

010159



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

CRASH SEVERITY

HIT/SKIP

LOCAL INFORMATION

Didion 2018-223657 Satyawada

1/01/59

3 1 - FATAL
2 - INJURY
3 - PDO1 - SOLVED
2 - UNSOLVED
☐ PHOTOS TAKEN
☐ OH-2 ☐ OH-1P
☐ OH-3 ☐ OTHER

☐ PDO UNDER STATE REPORTABLE DOLLAR AMOUNT
☐ PRIVATE PROPERTY

REPORTING AGENCY NCIC *

REPORTING AGENCY NAME *

CLIP1010

CLEVELAND DIVISION OF POLICE

NUMBER OF UNITS

UNIT IN ERROR

98 - ANIMAL
99 - UNKNOWN

02

02

COUNTY *

☒ CITY *
☐ VILLAGE *
☐ TOWNSHIP *

CITY, VILLAGE, TOWNSHIP *

CLEVELAND

CRASH DATE *

TIME OF CRASH

DAY OF WEEK

07/27/2018

1715

FRI

DEGREES / MINUTES / SECONDS
LATITUDE

LONGITUDE

DECIMAL DEGREES
LATITUDE

LONGITUDE

000000

000000

41.495109

-81.679780

ROADWAY DIVISION
☒ DIVIDED
☐ UNDIVIDED
DIVIDED LANE DIRECTION OF TRAVEL
☒ N - NORTHBOUND
☐ S - SOUTHBOUND
☐ E - EASTBOUND
☐ W - WESTBOUND

NUMBER OF THRU LANES

ROAD TYPE OR MILEPOST ²

02

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

LOCATION ROUTE NUMBER

LOC PREFIX
N, S, E, W

LOCATION ROAD NAME

LOCATION ROAD TYPE ²ROUTE TYPES ¹IR - INTERSTATE ROUTE (INC. TURNPIKE)
US - US ROUTE
SR - STATE ROUTECR - NUMBERED COUNTY ROUTE
TR - NUMBER TOWNSHIP ROUTEDISTANCE FROM REFERENCE
MILES
FEET
YARDSDIR FROM REF
N, S, E, WREFERENCE ROUTE TYPE ¹

REFERENCE ROUTE NUMBER

REP PREFIX REFERENCE NAME (ROAD, MILEPOST, HOUSE #)
N, S, E, W

E

14TH

ST

TYPE ²REFERENCE POINT USED
1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBERCRASH LOCATION
01 - NOT AN INTERSECTION
02 - FOUR-WAY INTERSECTION
03 - T-INTERSECTION
04 - Y-INTERSECTION
05 - TRAFFIC CIRCLE/ROUNDBOUT
06 - FIVE-POINT, OR MORE
07 - ON RAMP
08 - OFF RAMP
09 - CROSSOVER
10 - DRIVEWAY/ALLEY/ACCESS

01

01

11 - RAILWAY GRADE CROSSING
12 - SHARED-USE PATHS OR TRAILS
99 - UNKNOWN
☐ INTERSECTION RELATED

1

LOCATION OF FIRST HARMFUL EVENT
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFICWAY
9 - UNKNOWNROAD CONTOUR
1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - UNKNOWN

3

ROAD CONDITIONS
PRIMARY
SECONDARY

01

01 - DRY
02 - WET
03 - SNOW
04 - ICE
05 - SAND, MUD, DIRT, OIL, GRAVEL
06 - WATER (STANDING, MOVING)
07 - SLUSH
08 - DEBRIS*

05

06

09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
10 - OTHER
99 - UNKNOWN

* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

7 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

2

3

4

5

6

7

8

9

ROAD SURFACE
1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL
5 - DIRT
6 - OTHER

2

LIGHT CONDITIONS
PRIMARY
SECONDARY

1

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

5

6

7

8

9

* SECONDARY CONDITION ONLY

☐ WORK ZONE RELATED

☐ WORKERS PRESENT
☐ LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
☐ LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE

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

4

5

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 AREA
☐ SCHOOL ZONE RELATED

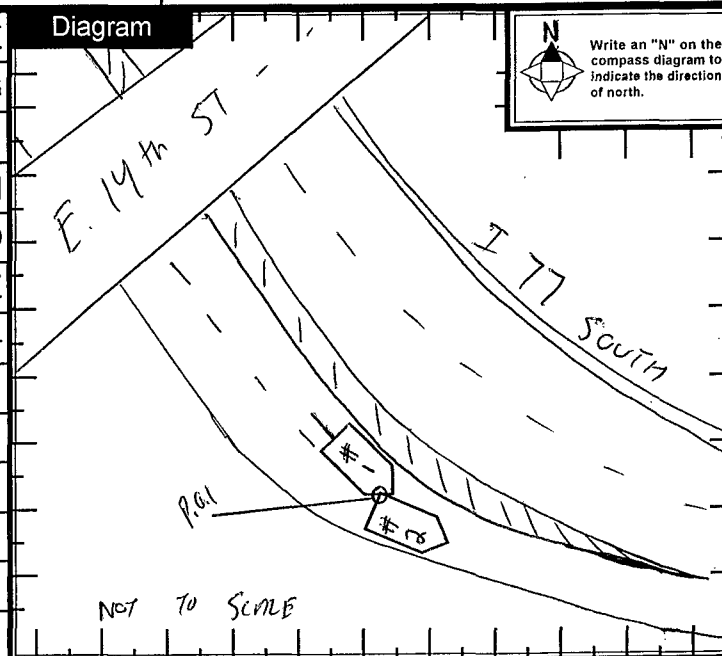
☐ YES SCHOOL BUS DIRECTLY INVOLVED
☐ YES SCHOOL BUS INDIRECTLY INVOLVED

NARRATIVE BOTH UNIT #1 AND UNIT #2 WERE

TRAVELING ON THE S/B ON-RAMP MERGING ONTO IR 77-S.

UNIT #2 WAS ATTEMPTING TO MERGE IN FRONT OF UNIT #1. UNIT #2 FAILED TO YIELD THE RIGHT OF WAY AND SIDE SWIPE THE FRONT PASSENGER SIDE OF UNIT #1 - CAUSING DAMAGE TO BOTH UNITS.

Diagram



REPORT TAKEN BY

☒ POLICE AGENCY ☐ MOTORIST

☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPIS)

DATE CRASH REPORTED

TIME CRASH REPORTED

DISPATCH TIME

ARRIVAL TIME

TIME CLEARED

OTHER INVESTIGATION TIME

TOTAL MINUTES

07/27/2018

1719

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1719

1736

43

60

OFFICER'S NAME *

CRIVEL

OFFICER'S BADGE NUMBER

1727

CHECKED BY

[Signature]

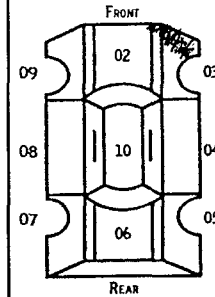
PAGE 1 OF 4



UNIT

LOCAL REPORT NUMBER

10159

UNIT NUMBER 1011		OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)		DAMAGE SCALE 2		DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)									
LP STATE OH		LICENSE PLATE NUMBER GXT1975		VEHICLE IDENTIFICATION NUMBER 3F1A6P0H7XDR11521189		# OCCUPANTS 101		2 - MINOR	
VEHICLE YEAR 2013		VEHICLE MAKE FORD		VEHICLE MODEL FUSION		VEHICLE COLOR SILVER		3 - FUNCTIONAL	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY LIBERTY MUTUAL		POLICY NUMBER AOS2811974167074		TOWED BY		4 - DISABLING	
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. 1		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 5 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. 1		<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		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 03 99 - UNKNOWN OR HIT / SKIP	
HM CLASS NUMBER 1		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		MEDI/HEAVY TRUCKS OR COMBO UNITS > 10k Lbs 13 - SINGLE UNIT TRUCKS OR VAN 2 AXLE, 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 MEDI/HEAVY VEHICLE		BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST		<input type="checkbox"/> HIT / SKIP UNIT	
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 03 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	
PRE-CRASH ACTIONS 01 99 - UNKNOWN		MOTORIST 01 - STRAIGHT A HEAD 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		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	
CONTRIBUTING CIRCUMSTANCES PRIMARY 01 SECONDARY 1 99 - UNKNOWN		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 NEGLIGENCE 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-MOTOR 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 32 - OTHER NON-MOTORIST ACTION		VEHICLE DEFECTS 1 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	
SEQUENCE OF EVENTS 1 20 2 1 3 1 4 1 5 1 6 1 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 12 - DOWN-HILL 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 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		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			
UNIT SPEED 25 <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED		POSTED SPEED 35		TRAFFIC CONTROL 01 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			



UNIT

LOCAL REPORT NUMBER

110159

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)	DAMAGE SCALE 2	DAMAGED AREA
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MOTORIST/ Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

1/01/59

UNIT NUMBER [01]	NAME: LAST, FIRST, MIDDLE DIDION, LUCAS R	DATE OF BIRTH 11/03/0119/81	AGE 36	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 1665 PROSPECT RD. HUDSON, OH 44236	CONTACT PHONE- INCLUDE AREA CODE 419-217-8005
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INJURIES [1]	INJURED TAKEN BY [1]	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]	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 (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY [1]						

UNIT NUMBER [02]	NAME: LAST, FIRST, MIDDLE SATYAWADA, SEKHAR CHANDRA	DATE OF BIRTH 07/24/19/66	AGE 52	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 427 CARRINGTON LANE BROADVIEW HTS., 44147	CONTACT PHONE- INCLUDE AREA CODE 216-956-6777
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INJURIES [1]	INJURED TAKEN BY [1]	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]	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 (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY [1]						

INJURIES 1 - NO INJURIES / NON 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 (ELBOW, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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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 CAB) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON A 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
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRACT BY MECHANICAL MEANS 3 - EXTRACTED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPE ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FALL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATION, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUG SUSPECTED 5 - YES - ALCOHOL AND DRUG SUSPECT
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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 - BREATH 5 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTED REPORTED 2 - PHONE 3 - TEXTING/EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT []	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH []	AGE []	GENDER [] F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES []	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED []	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []
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UNIT NUMBER []	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH []	AGE []	GENDER [] F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES []	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED []	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []
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