OHIO TRAFFIC CR	ASH REPORT	Local Report Number *	CRASH SEVERITY HIT/SKIP
DOUGLION - SERVICE - PROTECTION LOCAL INFORMATION		<u>                                      </u>	3131 3 1 - FATAL 2 - INJURY 3 - PDO 1 - SOLVED 2 - UNSOLVED
DOH-2 DOH-1P STATE PROPERTY	EPORTING AGENCY NCIC * REPORTING AGENCY NAME *		Number of Unit in error Units 98 - Animal
OH-3 OTHER DOLLAR AMOUNT  County * City * City, Village, Township *	0 4 5 0 1    Newark Police Depar	CRASH DATE *	TIME OF CRASH DAY OF WEEK
415 TOWNSHIP * NEWARK	(	10111512101	1 <u>.7</u>   <u>0</u> .9 <u>.4</u> .6   <u>Sum</u>
DEGREES / MINUTES / SECONDS LATITUDE	Longitude	DECIMAL DEGREES LATITUDE	Longitude
	0 / " R	<u> 4 0  0 7 1 7 6 9 </u>	-18121,1412161613131
ROADWAY DIVISION  DIVIDED  N - NORTHBOUND E- S - SOUTHBOUND W-	EASTBOUND AL - ALLEY	S OR MILEPOST 2 CR - CIRCLE HE- HEIGHTS MP - MILEPOS CT - COURT HW - HIGHWAY PK - PARKWAY ARD DR - DRIVE LA - LANE PI - PIKE	
Location Route Number Loc Prefix Route Type 1 Location Route Number Loc Prefix E,V	S,	ROAD TYPE 2  ROAD TYPE 2  ROUTE TYPES 1  IR - INTERSTATE F US - US ROUTE SR - STATE ROUTE	COUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE
DISTANCE FROM REFERENCE  MILES FEET YARDS  DIR FROM REF N,S, E,W F	REFERENCE N,S,	EFFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD Type 2
REFERENCE POINT USED  1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER  CRASH LOCATION 01 - NOT AN IN 02 - FOUR-WAY 03 - T-INTERSE 04 - Y-INTERSE 05 - TRAFFIC C	Y INTERSECTION 07 - ON RAMP 12 - SH- ECTION 08 - OFF RAMP 99 - UN	ILWAY GRADE CROSSING  ARED-USE PATHS OR TRAILS  INTERSECTION RELATED	1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNKNOWN 4 - ON ROADSIDE
ROAD CONTOUR  1 - STRAIGHT LEVEL 4 - CURVE GRADE 2 - STRAIGHT GRADE 9 - UNKNOWN 3 - CURVE LEVEL	AD CONDITIONS PRIMARY SECONDARY 01 - DRY 02 - WET 03 - SNOW 04 - ICE	05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, 06 - WATER (STANDING, MOVING) 10 - OTHE 07 - SLUSH 99 - UNKI	
Two Motor Vehicles 3 - Head-On 6	B	VEATHER  1 - CLEAR 4 - RAIN 2 - CLOUDY 5 - SLEET, HAIL 3 - FOG, SMOG, SMOKE 6 - SNOW	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
ROAD SURFACE  1 - CONCRETE 4 - SLAG, GRAVEL 2 - BLACKTOP, BITUMINOUS, STONE ASPHALT 5 - DIRT 3 - BRICK/BLOCK 6 - OTHER	2 - DAWN 3 - DUSK	5 - DARK - ROADWAY NOT LIGHTED 9 - 1 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE*  ROADWAY 8 - OTHER * SECONDARY COM	JNKNOWN SCHOOL SCHOOL BUS RELATED  ZONE PRELATED YES, SCHOOL BUS  DIRECTLY INVOLVED  TODITION ONLY  SCHOOL BUS  INDIRECTLY INVOLVED
WORK WORKERS PRESENT  WORK ZONE RELATED  WORKERS PRESENT  LAW ENFORCEMENT PRESENT (OPPICER/VENICLE)  LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	oF Work Zone  1 - Lane Closure 4 - Intermitten 2 - Lane Shift/Crossover 5 - Other 3 - Work on Shoulder or Median	t or Moving Work  Location of Crash in Work Zone  1 - Before the First V 2 - Advance Warning 3 - Transition Area	Vork Zone Warning Sign 4 - Activity Area Area 5 - Termination Area
NARRATIVE Unit #1 was backing into a parking	spot in front of 40 Granville Street	Diagram	
and struck Unit #2 which was parl			Y X
accidentally stepped on the accel			
		Granville Street	
Report Taken By	Supplement (Correction or Addition to		
POLICE AGENCY MOTORIST  DATE CRASH REPORTED TIME CRASH	AN EXISTING REPORT SENT TO ODPS)	TIME TIME CLEARED OTI	HER INVESTIGATION TIME TOTAL MINUTES
Duncan, Michael Blake		S BADGE NUMBER CHECKED BY	Page 1 of 4

OHIO DD-MCHROTT DD-MCHROTT SAFETY BUGGITON - SERVICE - PROTECTION			Local Report Number [2 0 1 7 - 0 0 0 0 1 2 3 3						
UNIT NUMBER OWNER NAME: LAST, FIRST, I OBERFIELD, OWNER ADDRESS: CITY, STATE, ZIP (■ SAI  226 GREENFIELD AVE	EVELYN, F		OWNER PHONE NUMBER - INC. AREA CODE ( SAME AS DE 740-366-2073				MAGED ÁREA FRONT 02		
LP STATE LICENSE PLATE NUMBER  OH BQ82VH		EHICLE IDENTIFICATION NUMBER	5 W 2 1 X 6	9 6 8 0	# Occupants	2 - Minor O8 3 - Functional	3 10 04		
Vehicle Year  [2 0 0 1] Vehicle Make  Mercury		MARQUIS		VEHICLE COL		4 - DISABLING 07			
PROOF OF INSURANCE SHOWN STATE FARM	1	POLICY NUMBER 543 1979-C06-3	LL	Towed By		9 - UNKNOWN	REAR		
CARRIER NAME, ADDRESS, CITY, STATE, ZIP  US DOT	lo	RGO BODY TYPE			_	CARRIER PHONE- INC	SLUDE AREA CODE		
HM PLACARD ID No.	TSS THAN OF EQUAL TO 10K LBS. 0,001 TO 26,000 LBS. ORE THAN 26,000 LBS.	01 - No Cargo Body 02 - Bus/Van (9-15) 03 - Bus (16+ Seat 04 - VEHICLE TOWING 05 - LOGGING 06 - INTERMODAL CON 07 - CARGO VAN/ENC	S, INC DRIVER) 11 ANOTHER VEHICLE 12 13 ITAINER CHASSIS 14 LOSED BOX 15	D - POLE D - CARGO TANK L - FLAT BED C - DUMP G - CONGRETE MIXER L - AUTO TRANSPORTE D - GARBAGE/REFUSE D - OTHER/UNKNOWN	2 - Two-W 3 - Two-W 4 - Two-W 5 - One-W	AY, NOT DIVIDED AY, NOT DIVIDED, CONTIN AY, DIVIDED, UNPROTECTE AY, DIVIDED, POSITIVE M AY TRAFFICWAY	DIVIDED, CONTINUOUS LEFT TURN LANE DED, UNPROTECTED (PAINTED OR GRASS > 4 Ft.) MEDIAN DED, POSITIVE MEDIAN BARRIER		
Non-Motorist Location Prior to Impact  01 - Intersection - Marked C 02 - Intersection - No Cross 03 - Intersection - Other 04 - Midblock - Marked Cros 05 - Travel Lane - Other Loc 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Share-Use Path or Tra 12 - Non-Trafficway Area	ROSSWALK WALK  1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT	01 - SUB-COM 02 - COMPACT 99 - UNKNOWN 06 HIT / SKIP 05 - MINIVAN 06 - SPORT UI 07 - PICKUP 08 - VAN 09 - MOTORCY 10 - MOTORIZE 11 - SNOWMOE	ICLES (LESSTHAN 9 PASSENGERS PACT  E E TILITY VEHICLE CLE ED BICYCLE	3) MED/HEAVY TRU 13 - SINGLE U 14 - SINGLE U 15 - SINGLE U 16 - TRUCK/TR 17 - TRACTOR/T 18 - TRACTOR/T 20 - OTHER MI	CKS OR COMBO UNITS >  NIT TRUCK OR VAN 2AXLE  NIT TRUCK; 3 + AXLES  NIT TRUCK / TRAILER  ACTOR (BOBTAIL)  SEMI-TRAILER  DOUBLE	10k LBS BUS/VAN/LIM E, 6 TIRES 21 - BUS/V 22 - BUS (3) NON-MOTORIS 23 - ANIMA 24 - ANIMA 25 - BIOYC 26 - PEDES	10 (9 OR MORE INCLIDING DRIVER)  /AN (9-15 SEATS, INC DRIVER)  16+ SEATS, INC DRIVER)  ST  AL WITH RIDER  AL WITH BUGGY, WAGON, SURREY  LE/PEDACYCLIST  STRIAN/SKATER  NON-MOTORIST		
O   1   NONE	09 - AMBULANCE 10 - FIRE 10K LBS) 11 - HIGHWAY/MAINTE 0R PRIVATE) 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNME 16 - CONSTRUCTION EQ		MOST DAMAGED  06  IMPACT AREA  06	01 - None	11 - Undercarria 12 - Load/Trailer	GE	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown		
PRE-CRASH ACTIONS  MOTORIST 01 - STRAIGHT AHEA 02 - BACKING 03 - CHANGING LANE 04 - OVERTAKING/PA 05 - MAKING RIGHT 06 - MAKING LEFT T	08 - Entering Traffic           S         09 - Leaving Traffic L           SSING         10 - Parked           Turn         11 - Slowing or Stopp	ANE	NG A CURVE 15 - ITORIST ACTION 16 - 17 - 18 - 19 -		SING SPECIFIED LOCATION G, JOGGING, PLAYING, CY EAVING VEHICLE		on-Motorist Action		
CONTRIBUTING CIRCUMSTANCES  PRIMARY  01 - NONE 02 - FAILURE TO YI 03 - RAN RED LIGH 04 - RAN STOP SIG 05 - EXCEEDED SPI 06 - UNSARE SPEEL 07 - IMPROPER TUR 08 - LEFT OF CENTE 09 - UNKNOWN 10 - IMPROPER LAN /PASSING/OFF	13 - STOPPE N 14 - OPERAT EED LIMIT 15 - SWERV O 16 - WRONG N 17 - FAILUR RR 18 - VISION CLOSELY/ACDA 19 - OPERAT E CHANGE 20 - LOAD S	PER BACKING PER START FROM PARKED POSITION ED OR PARKED ILLEGALLY TING VEHICLE IN NEGLIGENT MANN ING TO AVOID (DUE TO EXTERNAL () S TIDE/WRONG WAY E TO CONTROL OBSTRUCTION ING DEFECTIVE EQUIPMENT HIFTING/FALLING/SPILLING IMPROPER ACTION	24 - D/ 25 - L- CONDITIONS) 26 - F/ 27 - N/ 28 - IN 29 - F/ 30 - W	ONE MPROPER <b>C</b> ROSSING	HT OF WAY OTHING) FIC SIGNS OAD	02 - F 03 - T 04 - B 05 - S 06 - T 07 - V 08 - T 09 - N	TURN SIGNALS  TEAD LAMPS  TAIL LAMPS  TRAKES  THE SIGNATION  THE BLOWOUT  VORN OR SLICK TIRES  TRAILER EQUIPMENT DEFECTIVE  MOTOR TROUBLE  TISSABLED FROM PRIOR ACCIDENT  THER DEFECTS		
FIRST 1 MOST 1 EVENTS  1 2 3 MOST 1 EVENT 1 FIRST 1 HARMFUL 1 EVENT 1	99 - UNKNOWN  NOT FIXED  21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE 23 - STRUCK BY FALLING, SHIFTI OR ANYTHING SET IN MOTION MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	26 - BRIDGE OVERH EQUIPMENT 27 - BRIDGE PIER C NG CARGO 28 - BRIDGE PARAP	LLOVER 06 DIN 07 08 MENT LOSS OR SHIFT 09 DO OBJECT 33 HEAD STRUCTURE 33 PET 33 LCE 33 LD 34 LD 35 LD 36 LD 37 LD	- EQUIPMENT FAILU (BLOWN TIRE, BRAKE - SEPARATION OF UN - RAN OFF ROAD RI - RAN OFF ROAD LE - MEDIAN CABLE - MEDIAN GUARDE - MEDIAN ONCRE - MEDIAN ONCRE - TRAFFIC SIGN P TRAFFIC SIGN P OVERHEAD SIGN - UTILITY POLE	FAILURE, ETC    11 - C	OR SUPPORT 4 CULVERT 5 CURB DITCH 5	8 - Tree 9 - Fire Hydrant 0 - Work Zone Maintenance Equipment 1 - Wall, Building, Tunnel 2 - Other Fixed Object		
UNIT SPEED POSTED SPEED  1101 STATED ESTIMATED	TRAFFIC CONTROL  01 - No CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHI 06 - SCHOOL ZONE		14 - WALK/DO 15 - OTHER CICADE 16 - NOT REP OFFICER)	alk Lines on't Walk	NIT DIRECTION FROM 4 TO	2 - SOUTH 6 - 3 - EAST 7	- Northeast 9 - Unknown - Northwest - Southeast - Southwest		

OHIO DIPHORITORITO OF PUBLIC SAFETY	NIT		LOCAL REPORT NUMBER [2 0 1 7 - 0 0 0 0 1 2 3 3									
Unit Number Owner Nami	e: Last, First, Middle (	■ Same As Driver)	Owner Phone Number	- INC. AREA CODE (	SAME AS DRIVER)	Damage Scale Damaged Area						
OWNER ADDRESS: CITY, STATE,	ER, Frank, D						2 FRONT					
751 HUDSON AVE ,OH 43055												
LP STATE LICENSE PLATE N	# Occupants	2 - Minor 08 10 04										
VEHICLE YEAR VEHIC	51 LE MAKE		1   G  3   H  C  5   2	! K 3 V 4 8	3 5 2 2 9   VEHICLE COL	.OR	3 - FUNCTIONAL					
	dsmobile						4 - DISABLING 07 06 05					
PROOF OF INSURANCE COMPANY INSURANCE SHOWN			Policy Number	To	WED BY		9 - UNKNOWN REAR					
CARRIER NAME, ADDRESS, CITY,	, State, Zip			•			CARRIER PHONE- INCLUDE AREA CODE					
US DOT  VEHICLE WEIGHT GVWR/GCWR  CARGO BODY TYPE  O1 - No CARGO BODY TYPE/NOT APPLICABLE 09 - POLE  TRAFFICWAY DESCRIPTION  TRAFFICWAY DESCRIPTION  TRAFFICWAY DESCRIPTION												
HM PLACARD ID No.	2 - 10,001 to 26,1 3 - More Than 26	000 LBS	02 - Bus/Van (9-15 03 - Bus (16+ Seat 04 - Vehicle Towing	s, Inc Driver)	2 - Two-W	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						
Hazanoous Mattoria			05 - Logging 06 - Intermodal Com	ITAINER CHASSIS 1	12 - Dump 13 - Concrete Mixer 14 - Auto Transport	4 - Two-W 5 - One-W	4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway					
Number Released			07 - CARGO VAN/ENG 08 - GRAIN, CHIPS, G		15 - Garbage/Refusi 99 - Other/Unknown		□ HIT / SKIP UNIT					
	R TO IMPACT  FION - MARKED CROSSWALK  FION - NO CROSSWALK	TYPE OF USE	Passenger Veh 0 4 01 - Sub-Com	ICLES (LESS THAN 9 PASSENGE		ICKS OR COMBO UNITS >	And the state of t					
03 - Intersect 04 - Midblock		1 - PERSONAL	02 - COMPACT 99 - UNKNOWN 03 - MID SIZE 0R HIT / SKIP 04 - FULL SIZE		15 - SINGLE U	NIT TRUCK; 3+ AXLES NIT TRUCK / TRAILER ACTOR (BOBTAIL)	22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST					
06 - BICYCLE L 07 - SHOULDER	_AN E	2 - COMMERCIAL 3 - GOVERNMENT	05 - MINIVAN 06 - Sport U		17 - Tractor/ 18 - Tractor/	Semi-Trailer Double	23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST					
08 - Sidewalk 09 - Median/C 10 - Driveway	CROSSING ISLAND	☐ IN EMERGENCY	07 - Pickup 08 - Van 09 - Motorcy	CLE	19 - TRACTOR/ 20 - OTHER M	Triples ed/Heavy Vehicle	26 - Pedestrian/Skater 27 - Other Non-Motorist					
11 - Shared-U 12 - Non-Traf	JSE PATH OR TRAIL FICWAY AREA	RESPONSE	10 - Motorizi 11 - Snowmor	ED BICYCLE BILE/ATV	HM PLACARD	VI PLACARD						
99 - OTHER/UN SPECIAL FUNCTION 01 - NONE	E .	09 - Ambulance	17 - FARM VEHICLE	ASSENGER VEHICLE  Most Damage	D AREA 01 - None	08 - LEFT SIDE	ACTION 99 - UNKNOWN 1 - Non-Contact					
	FAL TRUCK (OVER 10K LBS)	10 - Fire 11 - Highway/Mainte 12 - Military	18 - FARM EQUIPMENT NANCE 19 - MOTORHOME 20 - GOLF CART	<b>02</b>	02 - CENTER FRO 03 - RIGHT FRON	NT 09 - LEFT FRONT T 10 - TOP AND WIN	2 - Non-Collision 3 - Striking					
05 - Bus 06 - Bus 07 - Bus	- CHARTER	13 - Police 14 - Public Utility 15 - Other Governme	21 - TRAIN 22 - OTHER (EXPLAIN IN N		04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTE		5 - Striking/Struck					
07 - BUS 08 - BUS PRE-CRASH ACTIONS		16 - CONSTRUCTION EG			07 - LEFT REAR	14 - OTHER	1 0000000000000000000000000000000000000					
	STRAIGHT AHEAD 0	7 - Making U-Turn 8 - Entering Traffic	13 - NEGOTIATI LANE 14 - OTHER MO	NG A CURVE 15		SSING SPECIFIED LOCATION						
99 - UNKNOWN 03 - 04 -	CHANGING LANES 0 OVERTAKING/PASSING 1	9 - Leaving Traffic I 0 - Parked	_AN E	17 18	7 - Working 3 - Pushing Vehicle		CLING					
		.1 - Slowing or Stopp .2 - Driverless	ed in Traffic		9 - Approaching or L ) - Standing	LEAVING VEHICLE						
CONTRIBUTING CIRCUMSTANCES PRIMARY MOTO				Non-M	OTORIST		VEHICLE DEFECTS  01 - TURN SIGNALS					
02	- None - Failure to Yield - Ran Red Light		PER BACKING PER Start From Parked Position ED OR Parked Illegally		None Improper Crossing Darting		02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES					
04	- RAN RED LIGHT - RAN STOP SIGN - EXCEEDED SPEED LIMIT	14 - OPERA	ting Vehicle in Negligent Mann ving to Avoid (Due to External I	DER 25 - 26 - 26 -	LYING AND/OR ILLEGAL FAILURE TO YIELD RIG	HT OF WAY	05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires					
07	06 - Unsafe Speed   16 - Wrong Side/Wrong Way   27 - Not Visible (Dark Clothing)   07 - Improper Turn   17 - Failure to Control   28 - Inattentive   08 - Left of Center   18 - Vision Obstruction   29 - Failure to Obey Traffic Signs											
99 - UNKNOWN 09 -	- FOLLOWED TOO CLOSELY/AC - IMPROPER LANE CHANGE	DA 19 - OPERA 20 - LOAD S	TING DEFECTIVE EQUIPMENT SHIFTING/FALLING/SPILLING	30 -	/Signals/Officer Wrong Side of the R	COAD	10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS					
SEQUENCE OF EVENTS	/Passing/Off Road	21 - OTHER	IMPROPER ACTION  Non-Collision Even	<u>TS</u>	OTHER NON-MOTORIST							
<sup>1</sup> <b>20</b> <sup>2</sup>	3 4	5 6	01 - OVERTURN/ROI 02 - FIRE/EXPLOSIO 03 - IMMERSION	ON	6 - EQUIPMENT FAILU (Blown Tire, Brake 7 - SEPARATION OF UT	FAILURE, ETC) 11 - C	ROSS MEDIAN ROSS CENTER LINE PPOSITE DIRECTION OF TRAVEL					
HARMFUL HAR	Most RMFUL EVENT	99 - Unknown	04 - JACKKNIFE 05 - CARGO/EQUIPM	0	8 - RAN OFF ROAD R 9 - RAN OFF ROAD LI	IGHT 12 - D	OWNHILL RUNAWAY THER NON-COLLISION					
COLLISION WITH PERSON, VEH	HICLE OR OBJECT NOT FIXED	KED MOTOR VEHICLE	COLLISION WITH FIXE 25 - IMPACT ATTEN 26 - BRIDGE OVERH	UATOR/CRASH CUSHION	33 - MEDIAN CABLE		OTHER POST, POLE 48 - TREE OR SUPPORT 49 - FIRE HYDRANT					
15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TR	22 - WOR AIN, ENGINE) 23 - STR	rk Zone Maintenance uck by Falling, Shift	EQUIPMENT 27 - BRIDGE PIER ( NG CARGO 28 - BRIDGE PARAF	DR <b>A</b> BUTMENT PET	<ul><li>34 - Median Guard</li><li>35 - Median Concr</li><li>36 - Median Other</li></ul>	ETE BARRIER 42 - BARRIER 43 -	CULVERT 50 - WORK ZONE MAINTENANCE CURB EQUIPMENT					
17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER	Мот	Anything Set in Motic for Vehicle er Movable Object	N BY A 29 - BRIDGE RAIL 30 - GUARDRAIL FA 31 - GUARDRAIL EN	CE	37 - TRAFFIC SIGN P 38 - OVERHEAD SIGN 39 - LIGHT/LUMINAR	Post 45 -	DITCH 51 - WALL, BUILDING, TUNNEL EMBANKMENT 52 - OTHER FIXED OBJECT FENCE					
20 - MOTOR VEHICLE IN TR			32 - PORTABLE BAR		40 - UTILITY POLE		MAILBOX					
	01	01 - No Controls 02 - Stop Sign	07 - RAILROAD CROSSBUC 08 - RAILROAD FLASHERS	14 - WALK/	VALK LINES	From To	1 - North 5 - Northeast 9 - Unknown 2 - South 6 - Northwest 3 - Fast 7 - Southeast					
STATED  ESTIMATED		03 - Yield Sign 04 - Traffic Signa 05 - Traffic Flash	ERS 11 - PERSON (FLAGGER,	Officer)	EPORTED		4 - WEST 8 - SOUTHWEST					
LSTIMATED.		06 - School Zone	12 - PAVEMENT MARKING	is .			Page <b>3</b> 0 F <b>4</b>					

OHIO DIPANT OF PUBLIC SAPETY MOTORIST / NON-MOTORIST / OCCUPANT 20101171-1010101011213131																			
ĺ	Unit Number Name: Last, First, Middle								DATE OF BIRTH AGE GENDER				GENDER F	- Female - Male					
	Address, Cit	OBERFIELD, EVELYN, F  RESS, CITY, STATE, ZIP						[0]3]1		T PHONE- INCLUD	4		- MALE						
<b>AOTORIST</b>		226 GREENFIELD AVE ,OH 43055  NUURIES INJURED TAKEN BY EMS AGENCY MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED							0 007.0		-366-20		ge <b> </b> Ејесттом	TRAPPED					
RIST/NON-N	1	- I I						04				DOT COMPLIANT SEATING POST MOTORCYCLE HELMET							
Мотов		OPERATOR LICE RL6294		OL CLASS	No VALID OL	M/C   F	M/C END. CONDITION ALCOHOL/DRUG SUSPECTED ALCOHOL TEST STATU			ALCOHOL TEST				ALUE DRUG TEST STATUS DRUG TEST TYPE					
	Offense Cha	FFENSE CHARGED ( Local Code) OFFENSE DESCRIPTION CITATION NUMBER											HANDS DEVIC USED	- F KEE	/ER DISTRACTE	D BY			
	Unit Number Name: Last, First, Middle										DATE OF BIRTH AGE GENDER								
	<u> </u>	0_2_ PARKED, 2017-00001233  ADDRESS, CITY, STATE, ZIP											CONTACT PHONE- INCLUDE AREA CODE						
Injuries Injured Taken By EMS Agency  Medical Facility Injured Taken To Safety Equipment Used Dot Causiling Position Air Bag Usage Ejection Trapped												TRAPPED							
RIST/NON-N	1				_						DOT COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED LIST SEATING POSITION AIR BAG USAGE EJECTION AIR BAG USAGE EJEC								
Мото	OL STATE	OPERATOR LICE	nse Number	OL CLASS	No VALID OL	M/C END.	NDITION	ALCOHOL/DRUG SU	SPECTED	ALCOHOL TEST STATUS	S ALCOHOL TEST TYPE ALCOHOL TEST VALUE DRUG TEST STATUS DRUG TEST					TEST TYPE			
	Offense Cha	FENSE CHARGED ( LOCAL CODE)  OFFENSE DESCRIPTION  CITATION NUMBER										<u>'</u>	HAND: DEVIC USED	-LKEE	/ER DISTRACTE	р Вү			
	INJURIES  1 - NO INJURY / None Reported 2 - Possible a Non-Incapacitating 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal  2 - Fatal  3 - Police 4 - Other 9 - Unknown 99 - Unknown Safety Equipment 90 - None Used 10 - Helmet Used 11 - Helmet Used 11 - Profective Pads Used (Elbows, Knees, Etc) 14 - Other 9 - Unknown												'E <b>C</b> LOTHING						
	01 - FROM 02 - FROM 03 - FROM 04 - SECC 05 - SECC	02 - Front - Middle 08 - Third - Middle 13 - Trailing Unit									AIR BAG USAGE  1 - NOT DEPLOYED  2 - DEPLOYED FRONT  3 - DEPLOYED SIDE  4 - DEPLOYED BOTH FRONT/SIDE  5 - NOT APPLICABLE  9 - DEPLOYMENT UNKNOWN								
	2 - TOTALLA 3 - PARTIAL									6 GRY, DISTURBED)	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								
	1 - None 2 - Test F 3 - Test 0 4 - Test 0	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 Given 1 - None Given 2 - Blood 3 - Test Given, Contaminated Sample/Unusable 3 - Urine 4 - Test Given, Results Known 5 - Test Given, Results Unknown  Drug Test Type 1 - None 2 - Blood 3 - Test Given, Contaminated Sample/Unusable 3 - Urine 4 - Test Given, Results Known 4 - Other 5 - Test Given, Results Unknown								2 - BLOOD 3 - URINE	DRIVER DISTRACTION REPORTED  1 - No DISTRACTION REPORTED  2 - PHONE  3 - TEXTING/E-MAILING  4 - ELECTRONIC COMMUNICATION DEVICE  5 - OTHER ELECTRONIC DEVICE  (Navigation Device, Radio, DVD)								
	UNIT NUMBER	R NAME: LAS	r, First, Middle								DATE OF BIRTH			AGE		- Female - Male			
Occupant	Address, Cit	TY, STATE, ZIP									<u>  ———</u>	Contac	T PHONE- INCLUC	E AREA CODE	<u>. —                                     </u>				
00°	Injuries I	NJURED TAKEN I	BY EMS AGENCY			MEDICAL FA	ACILITY II	NJURED TAKEN TO	SA	FETY EQUIPMENT USED	DOT Con Motorcy Helmet		SEATING POSITION	ON AIR BAG USA	GE EJECTION	TRAPPED			
	Unit Number	R NAME: LAS	r, First, Middle			1					DATE OF BIRTH			Age	GENDER F	- Female - Male			
Occupant	Address, Cit	TY, STATE, ZIP										Contac	T PHONE- INCLUC	E AREA CODE	<u></u>	ALL			
100°	Injuries I	NJURED TAKEN I	BY EMS AGENCY			Medical F	ACILITY I	NJURED TAKEN TO	SA	FETY EQUIPMENT USED	DOT COM	1PLIANT	SEATING POSITIO	ON AIR BAG USA	де Ејестом	TRAPPED			
		Ш							$  _{\Gamma}$		HELMET	VLL			Page 4	<b> </b>			