



TRAFFIC CRASH REPORT

| | | | | | |
|-----------------------|-----------|----------------|--------------------------------------|----------|--------------------------|
| LOCAL REPORT NUMBER * | 16- 23287 | CRASH SEVERITY | 2 1- FATAL 2- INJURY 3- PDO | HIT/SKIP | 1- SOLVED 2- UNSOLVED |
|-----------------------|-----------|----------------|--------------------------------------|----------|--------------------------|

| | | | | | |
|---|---|---|------------------------------------|-----------------|----------------------------------|
| LOCAL INFORMATION | | REPORTING AGENCY NCIC * | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN ERROR |
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | <input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | <input type="checkbox"/> PRIVATE PROPERTY | 04501 Newark Division of Police | 2 | 1 98 - ANIMAL 99 - UNKNOWN |
| COUNTY * | CITY * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * | TIME OF CRASH | DAY OF WEEK |
| Licking | Newark | Newark | 08/25/2016 | 2147 | Thu |

| | |
|-------------------------|-----------------|
| DEGREES/MINUTES/SECONDS | DECIMAL DEGREES |
| LATITUDE :: | LONGITUDE :: |
| OR | 40.059505 |
| | 82.390063 |

| | | | |
|---|--|----------------------|--|
| ROADWAY DIVISION | DIVIDED LANE DIRECTION OF TRAVEL | NUMBER OF THRU LANES | ROAD TYPES OR MILEPOST |
| <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED | <input type="checkbox"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND | 2 | 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 - TRAIL |

| | | | | |
|-----------------------|------------|--------------------|--------------------|--|
| LOCATION ROUTE NUMBER | LOC PREFIX | LOCATION ROAD NAME | LOCATION ROAD TYPE | ROUTE TYPES |
| | E | Main | ST | IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE CR - NUMBERED COUNTY ROUTE SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE |

| | | | | | | |
|---|--|-----------------|------------------------|------------|--|---------------------|
| DISTANCE FROM REFERENCE | DIR FROM REF | REFERENCE ROUTE | REFERENCE ROUTE NUMBER | REF PREFIX | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE |
| <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS | <input type="checkbox"/> N,S <input type="checkbox"/> E,W | | | S | Arch | ST |

| | | | |
|---|---|--|---|
| REFERENCE POINT USED | CRASH LOCATION | CRASH LOCATION | LOCATION OF FIRST HARMFUL EVENT |
| 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | 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 | 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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN | 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 |

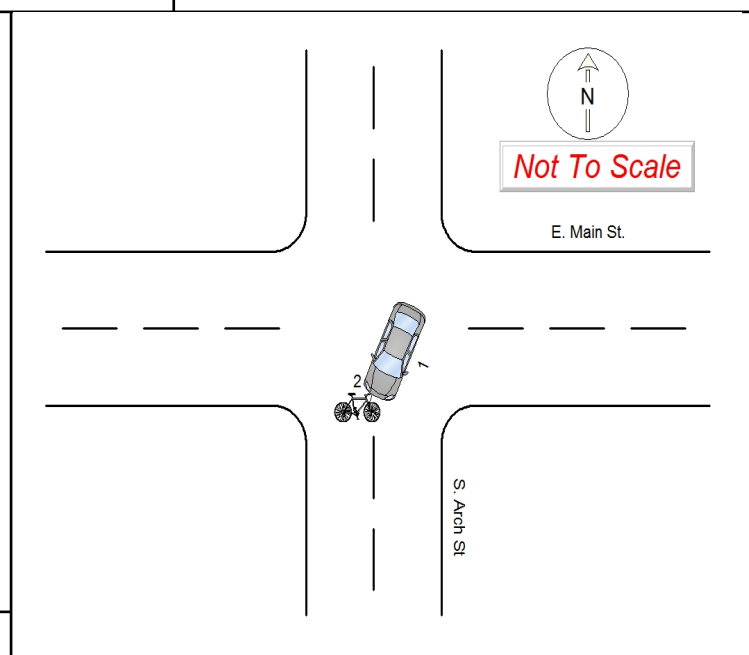
| | |
|--|--|
| MANNER OF CRASH COLLISION/IMPACT | WEATHER |
| 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, -SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN | 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN |

| | | |
|--|--|--|
| ROAD SURFACE | LIGHT CONDITIONS | SCHOOL BUS RELATED |
| 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 ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |

| | | | |
|--------------------------|---|---|---|
| WORK ZONE RELATED | WORKERS PRESENT | TYPE OF WORK ZONE | LOCATION OF CRASH IN WORK ZONE |
| <input type="checkbox"/> | <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA |

NARRATIVE

Unit #1 was traveling westbound on E. Main St.
Unit #1 made a left turn onto S. Arch St.
Unit #2 was traveling on his bicycle eastbound on E. Main St.
Unit #1 failed to yield to Unit #2.
Unit #1 struck Unit #2.



| | | | | | | |
|---|--|---------------|--------------|--------------|--------------------------|---------------|
| REPORT TAKEN BY | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | | | | | |
| <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 |
| 08/25/2016 | 2147 | 2147 | 2155 | 2231 | 0 | 44 |
| OFFICER'S NAME* | OFFICER'S BADGE NUMBER | CHECKED BY | | | | |
| McGuire, Kayla | 3179 | 2811 | | | | |



UNIT

LOCAL REPORT NUMBER

16- 23287

| | | | | |
|--|--|---|--------------------------|----------------------------------|
| UNIT NUMBER 1 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Schimpf, Evelyn, M | OWNER PHONE NUMBER 740-281-3114 | DAMAGE SCALE 2 | DAMAGE AREA FRONT REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 340 Eastern Ave Apt 227, Newark, OH, 43055 | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER GGF2392 | VEHICLE IDENTIFICATION NUMBER 1G1AK58F787158285 | 2 - MINOR | |
| VEHICLE YEAR 2008 | VEHICLE MAKE Chevrolet | VEHICLE MODEL Cobalt | 3 - FUNCTIONAL | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY American Family | POLICY NUMBER 180724000678FPFAOH | 4 - DISABLING | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | | CARRIER PHONE |

| | | | | |
|-------------------|--|--|--|--|
| US DOT | VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K 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 CHASIS 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 1 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.) MEDIA 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL RELATED <input type="checkbox"/> | | | |
| HM CLASS NUMBER | | | | |

| | | | |
|---|---|--|---|
| NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 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 - DRIVE WAY 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 02 99 - UNKNOWN OR HIT/SKIP 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 BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 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 NON-MOTORIST 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"/> 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 | 99 - UNKNOWN | ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
|--|---|---|--|--|--------------|--|

| | | | | | |
|--|--|---|--|--|--------------------------------|
| PRE-CRASH ACTIONS 06 99 - UNKNOWN | 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 | 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 |
|--|--|---|--|--|--------------------------------|

| | | | | |
|--|--|---|---|--|
| CONTRIBUTING CIRCUMSTANCE PRIMARY 02 SECONDARY <input type="checkbox"/> 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 NEGLIGENT MANNER 15 - SWERING 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 <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 |
|--|--|---|---|--|

| | | |
|--|---|--|
| SEQUENCE OF EVENTS 1 13 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 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 |
|--|---|--|

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



UNIT

LOCAL REPORT NUMBER

16- 23287

| | | | | |
|---|---|-------------------------------|--------------------------|----------------------------------|
| UNIT NUMBER 2 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Ohse, Mark, Wayne | OWNER PHONE NUMBER | DAMAGE SCALE 4 | DAMAGE AREA FRONT REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 388 Indiana St, Newark, OH, 43055 | | | 1 - NONE | |
| LP STATE | LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | 2 - MINOR | |
| VEHICLE YEAR 0 | VEHICLE MAKE | VEHICLE MODEL | 3 - FUNCTIONAL | |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN | INSURANCE COMPANY | POLICY NUMBER | 4 - DISABLING | 9 - UNKNOWN |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | CARRIER PHONE | |

| | | | | |
|-------------------|--|--|--|--|
| US DOT | VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K 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 CHASIS 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 1 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.) MEDIA 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL RELATED <input type="checkbox"/> | | | |
| HM CLASS NUMBER | | | | |

| | | | |
|---|---|--|---|
| NON-MOTORIST LOCATION PRIOR TO IMPACT 03 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 - DRIVE WAY 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 25 99 - UNKNOWN OR HIT/SKIP 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 BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 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 NON-MOTORIST 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"/> 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 | 99 - UNKNOWN | ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
|--|---|---|--|--|--------------|--|

| | | | | | |
|--|--|---|--|--|--------------------------------|
| PRE-CRASH ACTIONS 16 99 - UNKNOWN | 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 | 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 |
|--|--|---|--|--|--------------------------------|

| | | | | |
|--|--|---|---|--|
| CONTRIBUTING CIRCUMSTANCE PRIMARY 22 SECONDARY <input type="checkbox"/> 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 NEGLIGENT MANNER 15 - SWERING 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 <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 |
|--|--|---|---|--|

| | | |
|--|---|--|
| SEQUENCE OF EVENTS 1 15 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 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 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 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 | | |

| | | | |
|---|---------------------------|--|--|
| UNIT SPEED 10 <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 4 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
|---|---------------------------|--|--|



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
16-23287

| | | | | |
|-------------------------|--|------------------------------------|------------------|--|
| UNIT NUMBER 1 | NAME: LAST, FIRST, MIDDLE Lindsay, Sherry, Lee | DATE OF BIRTH 05/05/1971 | AGE 45 | GENDER F F - FEMALE M - MALE |
|-------------------------|--|------------------------------------|------------------|--|

| | |
|---|--|
| ADDRESS, CITY, STATE, ZIP 40 S Arch St, Newark, OH, 43055 | CONTACT PHONE - INCLUDE AREA CODE 740-349-8406 |
|---|--|

| | | | | | | | | | |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|
| INJURIES 1 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 99 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|

| | | | | | | | | | | | |
|-----------------------|--|----------------------|---|-------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|--------------------|------------------------------|----------------|
| OL STATE OH | OPERATOR LICENSE NUMBER RP511891 | OL CLASS 4 | No VALID DL <input type="checkbox"/> | M/C END <input type="checkbox"/> | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE |
|-----------------------|--|----------------------|---|-------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|--------------------|------------------------------|----------------|

| | | | | |
|--|---------------------|-----------------|--|----------------------------------|
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 1 |
|--|---------------------|-----------------|--|----------------------------------|

| | | | | |
|-------------------------|---|------------------------------------|------------------|--|
| UNIT NUMBER 2 | NAME: LAST, FIRST, MIDDLE Ohse, Mark, Wayne | DATE OF BIRTH 09/08/1980 | AGE 35 | GENDER M F - FEMALE M - MALE |
|-------------------------|---|------------------------------------|------------------|--|

| | |
|---|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP 388 Indiana St, Newark, OH, 43055 | CONTACT PHONE - INCLUDE AREA CODE |
|---|-----------------------------------|

| | | | | | | | | | |
|----------------------|------------------------------|---------------------------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------|----------|---------|
| INJURIES 2 | INJURED TAKEN BY 1 | EMS AGENCY Newark EMS | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 09 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 15 | AIR BAG USAGE | EJECTION | TRAPPED |
|----------------------|------------------------------|---------------------------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------|----------|---------|

| | | | | | | | | | | | |
|-----------------------|--|----------------------|---|-------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|--------------------|------------------------------|----------------|
| OL STATE OH | OPERATOR LICENSE NUMBER SS534184 | OL CLASS 4 | No VALID DL <input type="checkbox"/> | M/C END <input type="checkbox"/> | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE |
|-----------------------|--|----------------------|---|-------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|--------------------|------------------------------|----------------|

| | | | | |
|--|---------------------|-----------------|--|----------------------------------|
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 1 |
|--|---------------------|-----------------|--|----------------------------------|

| | | | | |
|--|---|--|--|--|
| INJURIES | INJURED TAKEN BY | SAFETY EQUIPMENT USED | 99 - UNKNOWN SAFETY EQUIPMENT | |
| 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL | 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN | MOTORIST | NON-MOTORIST | |
| | | 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED | 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) |

| | |
|---|---|
| SEATING POSITION | AIR BAG USAGE |
| 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 | 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN |
| 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, PICKUP 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 |

| | | | | |
|---|---|--|--|---|
| EJECTION | TRAPPED | OPERATOR LICENSE CLASS | CONDITION | ALCOHOL/DRUG SUSPECTED |
| 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS | 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO'S "D") 5 - MC/MOPED ONLY | 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS | 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED |
| | | | 5 - FELL ASLEEP, FAINTED, FATIGUE 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER | |

| | | | | |
|--|---|--|---|---|
| ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | DRUG TEST STATUS | DRUG TEST TYPE | DRIVER DISTRACTED BY |
| 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION |

| | | | | |
|-------------|---------------------------|---------------|-----|----------------------------------|
| 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 <input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

| | | | | |
|-------------|---------------------------|---------------|-----|----------------------------------|
| 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 <input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT