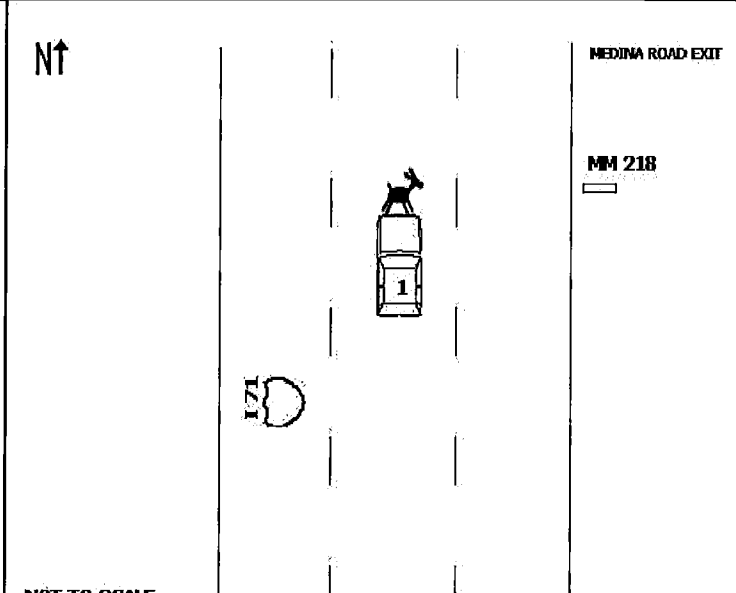




TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *
160-13-10283CRASH SEVERITY
3 1-FATAL
2-MAJURY
3-PDO
HITS/SKIP
 1-SOLVED
 2-UNSOLVEDPHOTOS TAKEN
 OH-2 OH-1P
 OH-3 OTHER
PDO UNDER STATE REPORTABLE DOLLAR AMOUNT
 PRIVATE PROPERTY
REPORTING AGENCY NCIC * **05213**
REPORTING AGENCY NAME * **MONTVILLE TOWNSHIP POLICE**
NUMBER OF UNITS **1**
UNIT IN ERROR **98** 98-ANIMAL
99-UNKNOWNCOUNTY * **52**
CITY * VILLAGE *
 TOWNSHIP * **MONTVILLE (TOWNSHIP OF)**
CRASH DATE * **10/18/2013**
TIME OF CRASH **02:51**
DAY OF WEEK **FRI**DEGREES / MINUTES / SECONDS
LATITUDE
LONGITUDE
DECIMAL DEGREES
LATITUDE
LONGITUDE
41129786
-81797763ROADWAY DIVISION
 DIVIDED
 UNDIVIDED
DIVIDED LANE DIRECTION OF TRAVEL
N N-NORTHBOUND E-EASTBOUND
S-SOUTHBOUND W-WESTBOUND
NUMBER OF THRU LANES **3**
ROAD TYPES OR MILEPOST²
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-TRAILLOCATION ROUTE TYPE 1 **IR** LOCATION ROUTE NUMBER **0071**
LOC PREFIX **N** N,S,E,W LOCATION ROAD NAME **I-71**
LOCATION ROUTE TYPE 2 **HW** ROUTE TYPES¹
IR-INTERSTATE ROUTE (INC. TURNPIKE) CR-NUMBERED COUNTY ROUTE
US-US ROUTE TR-NUMBERED TOWNSHIP ROUTE
SR-STATE ROUTEDISTANCE FROM REFERENCE POINT
MILES
FEET
YARDS
DIR FROM REFERENCE POINT
N,S,E,W
SR REFERENCE ROUTE TYPE
18
REF PREFIX
N,S,E,W
REFERENCE NAME (ROAD, MILEPOST, HOUSE #)
MEDINA
RD REFERENCE ROAD TYPE 1REFERENCE POINT USED
1 1-INTERSECTION
2-MILE POST
3-HOUSE NUMBER
CRASH LOCATION
01 01-NOT AN INTERSECTION
02-FOUR-WAY INTERSECTION
03-T-INTERSECTION
04-Y-INTERSECTION
05-TRAFFIC CIRCLE/ROUNDBOUNT
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
 INTERSECTION RELATED
LOCATION OF FIRST HARMFUL EVENT
1 1-ON ROADWAY
2-ON SHOULDER
3-IN MEDIAN
4-ON ROADSIDE
5-ON GORE
6-OUTSIDE TRAFFICWAY
9-UNKNOWNROAD CONTOUR
1 1-STRAIGHT LEVEL
2-STRAIGHT GRADE
3-CURVE LEVEL
4-CURVE GRADE
9-UNKNOWN
ROAD CONDITIONS
PRIMARY **01** 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
*SECONDARY CONDITION ONLYMANNER 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-UNKNOWN
WEATHER
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/UNKNOWNROAD SURFACE
2 1-CONCRETE
2-BLACKTOP, BITUMINOUS, ASPHALT
3-BRICK/BLOCK
4-SLAG, GRAVEL, STONE
5-DIRT
6-OTHER
LIGHT CONDITIONS
5 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
 SCHOOL ZONE RELATED
SCHOOL BUS RELATED
 YES, SCHOOL BUS DIRECTLY INVOLVED
 YES, SCHOOL BUS INDIRECTLY INVOLVED
*SECONDARY CONDITION ONLYWORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
 LAW ENFORCEMENT PRESENT (VEHICLE ONLY)
TYPE OF WORK ZONE
 1-L ANE CLOSURE
 2-LANE SHIFTY CROSSOVER
 3-WORK ON SHOULDER OR MEDIAN
4-INTERMITTENT OR MOVING WORK
5-OTHER
LOCATION OF CRASH IN WORK ZONE
 1-BEFORE THE FIRST WORK ZONE WARNING SIGN
 2-ADVANCE WARNING AREA
 3-TRANSITION AREA
4-ACTIVITY AREA
5-TERMINATION AREANARRATIVE
UNIT # 1 WAS NORTH BOUND IN THE CENTER LANE ON I-71 AND STRUCK A DEER AT MILE MARKER 218.REPORT TAKEN BY
 POLICE AGENCY MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPDS)
DATE CRASH REPORTED **10/18/2013**
TIME CRASH REPORTED **02:51**
DISPATCH TIME **02:51**
ARRIVAL TIME **02:56**
TIME CLEARED **03:39**
OTHER INVESTIGATION TIME **0**
TOTAL MINUTES **48**
OFFICER'S NAME * **P.O. RYAN GIBBONS**
OFFICER'S BADGE NUMBER **1613**
CHECKED BY **SGT LAFOND**
[Signature] #1605



UNIT

LOCAL REPORT NUMBER

160-13-10283

| | | | | |
|---|--|--|-----------------------------------|--|
| UNIT NUMBER 01 | OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> (SAME AS DRIVER) PAYNE, FRANCENE E | OWNER PHONE NUMBER - INC, AREA C <input type="checkbox"/> (SAME AS DRIVER) | DAMAGE SCALE 4 | DAMAGE AREA FRONT 09 X 02 X 03 08 10 04 07 06 05 REAR |
| OWNER ADDRESS: CITY, STATE, ZIP <input type="checkbox"/> (SAME AS DRIVER) 219 BARCELONA AVE WESTERVILLE OH 43081 | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER ELK5186 | VEHICLE IDENTIFICATION NUMBER 1ZWFT61L1X5647817 | 2 - MINOR | |
| VEHICLE YEAR 1999 | VEHICLE MAKE MERCURY | VEHICLE MODEL COUGAR | 3 - FUNCTIONAL | |
| INSURANCE COMPANY GRANGE / DYNAMIC RESOURCE | POLICY NUMBER PA 1743405 | TOWED BY LLOYD'S | 4 - DISABLING | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | | | 9 - UNKNOWN | |
| 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 | TRAFFICWAY DESCRIPTION 4 1 - T WO-WAY, NOT DIVIDED 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIAN 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL RELEASED <input type="checkbox"/> | | |
| HM CLASS NUMBER | | | |

| | | | | |
|---|---|---|--|---|
| 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 - MIDDLEBLOCK - 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 02 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 99 - UNKNOWN OR HIT/SKIP | 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/PEDESTAL CYCLIST 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 02 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 ACTION 01 | MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | NON-MOTORIST 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION 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 01 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 CONDITION) 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 18 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 | 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 |
|--|--|

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

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|--|---------------------------|---|--|
| UNIT SPEED 65 | POSTED SPEED 70 | 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/DONT WALK 15 - OTHER 16 - NOT REPORTED | UNIT DIRECTION FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
| <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | | | |



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
160-13-10283

| | | | | | | | | | | | | | |
|--|--|---|-----------------------------|--|----------------------------------|--|---|--|------------------------|---|-----------------------|--|--|
| Motorist / Non-Motorist | UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE PAYNE, FRANCENE, E | DATE OF BIRTH 05/09/1966 | AGE 47 | GENDER F - FEMALE M - MALE | | | | | | | | |
| | ADDRESS, CITY, STATE, ZIP 219 BARCELONA AVE, WESTERVILLE, OH, 43081 | | | CONTACT PHONE - INCLUDE AREA CODE (614)537-8855 | | | | | | | | | |
| | INJURIES 1 | INJURED TAKEN BY [] | EMS AGENCY [] | MEDICAL FACILITY INJURED TAKEN TO [] | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | | |
| | OL STATE OH | OPERATOR LICENSE NUMBER RH658433 | OL CLASS 4 | <input type="checkbox"/> NO VALID OL | <input type="checkbox"/> 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 (<input type="checkbox"/> LOCAL CODE) | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | <input type="checkbox"/> 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 ONLY USED | | 99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED | | 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 - MCMOPED 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 TYP 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 DEVIC 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION | | | | | |