



# TRAFFIC CRASH REPORT

|                       |          |                |                                      |          |  |
|-----------------------|----------|----------------|--------------------------------------|----------|--|
| LOCAL REPORT NUMBER * | 16-29901 | CRASH SEVERITY | 3<br>1- FATAL<br>2- INJURY<br>3- PDO | HIT/SKIP | <input type="checkbox"/> 1- SOLVED<br><input type="checkbox"/> 2- UNSOLVED |
|-----------------------|----------|----------------|--------------------------------------|----------|--|

|   |   |   |                                    |                 |                                  |
|---|---|---|------------------------------------|-----------------|----------------------------------|
| LOCAL INFORMATION   |   | REPORTING AGENCY NCIC *                   | REPORTING AGENCY NAME *            | NUMBER OF UNITS | UNIT IN ERROR                    |
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | <input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | <input type="checkbox"/> PRIVATE PROPERTY | 04501<br>Newark Division of Police | 2               | 2<br>98 - ANIMAL<br>99 - UNKNOWN |
| COUNTY *  | CITY *  | CITY, VILLAGE, TOWNSHIP *                 | CRASH DATE *                       | TIME OF CRASH   | DAY OF WEEK                      |
| Licking   | Newark  | Newark                                    | 10/26/2016                         | 1720            | Wed                              |

|                         |           |                 |           |
|-------------------------|-----------|-----------------|-----------|
| DEGREES/MINUTES/SECONDS | LONGITUDE | DECIMAL DEGREES | LONGITUDE |
| LATITUDE                | ..        | LATITUDE        | 82.429999 |
| ..                      | ..        | 40.057970       | ..        |

|   |  |                      |  |
|---|--|----------------------|--|
| ROADWAY DIVISION  | DIVIDED LANE DIRECTION OF TRAVEL   | NUMBER OF THRU LANES | ROAD TYPES OR MILEPOST   |
| <input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | <input type="checkbox"/> N - NORTHBOUND E - EASTBOUND<br><input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND | 2                    | AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY<br>AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE<br>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  |
| 21                    | N          | 21                 | ST                 | IR - INTERSTATE ROUTE (INC. TURNPIKE)<br>US - US ROUTE CR - NUMBERED COUNTY ROUTE<br>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<br><input type="checkbox"/> FEET<br><input type="checkbox"/> YARDS | <input type="checkbox"/> N,S,E,W | W               | Church                 | W          | Church                                   | ST                  |

|   |                |   |
|---|----------------|---|
| REFERENCE POINT USED  | CRASH LOCATION | LOCATION OF FIRST HARMFUL EVENT   |
| <input checked="" type="checkbox"/> 1 - INTERSECTION<br><input type="checkbox"/> 2 - MILE POST<br><input type="checkbox"/> 3 - HOUSE NUMBER | 02             | <input checked="" type="checkbox"/> 1 - ON ROADWAY 5 - ON GORE<br><input type="checkbox"/> 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY<br><input type="checkbox"/> 3 - IN MEDIAN 9 - UNKNOWN<br><input type="checkbox"/> 4 - ON ROADSIDE |

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|---|--|---|
| ROAD CONTOUR  | ROAD CONDITIONS  | WEATHER   |
| <input checked="" type="checkbox"/> 1 - STRAIGHT LEVEL 4 - CURVE GRADE<br><input type="checkbox"/> 2 - STRAIGHT GRADE 9 - UNKNOWN<br><input type="checkbox"/> 3 - CURVE LEVEL | PRIMARY <input checked="" type="checkbox"/> 01<br>SECONDARY <input type="checkbox"/> | <input checked="" type="checkbox"/> 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSINGS<br><input type="checkbox"/> 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW<br><input type="checkbox"/> 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN |

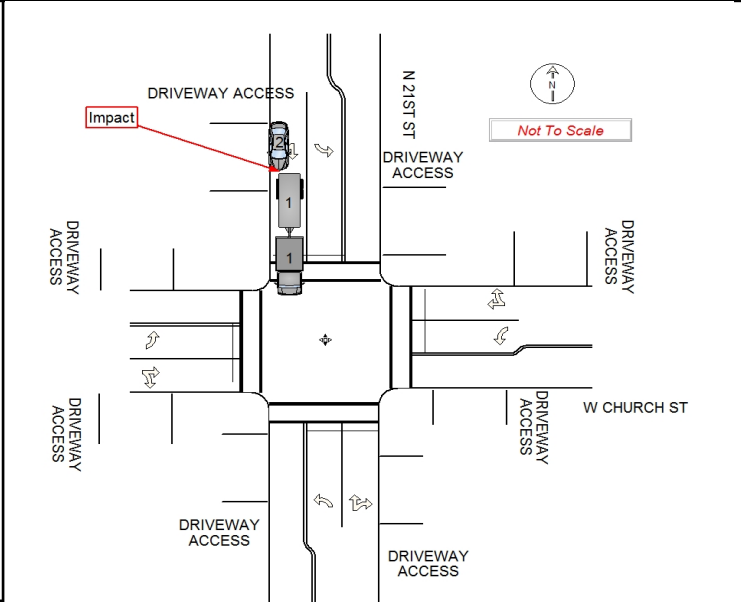
|   |   |
|---|---|
| MANNER OF CRASH COLLISION/IMPACT  | WEATHER   |
| <input checked="" type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br><input type="checkbox"/> 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSITE DIRECTION<br><input type="checkbox"/> 3 - HEAD-ON 6 - ANGLE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

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|---|--|--|
| ROAD SURFACE  | LIGHT CONDITIONS   | SCHOOL BUS RELATED   |
| <input checked="" type="checkbox"/> 1 - CONCRETE 4 - SLAG, GRAVEL, STONE<br><input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT<br><input type="checkbox"/> 3 - BRICK/BLOCK 6 - OTHER | <input checked="" type="checkbox"/> 1 - PRIMARY <input type="checkbox"/> SECONDARY<br>1 - DAYLIGHT 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN<br>2 - DAWN 6 - DARK - UNKNOWN ROADWAY LIGHTING<br>3 - DUSK 7 - GLARE*<br>4 - DARK - LIGHTED ROADWAY 8 - OTHER | <input type="checkbox"/> SCHOOL ZONE RELATED<br><input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><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)<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | <input type="checkbox"/> 1 - LANE CLOSURE 4 - INTERMITTENT OR MOVING WORK<br><input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER 5 - OTHER<br><input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN | <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA 5 - TERMINATION AREA<br><input type="checkbox"/> 3 - TRANSITION AREA |

NARRATIVE

Unit 1 was waiting in traffic and traffic started to move. Unit 1 moved ahead and stopped. Unit 2 did not realize Unit 1 was stopping again and struck Unit 1.



|   |  |               |              |              |                          |               |
|---|--|---------------|--------------|--------------|--------------------------|---------------|
| 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 |
| 10/26/2016  | 1724   | 1730          | 1733         | 1815         | 0                        | 45            |
| OFFICER'S NAME *  | OFFICER'S BADGE NUMBER   | CHECKED BY    |              |              |                          |               |
| Purtee, Jonathan  | 2875   | 2811          |              |              |                          |               |



# UNIT

LOCAL REPORT NUMBER

16- 29901

|  |   |   |                          |                                  |
|--|---|---|--------------------------|----------------------------------|
| UNIT NUMBER<br><b>1</b>  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Utility Solutions, Of Ohio,</b> | OWNER PHONE NUMBER<br><b>740-788-8123</b>                 | DAMAGE SCALE<br><b>2</b> | DAMAGE AREA<br>FRONT<br><br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>3333 Ridgely Tract Rd, Hebron, OH, 43025</b> |   |   | 1 - NONE                 |                                  |
| LP STATE<br><b>OH</b>  | LICENSE PLATE NUMBER<br><b>PIF6317</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>1FDAF56P87EB07097</b> | 2 - MINOR                |                                  |
| VEHICLE YEAR<br><b>2007</b>  | VEHICLE MAKE<br><b>Ford</b>   | VEHICLE MODEL<br><b>F550 Series</b>                       | 3 - FUNCTIONAL           |                                  |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>   | INSURANCE COMPANY<br><b>Greenlee Compton</b>  | POLICY NUMBER   | 4 - DISABLING            |                                  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |   |   |                          | CARRIER PHONE                    |

|                   |  |  |  |  |
|-------------------|--|--|--|--|
| US DOT            | VEHICLE WEIGHT <b>GVWR/GCWR</b><br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS<br><input type="checkbox"/> 2 - 10,001 TO 26,000K LBS<br><input type="checkbox"/> 3 - MORE THAN 26,000K LBS. | CARGO BODY TYPE<br><b>01</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE /REFUSE<br>99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - T WO-WAY, NOT DIVIDED<br>2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA<br>4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY<br><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<br><input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVE WAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br><b>2</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>15</b><br>99 - UNKNOWN OR HIT/SKIP<br><b>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)</b><br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE<br><b>MED/HEAVY TRUCKS OR COMBO UNITS &gt; 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)</b><br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK, 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE<br><b>NON-MOTORIST</b><br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST | <input type="checkbox"/> HAS HM PLACARD |
|---|---|---|---|

|  |   |   |  |  |              |  |
|--|---|---|--|--|--------------|--|
| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>06</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL (ALL AREAS)<br>14 - OTHER | 99 - UNKNOWN | ACTION<br><b>4</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
|--|---|---|--|--|--------------|--|

|  |  |   |  |  |                                |
|--|--|---|--|--|--------------------------------|
| PRE-CRASH ACTIONS<br><b>11</b><br>99 - UNKNOWN | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
|--|--|---|--|--|--------------------------------|

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| CONTRIBUTING CIRCUMSTANCE<br>PRIMARY<br><b>01</b><br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>99 - UNKNOWN | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | NON-MOTORIST<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><input type="checkbox"/> 01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
|--|--|---|---|---|

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|--|---|--|
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN   | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT | 10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE<br>OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |   |  |

|  |                           |  |  |
|--|---------------------------|--|--|
| UNIT SPEED<br><b>0</b><br><input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED | POSTED SPEED<br><b>35</b> | TRAFFIC CONTROL<br><b>04</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>1</b> TO <b>2</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
|--|---------------------------|--|--|



# UNIT

LOCAL REPORT NUMBER

16- 29901

|   |   |   |                          |                                  |
|---|---|---|--------------------------|----------------------------------|
| UNIT NUMBER<br><b>2</b>   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Warth, Jefferson, T</b> | OWNER PHONE NUMBER  | DAMAGE SCALE<br><b>2</b> | DAMAGE AREA<br>FRONT<br><br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>955 Grafton Rd Apt 4, Newark, OH, 43055</b> |   |   | 1 - NONE                 |                                  |
| LP STATE<br><b>OH</b>   | LICENSE PLATE NUMBER<br><b>FKF7516</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>1G2NE52FX4M531196</b> | 2 - MINOR                |                                  |
| VEHICLE YEAR<br><b>2004</b>   | VEHICLE MAKE<br><b>Pontiac</b>  | VEHICLE MODEL<br><b>Grand Am - GAM</b>                    | 3 - FUNCTIONAL           |                                  |
| VEHICLE COLOR<br><b>BLK</b>   | PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>   | INSURANCE COMPANY<br><b>Progressive</b>                   | 4 - DISABLING            |                                  |
|   | POLICY NUMBER   | TOWED BY  | 9 - UNKNOWN              |                                  |

|   |               |
|---|---------------|
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | CARRIER PHONE |
|---|---------------|

|                   |  |  |  |  |
|-------------------|--|--|--|--|
| US DOT            | VEHICLE WEIGHT <b>GVWR/GCWR</b><br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS<br><input type="checkbox"/> 2 - 10,001 TO 26,000K LBS<br><input type="checkbox"/> 3 - MORE THAN 26,000K LBS. | CARGO BODY TYPE<br><b>01</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE /REFUSE<br>99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - T WO-WAY, NOT DIVIDED<br>2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA<br>4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY<br><input type="checkbox"/> HIT / SKIP UNIT |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL RELATED<br><input type="checkbox"/>   |  |  |  |
| HM CLASS NUMBER   |  |  |  |  |

|   |   |   |  |
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| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVE WAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>03</b><br>99 - UNKNOWN OR HIT/SKIP<br><b>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)</b><br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE<br><b>MED/HEAVY TRUCKS OR COMBO UNITS &gt; 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)</b><br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK ; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE<br><input type="checkbox"/> HAS HM PLACARD | 21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br><b>NON-MOTORIST</b><br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
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| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>02</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL (ALL AREAS)<br>14 - OTHER | 99 - UNKNOWN | ACTION<br><b>3</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
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| PRE-CRASH ACTIONS<br><b>01</b><br>99 - UNKNOWN | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCE<br>PRIMARY<br><b>09</b><br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | NON-MOTORIST<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><input type="checkbox"/> 01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
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| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT | 10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE<br>OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |
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| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT | 21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT | 25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER | 33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE | 41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX | 48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |
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| UNIT SPEED<br><b>5</b><br><input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED | POSTED SPEED<br><b>35</b> | TRAFFIC CONTROL<br><b>04</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE | 07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS | 13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>1</b> TO <b>2</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | 5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
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# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
16-29901

|                  |  |                             |           |  |
|------------------|--|-----------------------------|-----------|--|
| UNIT NUMBER<br>1 | NAME: LAST, FIRST, MIDDLE<br>Cunningham, Jeremy, L | DATE OF BIRTH<br>12/03/1979 | AGE<br>36 | GENDER<br><input checked="" type="checkbox"/> M F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br>103 Supman Ct, Lancaster, OH, 43130 | CONTACT PHONE - INCLUDE AREA CODE<br>740-243-8899 |
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|---|---|------------|-----------------------------------|-----------------------------|---|--|--|---|--|
| INJURIES<br><input checked="" type="checkbox"/> 1 | INJURED TAKEN BY<br><input checked="" type="checkbox"/> 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>04 | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><input checked="" type="checkbox"/> 01 | AIR BAG USAGE<br><input checked="" type="checkbox"/> 1 | EJECTION<br><input checked="" type="checkbox"/> 1 | TRAPPED<br><input checked="" type="checkbox"/> 1 |
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| OL STATE<br>OH | OPERATOR LICENSE NUMBER<br>RU761827 | OL CLASS<br><input checked="" type="checkbox"/> 4 | No VALID DL<br><input type="checkbox"/> | M/C END<br><input type="checkbox"/> | CONDITION<br><input checked="" type="checkbox"/> 1 | ALCOHOL/DRUG SUSPECTED<br><input checked="" type="checkbox"/> 1 | ALCOHOL TEST STATUS<br><input checked="" type="checkbox"/> 1 | ALCOHOL TEST TYPE<br><input checked="" type="checkbox"/> 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS<br>1 | DRUG TEST TYPE<br>1 |
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| OFFENSE CHARGED (LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED<br><input type="checkbox"/> | DRIVER DISTRACTED BY<br><input checked="" type="checkbox"/> 1 |
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| UNIT NUMBER<br>2 | NAME: LAST, FIRST, MIDDLE<br>Baker, James, Nicholaus | DATE OF BIRTH<br>09/24/1992 | AGE<br>24 | GENDER<br><input checked="" type="checkbox"/> M F - FEMALE<br>M - MALE |
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|   |   |
|---|---|
| ADDRESS, CITY, STATE, ZIP<br>207 Shirley Ave Apt A, Mount Vernon, OH, 43050 | CONTACT PHONE - INCLUDE AREA CODE<br>740-398-3161 |
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| INJURIES<br><input checked="" type="checkbox"/> 1 | INJURED TAKEN BY<br><input checked="" type="checkbox"/> 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>04 | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><input checked="" type="checkbox"/> 01 | AIR BAG USAGE<br><input checked="" type="checkbox"/> 1 | EJECTION<br><input checked="" type="checkbox"/> 1 | TRAPPED<br><input checked="" type="checkbox"/> 1 |
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| OL STATE<br>OH | OPERATOR LICENSE NUMBER<br>TF677767 | OL CLASS<br><input checked="" type="checkbox"/> 4 | No VALID DL<br><input type="checkbox"/> | M/C END<br><input type="checkbox"/> | CONDITION<br><input checked="" type="checkbox"/> 1 | ALCOHOL/DRUG SUSPECTED<br><input checked="" type="checkbox"/> 1 | ALCOHOL TEST STATUS<br><input checked="" type="checkbox"/> 1 | ALCOHOL TEST TYPE<br><input checked="" type="checkbox"/> 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS<br>1 | DRUG TEST TYPE<br>1 |
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| OFFENSE CHARGED (LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED<br><input type="checkbox"/> | DRIVER DISTRACTED BY<br><input checked="" type="checkbox"/> 1 |
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| INJURIES   | INJURED TAKEN BY  | SAFETY EQUIPMENT USED  | 99 - UNKNOWN SAFETY EQUIPMENT  |
| 1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT ONLY USED | NON-MOTORIST<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM-REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>12 - REFLECTIVE COATING<br>13 - LIGHTING<br>14 - OTHER |

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| SEATING POSITION | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
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| EJECTION  | TRAPPED   | OPERATOR LICENSE CLASS   | CONDITION   | ALCOHOL/DRUG SUSPECTED   |
| 1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO'S "D")<br>5 - MC/MOPED ONLY | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBE)<br>4 - ILLNESS | 5 - FELL ASLEEP, FAINTED, FATIGUE<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER |

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

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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><input type="checkbox"/> | AIR BAG USAGE<br><input type="checkbox"/> | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><input type="checkbox"/> | AIR BAG USAGE<br><input type="checkbox"/> | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
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MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT