECTION - UNMARKED CROSSWALK | 4 - MIDLBLOCK - MARKED CROSSWALK | 7 - SHOULDER/ROADSIDE | 10 - DRIVEWAY ACCESS            | 99 - OTHER / UNKNOWN                   |
|                                       | 5 - TRAVEL LANE-OTHER LOCATION   | 8 - SIDEWALK          | 11 - SHARED USE PATHS OR TRAILS |  |

**ACTION** 3

**PRE-CRASH ACTION** 02

|                            |                        |                                    |  |  |
|----------------------------|------------------------|------------------------------------|--|--|
| 1 - NON-CONTACT            | 1 - STRAIGHT AHEAD     | 7 - MAKING U-TURN                  | 13 - NEGOTIATING A CURVE                     | 18 - APPROACHING OR LEAVING VEHICLE    |
| 2 - NON-COLLISION          | 2 - BACKING            | 8 - ENTERING TRAFFIC LANE          | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 19 - STANDING                          |
| 3 - STRIKING               | 3 - CHANGING LANES     | 9 - LEAVING TRAFFIC LANE           | 15 - WALKING, RUNNING, JOGGING, PLAYING      | 20 - OTHER NON-MOTORIST                |
| 4 - STRUCK                 | 4 - OVERTAKING/PASSING | 10 - PARKED                        | 16 - WORKING IN TRAFFIC                      | 21 - STANDING OUTSIDE DISABLED VEHICLE |
| 5 - BOTH STRIKING & STRUCK | 5 - MAKING RIGHT TURN  | 11 - SLOWING OR STOPPED IN TRAFFIC | 17 - PUSHING VEHICLE                         | 99 - OTHER / UNKNOWN                   |
| 9 - OTHER / UNKNOWN        | 6 - MAKING LEFT TURN   | 12 - DRIVERLESS                    |  |  |

**CONTRIBUTING CIRCUMSTANCES**

|                      |                              |  |                                      |                                |
|----------------------|------------------------------|--|--------------------------------------|--------------------------------|
| 1 - NONE             | 7 - LEFT OF CENTER           | 13 - IMPROPER START FROM A PARKED POSITION | 17 - VISION OBSTRUCTION              | 21 - LYING IN ROADWAY          |
| 2 - FAILURE TO YIELD | 8 - FOLLOWING TOO CLOSE/ACDA | 14 - STOPPED OR PARKED ILLEGALLY           | 18 - OPERATING DEFECTIVE EQUIPMENT   | 22 - NOT DISCERNABLE           |
| 3 - RAN RED LIGHT    | 9 - IMPROPER LANE CHANGING   | 15 - SWERVING TO AVOID                     | 19 - LOAD SHIFTING/ FALLING/SPILLING | 23 - OPENING DOOR INTO ROADWAY |
| 4 - RAN STOP SIGN    | 10 - IMPROPER PASSING        | 16 - WRONG WAY                             | 20 - IMPROPER CROSSING               | 99 - OTHER IMPROPER ACTION     |
| 5 - UNSAFE SPEED     | 11 - DROVE OFF ROAD          |  |                                      |                                |
| 6 - IMPROPER TURN    | 12 - IMPROPER BACKING        |  |                                      |                                |

**SEQUENCE OF EVENTS**

**EVENTS**

|                                     |                         |  |                                 |   |
|-------------------------------------|-------------------------|--|---------------------------------|---|
| 1 - OVERTURN/ROLLOVER               | 6 - EQUIPMENT FAILURE   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE            | 22 - WORK ZONE MAINTENANCE EQUIPMENT  |
| 2 - FIRE/EXPLOSION                  | 7 - SEPARATION OF UNITS | 12 - DOWNHILL RUNAWAY                                | 17 - ANIMAL - FARM              | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 3 - IMMERSION                       | 8 - RAN OFF ROAD RIGHT  | 13 - OTHER NON-COLLISION                             | 18 - ANIMAL - DEER              | 24 - OTHER MOVABLE OBJECT   |
| 4 - JACKKNIFE                       | 9 - RAN OFF ROAD LEFT   | 14 - PEDESTRIAN                                      | 19 - ANIMAL - OTHER             |   |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN       | 15 - PEDALCYCLE                                      | 20 - MOTOR VEHICLE IN TRANSPORT |   |
|                                     |                         |  | 21 - PARKED MOTOR VEHICLE       |   |

**COLLISION WITH FIXED OBJECT - STRUCK**

|  |                               |                                  |                   |                                     |
|--|-------------------------------|----------------------------------|-------------------|-------------------------------------|
| 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END            | 37 - TRAFFIC SIGN POST           | 43 - CURB         | 50 - WORKZONE MAINTENANCE EQUIPMENT |
| 26 - BRIDGE OVERHEAD STRUCTURE         | 32 - PORTABLE BARRIER         | 38 - OVERHEAD SIGN POST          | 44 - DITCH        | 51 - WALL                           |
| 27 - BRIDGE PIER OR ABUTMENT           | 33 - MEDIAN CABLE BARRIER     | 39 - LIGHT/LUMINARIES SUPPORT    | 45 - EMBANKMENT   | 52 - BUILDING                       |
| 28 - BRIDGE PARAPET                    | 34 - MEDIAN GUARDRAIL BARRIER | 40 - UTILITY POLE                | 46 - FENCE        | 53 - TUNNEL                         |
| 29 - BRIDGE RAIL                       | 35 - MEDIAN CONCRETE BARRIER  | 41 - OTHER POST, POLE OR SUPPORT | 47 - MAILBOX      | 54 - OTHER FIXED OBJECT             |
| 30 - GUARDRAIL FACE                    | 36 - MEDIAN OTHER BARRIER     | 42 - CULVERT                     | 48 - TREE         | 99 - OTHER / UNKNOWN                |
|  |                               |                                  | 49 - FIRE HYDRANT |                                     |

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**LOCAL REPORT**  
 2 0 2 2 3 7 8 3

**DAMAGE**

**DAMAGE SCALE**

1 - NONE  
 2 - MINOR DAMAGE  
 3 - FUNCTIONAL DAMAGE  
 4 - DISABLING DAMAGE  
 9 - UNKNOWN

1

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY

- NO DAMAGE [0]  - UNDERCARRIAGE [14]  
 - TOP [13]  - ALL AREAS [15]  
 - UNIT NOT AT SCENE [16]

**INITIAL POINT OF CONTACT**

0 - NO DAMAGE  
 1-12 - REFER TO UNIT DIAGRAM  
 13 - TOP  
 14 - UNDERCARRIAGE  
 15 - VEHICLE NOT AT SCENE

05

**TRAFFIC**

**TRAFFICWAY FLOW** 2  
 1 - ONE-WAY  
 2 - TWO-WAY

**TRAFFIC CONTROL** 6  
 1 - ROUNDABOUT  
 2 - SIGNAL  
 3 - FLASHER  
 4 - STOP SIGN  
 5 - YIELD SIGN  
 6 - NO CONTROL

**# OF THROUGH LANES ON ROAD** 2

**RAIL GRADE CROSSING**

1 - NOT INVOLVED  
 2 - INVOLVED - ACTIVE CROSSING  
 3 - INVOLVED - PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 5 - NORTHEAST  
 6 - NORTHWEST  
 7 - SOUTHEAST  
 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

FROM 3 TO 4

**UNIT SPEED** 5

**POSTED SPEED** 25

**DETECTED SPEED** 1  
 1 - STATED/ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED



# MOTORIST / NON-MOTORIST

| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|
| 2                   | 0 | 2 | 2 | 3 | 7 | 8 | 3 |

|                         |                                      |                            |                   |                      |   |                                   |                       |                          |                  |                 |                       |         |
|-------------------------|--------------------------------------|----------------------------|-------------------|----------------------|---|-----------------------------------|-----------------------|--------------------------|------------------|-----------------|-----------------------|---------|
| MOTORIST / NON-MOTORIST | UNIT #                               | NAME: LAST, FIRST, MIDDLE  |                   |                      |   |                                   | DATE OF BIRTH         |                          | AGE              | GENDER          |                       |         |
|                         | 01                                   | EGAN DANIAL L              |                   |                      |   |                                   | 11171966              |                          | 56               | M               |                       |         |
|                         | ADDRESS: STREET, CITY, STATE, ZIP    |                            |                   |                      |   | CONTACT PHONE - INCLUDE AREA CODE |                       |                          |                  |                 |                       |         |
|                         | 2617 BLAKE AVE NW 17 CANTON OH 44718 |                            |                   |                      |   |                                   |                       |                          |                  |                 |                       |         |
| INJURIES                |                                      | INJURED TAKEN BY           | EMS AGENCY (NAME) |                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   |                                   | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE   | EJECTION              | TRAPPED |
| 5                       |                                      |                            |                   |                      |   |                                   | 01                    | <input type="checkbox"/> | 06               | 1               | 1                     | 1       |
| OL STATE                | OPERATOR LICENSE NUMBER              |                            |                   | OFFENSE CHARGED      |   | LOCAL CODE                        | OFFENSE DESCRIPTION   |                          |                  | CITATION NUMBER |                       |         |
|                         |                                      |                            |                   |                      |   |                                   |                       |                          |                  |                 |                       |         |
| OL CLASS                | ENDORSEMENT SELECT UP TO 2           | RESTRICTION SELECT UP TO 3 |                   | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED  |                                   | CONDITION             | ALCOHOL TEST             |                  | DRUG TEST(S)    |                       |         |
| 2                       |                                      |                            |                   | 1                    | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |                                   | 1                     | 1                        | 1                | 1               | RESULT SELECT UP TO 4 |         |

|                         |                                   |                            |                   |                      |   |                                   |                       |                          |                  |                 |                       |         |
|-------------------------|-----------------------------------|----------------------------|-------------------|----------------------|---|-----------------------------------|-----------------------|--------------------------|------------------|-----------------|-----------------------|---------|
| MOTORIST / NON-MOTORIST | UNIT #                            | NAME: LAST, FIRST, MIDDLE  |                   |                      |   |                                   | DATE OF BIRTH         |                          | AGE              | GENDER          |                       |         |
|                         |                                   |                            |                   |                      |   |                                   |                       |                          |                  |                 |                       |         |
|                         | ADDRESS: STREET, CITY, STATE, ZIP |                            |                   |                      |   | CONTACT PHONE - INCLUDE AREA CODE |                       |                          |                  |                 |                       |         |
|                         |                                   |                            |                   |                      |   |                                   |                       |                          |                  |                 |                       |         |
| INJURIES                |                                   | INJURED TAKEN BY           | EMS AGENCY (NAME) |                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   |                                   | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE   | EJECTION              | TRAPPED |
|                         |                                   |                            |                   |                      |   |                                   |                       | <input type="checkbox"/> |                  |                 |                       |         |
| OL STATE                | OPERATOR LICENSE NUMBER           |                            |                   | OFFENSE CHARGED      |   | LOCAL CODE                        | OFFENSE DESCRIPTION   |                          |                  | CITATION NUMBER |                       |         |
|                         |                                   |                            |                   |                      |   |                                   |                       |                          |                  |                 |                       |         |
| OL CLASS                | ENDORSEMENT SELECT UP TO 2        | RESTRICTION SELECT UP TO 3 |                   | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED  |                                   | CONDITION             | ALCOHOL TEST             |                  | DRUG TEST(S)    |                       |         |
|                         |                                   |                            |                   |                      | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |                                   |                       |                          |                  |                 | RESULT SELECT UP TO 4 |         |

|                         |                                   |                            |                   |                      |   |                                   |                       |                          |                  |                 |                       |         |
|-------------------------|-----------------------------------|----------------------------|-------------------|----------------------|---|-----------------------------------|-----------------------|--------------------------|------------------|-----------------|-----------------------|---------|
| MOTORIST / NON-MOTORIST | UNIT #                            | NAME: LAST, FIRST, MIDDLE  |                   |                      |   |                                   | DATE OF BIRTH         |                          | AGE              | GENDER          |                       |         |
|                         |                                   |                            |                   |                      |   |                                   |                       |                          |                  |                 |                       |         |
|                         | ADDRESS: STREET, CITY, STATE, ZIP |                            |                   |                      |   | CONTACT PHONE - INCLUDE AREA CODE |                       |                          |                  |                 |                       |         |
|                         |                                   |                            |                   |                      |   |                                   |                       |                          |                  |                 |                       |         |
| INJURIES                |                                   | INJURED TAKEN BY           | EMS AGENCY (NAME) |                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   |                                   | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE   | EJECTION              | TRAPPED |
|                         |                                   |                            |                   |                      |   |                                   |                       | <input type="checkbox"/> |                  |                 |                       |         |
| OL STATE                | OPERATOR LICENSE NUMBER           |                            |                   | OFFENSE CHARGED      |   | LOCAL CODE                        | OFFENSE DESCRIPTION   |                          |                  | CITATION NUMBER |                       |         |
|                         |                                   |                            |                   |                      |   |                                   |                       |                          |                  |                 |                       |         |
| OL CLASS                | ENDORSEMENT SELECT UP TO 2        | RESTRICTION SELECT UP TO 3 |                   | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED  |                                   | CONDITION             | ALCOHOL TEST             |                  | DRUG TEST(S)    |                       |         |
|                         |                                   |                            |                   |                      | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |                                   |                       |                          |                  |                 | RESULT SELECT UP TO 4 |         |

| INJURIES                                       | SEATING POSITION   | AIR BAG                            | OL CLASS                     | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS                                    |
|--|--|------------------------------------|------------------------------|--|--|--|
| 1 - FATAL                                      | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   | 1 - CLASS A                  | 1 - ALCOHOL INTERLOCK DEVICE   | 1 - NOT DISTRACTED   | 1 - NONE GIVEN                                 |
| 2 - SUSPECTED SERIOUS INJURY                   | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 | 2 - CLASS B                  | 2 - CDL INTRASTATE ONLY  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                               |
| 3 - SUSPECTED MINOR INJURY                     | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  | 3 - CLASS C                  | 3 - CORRECTIVE LENSES  | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY                            | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT / SIDE     | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER  | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  | 4 - TEST GIVEN, RESULTS KNOWN                  |
| 5 - NO APPARENT INJURY                         | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 | 5 - M / C MOPED ONLY         | 5 - EXCEPT CLASS A BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
|  | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 6 - EXCEPT CLASS A & CLASS B BUS   | 6 - PASSENGER  |  |
| <b>INJURED TAKEN BY</b>                        | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                    |                              | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | <b>ALCOHOL TEST TYPE</b>                       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE         | 8 - THIRD - MIDDLE   | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE   | 1 - NONE                                       |
| 2 - EMS  | 9 - THIRD - RIGHT SIDE   | 1 - NOT EJECTED                    | H - HAZMAT                   | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 2 - BLOOD                                      |
| 3 - POLICE                                     | 10 - SLEEPER SECTION OF TRUCK CAB  | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 10 - LIMITED TO DAYLIGHT ONLY  |  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                            | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                | P - PASSENGER                | 11 - LIMITED TO EMPLOYMENT   |  | 4 - BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                        | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 4 - NOT APPLICABLE                 | N - TANKER                   | 12 - LIMITED - OTHER   |  | 5 - OTHER                                      |
| 1 - NONE USED                                  | 13 - TRAILING UNIT   | <b>TRAPPED</b>                     | Q - MOTOR SCOOTER            | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  |  |
| 2 - SHOULDER BELT ONLY USED                    | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    | R - THREE-WHEEL              | 14 - MILITARY VEHICLES ONLY  | <b>CONDITION</b>   | <b>DRUG TEST TYPE</b>                          |
| 3 - LAP BELT ONLY USED                         | 15 - NON-MOTORIST  | 2 - EXTRICATED BY MECHANICAL MEANS | MOTORCYCLE                   | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 1 - APPARENTLY NORMAL  | 1 - NONE                                       |
| 4 - SHOULDER & LAP BELT USED                   | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | S - SCHOOL BUS               | 16 - OUTSIDE MIRROR  | 2 - PHYSICAL IMPAIRMENT  | 2 - BLOOD                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING    |  |                                    | T - DOUBLE & TRIPLE TRAILERS | 17 - PROSTHETIC AID  | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 3 - URINE                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       |  |                                    | X - TANKER / HAZMAT          | 18 - OTHER   | 4 - ILLNESS  | 4 - OTHER                                      |
| 7 - BOOSTER SEAT                               |  |                                    |                              |  | 9 - OTHER / UNKNOWN  |  |
| 8 - HELMET USED                                |  |                                    | <b>GENDER</b>                |  |  | <b>DRUG TEST RESULT(S)</b>                     |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |  |                                    | F - FEMALE                   |  |  | 1 - AMPHETAMINES                               |
| 10 - REFLECTIVE CLOTHING                       |  |                                    | M - MALE                     |  |  | 2 - BARBITURATES                               |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |  |                                    | U - OTHER/UNKNOWN            |  |  | 3 - BENZODIAZEPINES                            |
| 99 - OTHER / UNKNOWN                           |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
|  |  |                                    |                              |  |  | 5 - COCAINE                                    |
|  |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
|  |  |                                    |                              |  |  | 7 - OTHER                                      |
|  |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |