



# TRAFFIC CRASH REPORT

|                       |  |  |
|-----------------------|--|--|
| LOCAL REPORT NUMBER * | CRASH SEVERITY                                 | HIT/SKIP   |
| <b>2018-00015067</b>  | <b>3</b><br>1 - FATAL<br>2 - INJURY<br>3 - PDO | <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 checked="" 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 | <b>04501</b> Newark Police Department | <b>02</b>       | <b>01</b><br>98 - ANIMAL<br>99 - UNKNOWN |

|           |   |                           |                 |               |             |
|-----------|---|---------------------------|-----------------|---------------|-------------|
| COUNTY *  | <input checked="" type="checkbox"/> CITY *<br><input type="checkbox"/> VILLAGE *<br><input type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE *    | TIME OF CRASH | DAY OF WEEK |
| <b>45</b> | <b>NEWARK</b>   | <b>NEWARK</b>             | <b>05272018</b> | <b>2203</b>   | <b>Sun</b>  |

|   |           |                             |                  |
|---|-----------|-----------------------------|------------------|
| DEGREES / MINUTES / SECONDS<br>LATITUDE | LONGITUDE | DECIMAL DEGREES<br>LATITUDE | LONGITUDE        |
| 0 / 0 / 0                               | 0 / 0 / 0 | <b>40.063568</b>            | <b>-8.237787</b> |

|   |  |                      |  |
|---|--|----------------------|--|
| ROADWAY DIVISION  | DIVIDED LANE DIRECTION OF TRAVEL   | NUMBER OF THRU LANES | ROAD TYPES OR MILEPOST 2   |
| <input checked="" type="checkbox"/> DIVIDED<br><input type="checkbox"/> UNDIVIDED | <input type="checkbox"/> N - NORTHBOUND E - EASTBOUND<br><input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND | <b>02</b>            | 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 ROUTE TYPE 2 | ROUTE TYPES 1  |
| <b>SR 16</b>          |            | <b>Cedar</b>       |                       | IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE<br>US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE<br>SR - STATE ROUTE |

|   |                                  |                        |            |  |                       |
|---|----------------------------------|------------------------|------------|--|-----------------------|
| DISTANCE FROM REFERENCE   | DIR FROM REF                     | REFERENCE ROUTE NUMBER | REF PREFIX | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE 2 |
| <input type="checkbox"/> MILES<br><input type="checkbox"/> FEET<br><input type="checkbox"/> YARDS | <input type="checkbox"/> N,S,E,W |                        |            | <b>Cedar</b>                             | <b>ST</b>             |

|   |  |  |
|---|--|--|
| REFERENCE POINT USED  | CRASH LOCATION   | LOCATION OF FIRST HARMFUL EVENT  |
| <b>1</b><br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER | <b>01</b><br>01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE<br>02 - FOUR-WAY INTERSECTION 07 - ON RAMP<br>03 - T-INTERSECTION 08 - OFF RAMP<br>04 - Y-INTERSECTION 09 - CROSSOVER<br>05 - TRAFFIC CIRCLE/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS | <b>1</b><br>1 - ON ROADWAY 5 - ON GORE<br>2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY<br>3 - IN MEDIAN 9 - UNKNOWN<br>4 - ON ROADSIDE |

|   |  |  |
|---|--|--|
| ROAD CONTOUR  | ROAD CONDITIONS  | WEATHER  |
| <b>1</b><br>1 - STRAIGHT LEVEL 4 - CURVE GRADE<br>2 - STRAIGHT GRADE 9 - UNKNOWN<br>3 - CURVE LEVEL | <b>01</b><br>PRIMARY SECONDARY<br>01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*<br>02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER<br>03 - SNOW 07 - SLUSH 99 - UNKNOWN<br>04 - ICE 08 - DEBRIS* | <b>2</b><br>1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS<br>2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW<br>3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN |

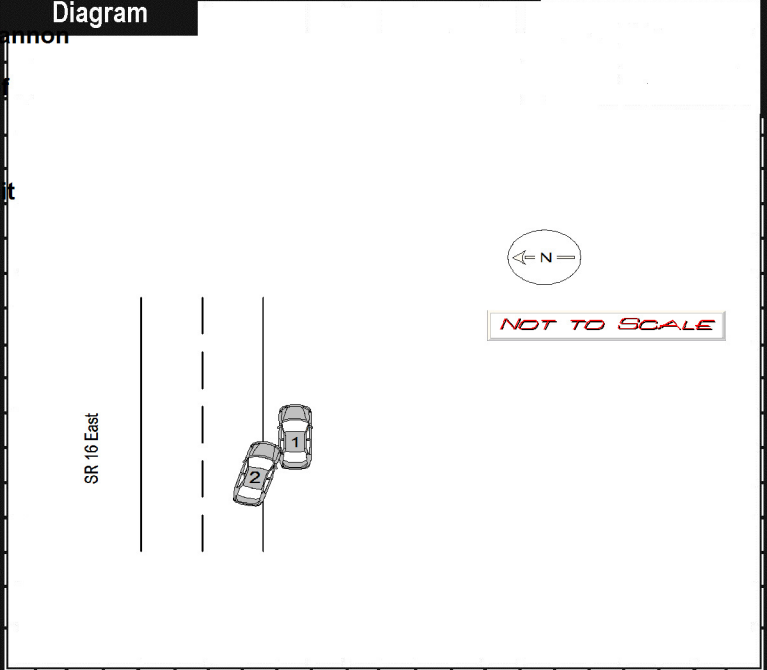
|   |  |
|---|--|
| MANNER OF CRASH COLLISION/IMPACT  | WEATHER  |
| <b>7</b><br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - UNKNOWN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

|   |   |  |
|---|---|--|
| ROAD SURFACE  | LIGHT CONDITIONS  | SCHOOL BUS RELATED   |
| <b>2</b><br>1 - CONCRETE 4 - SLAG, GRAVEL, STONE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT<br>3 - BRICK/BLOCK 6 - OTHER | <b>4</b><br>PRIMARY 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   | TYPE OF WORK ZONE  | LOCATION OF CRASH IN WORK ZONE  |
| <input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | <input type="checkbox"/><br>1 - LANE CLOSURE 4 - INTERMITTENT OR MOVING WORK<br>2 - LANE SHIFT/CROSSOVER 5 - OTHER<br>3 - WORK ON SHOULDER OR MEDIAN | <input type="checkbox"/><br>1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA<br>2 - ADVANCE WARNING AREA 5 - TERMINATION AREA<br>3 - TRANSITION AREA |

**NARRATIVE**

**Unit 2 was travelling east on SR 16 in between Cedar Street and Obannon Avenue. Unit 1 was disabled and parked unoccupied on outside of traffic way on SR 16 East. Driver of unit 2 advised his right front tire had a blow out and he lost control of his vehicle and struck unit 1.**



|                     |   |   |              |              |                          |               |
|---------------------|---|---|--------------|--------------|--------------------------|---------------|
| REPORT TAKEN BY     | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |              |              |                          |               |
| DATE CRASH REPORTED | TIME CRASH REPORTED   | DISPATCH TIME   | ARRIVAL TIME | TIME CLEARED | OTHER INVESTIGATION TIME | TOTAL MINUTES |
| <b>05272018</b>     | <b>2203</b>   | <b>2204</b>   | <b>2212</b>  | <b>2257</b>  |                          | <b>54</b>     |
| OFFICER'S NAME *    | OFFICER'S BADGE NUMBER  | CHECKED BY  |              |              |                          |               |
| <b>Burris, Dave</b> | <b>45NPD-348</b>  | <b>Delancey, Travis</b>   |              |              |                          |               |



# UNIT

LOCAL REPORT NUMBER

**2018-00015067**

|   |  |  |                                  |                  |
|---|--|--|----------------------------------|------------------|
| UNIT NUMBER<br><b>01</b>  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)<br><b>RODGERS, Jeff, ADAM</b> | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER) | DAMAGE SCALE<br><b>4</b>         | DAMAGED AREA<br> |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)<br><b>276 ROBBINS DR ,OH 43055</b> |  |  | 1 - NONE                         | 09               |
| LP STATE<br><b>OH</b>   | LICENSE PLATE NUMBER<br><b>HBN9637</b>   | VEHICLE IDENTIFICATION NUMBER<br><b>1B3EJ46X1YN219791</b>                      | 2 - MINOR                        | 03               |
| VEHICLE YEAR<br><b>2000</b>   | VEHICLE MAKE<br><b>Dodge</b>   | VEHICLE MODEL<br><b>STRATUS</b>  | 3 - FUNCTIONAL                   | 04               |
| VEHICLE COLOR   | PROOF OF INSURANCE SHOWN <input type="checkbox"/>  | INSURANCE COMPANY  | 4 - DISABLING                    | 05               |
| POLICY NUMBER   | TOWED BY<br><b>A-1</b>   |  | 9 - UNKNOWN                      |                  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP   |  |  | CARRIER PHONE- INCLUDE AREA CODE |                  |

|                   |  |  |  |
|-------------------|--|--|--|
| US DOT            | VEHICLE WEIGHT GVWR/GCWR<br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<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 CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION<br><b>3</b><br>1 - Two-Way, NOT DIVIDED<br>2 - Two-Way, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - Two-Way, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT) MEDIAN<br>4 - Two-Way, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID No. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED   | 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  | <input type="checkbox"/> HIT / SKIP UNIT   |
| HM CLASS NUMBER   |  |  |  |

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br>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 - DRIVEWAY 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 | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<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 | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<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 | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<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>08</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 | 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>10</b><br>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<br>99 - UNKNOWN | 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 |
|--|---|--|--|--------------------------------|

|  |  |   |   |
|--|--|---|---|
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>01</b><br>SECONDARY<br><b>01</b><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 NEGLIGENCE MANNER<br>15 - SWERVING 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 | VEHICLE DEFECTS<br><b>01</b><br>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 |
|--|--|---|---|

|  |   |
|--|---|
| SEQUENCE OF EVENTS<br>1 <b>21</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b><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<br>10 - CROSS MEDIAN OR SUPPORT<br>11 - CROSS CENTER LINE 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 | COLLISION WITH FIXED OBJECT<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> | POSTED SPEED<br><b>55</b> | TRAFFIC CONTROL<br><b>01</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>W</b> TO <b>E</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

**2018-00015067**

|  |   |   |                                   |                                  |
|--|---|---|-----------------------------------|----------------------------------|
| UNIT NUMBER<br><b>02</b>   | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>THOMPSON, CODY, DALTON</b> | OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>740-348-9429</b> | DAMAGE SCALE<br><b>4</b>          | DAMAGED AREA<br>                 |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>23 HAZELWOOD AVE , OH 43055</b> |   |   |                                   |                                  |
| LP STATE<br><b>OH</b>  | LICENSE PLATE NUMBER<br><b>GGZ1893</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>1G1ND52F25M24962</b>  | # OCCUPANTS<br><b>01</b>          |                                  |
| VEHICLE YEAR<br><b>2005</b>  | VEHICLE MAKE<br><b>Chevrolet</b>  | VEHICLE MODEL<br><b>MALIBU</b>  | VEHICLE COLOR                     |                                  |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN   | INSURANCE COMPANY<br><b>GRANGE INSURANCE CO.</b>  | POLICY NUMBER<br><b>PA9944651</b>   | TOWED BY<br><b>Porky's Towing</b> |                                  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |   |   |                                   | CARRIER PHONE- INCLUDE AREA CODE |

|                   |  |  |   |
|-------------------|--|--|---|
| US DOT            | VEHICLE WEIGHT GVWR/GCWR<br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<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 CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION<br><b>3</b><br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID No. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED   | 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  | <input type="checkbox"/> HIT / SKIP UNIT  |
| HM CLASS NUMBER   |  |  |   |

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br>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 - DRIVEWAY 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 | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<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 | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<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 | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<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>03</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 |
|--|---|---|--|---|--------------|--|

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

|  |  |   |   |   |
|--|--|---|---|---|
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>17</b><br>SECONDARY<br><b>00</b><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 | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENCE MANNER<br>15 - SWERVING 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><b>00</b><br>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 |
|--|--|---|---|---|

|  |   |
|--|---|
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b><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<br>10 - CROSS MEDIAN OR SUPPORT<br>11 - CROSS CENTER LINE 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 | COLLISION WITH FIXED OBJECT<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>45</b> | POSTED SPEED<br><b>55</b> | TRAFFIC CONTROL<br><b>01</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>W</b> TO <b>E</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 |
|-------------------------|---------------------------|--|--|



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

**2018-00015067**

Motorist/Non-Motorist

Motorist/Non-Motorist

OCCUPANT

OCCUPANT

|                          |   |               |     |                                  |
|--------------------------|---|---------------|-----|----------------------------------|
| UNIT NUMBER<br><b>01</b> | NAME: LAST, FIRST, MIDDLE<br><b>PARKED, 2018-00015067</b> | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>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<br>MOTORCYCLE<br>HELMET | SEATING POSITION         | AIR BAG USAGE                                   | EJECTION                 | TRAPPED                  |                          |                          |
| <input type="checkbox"/>                               | <input type="checkbox"/> |                          |                                      | <input type="checkbox"/>          | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| OL STATE   | OPERATOR LICENSE NUMBER  | OL CLASS                 | No <input type="checkbox"/> VALID OL | M/C <input type="checkbox"/> END. | CONDITION                             | ALCOHOL/DRUG SUSPECTED   | ALCOHOL TEST STATUS                             | ALCOHOL TEST TYPE        | ALCOHOL TEST VALUE       | DRUG TEST STATUS         | DRUG TEST TYPE           |
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>          | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION      |                          |                                      | CITATION NUMBER                   |                                       |                          | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY     |                          |                          |                          |
| <input type="checkbox"/>                               |                          |                          |                                      |                                   |                                       |                          | <input type="checkbox"/>                        | <input type="checkbox"/> |                          |                          |                          |

|                          |  |                                  |                   |   |
|--------------------------|--|----------------------------------|-------------------|---|
| UNIT NUMBER<br><b>02</b> | NAME: LAST, FIRST, MIDDLE<br><b>THOMPSON, CODY, DALTON</b> | DATE OF BIRTH<br><b>03301996</b> | AGE<br><b>022</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
|--------------------------|--|----------------------------------|-------------------|---|

|  |   |
|--|---|
| ADDRESS, CITY, STATE, ZIP<br><b>23 N HAZELWOOD AVE ,OH 43055</b> | CONTACT PHONE- INCLUDE AREA CODE<br><b>740-348-9429</b> |
|--|---|

|  |  |                          |                                      |                                    |                                       |                                    |   |                                   |                          |                              |                            |
|--|--|--------------------------|--------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|-----------------------------------|--------------------------|------------------------------|----------------------------|
| INJURIES<br><b>1</b>                                   | INJURED TAKEN BY                           | EMS AGENCY               | MEDICAL FACILITY INJURED TAKEN TO    | SAFETY EQUIPMENT USED<br><b>04</b> | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>      | AIR BAG USAGE<br><b>2</b>                       | EJECTION<br><b>1</b>              | TRAPPED<br><b>1</b>      |                              |                            |
| <input type="checkbox"/>                               | <input type="checkbox"/>                   |                          |                                      | <input type="checkbox"/>           | <input type="checkbox"/>              | <input type="checkbox"/>           | <input type="checkbox"/>                        | <input type="checkbox"/>          | <input type="checkbox"/> |                              |                            |
| OL STATE<br><b>OH</b>                                  | OPERATOR LICENSE NUMBER<br><b>UG734673</b> | OL CLASS                 | No <input type="checkbox"/> VALID OL | M/C <input type="checkbox"/> END.  | CONDITION<br><b>1</b>                 | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b>                 | ALCOHOL TEST TYPE<br><b>1</b>     | ALCOHOL TEST VALUE       | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
| <input type="checkbox"/>                               | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>           | <input type="checkbox"/>              | <input type="checkbox"/>           | <input type="checkbox"/>                        | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>   |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION                        |                          |                                      | CITATION NUMBER                    |                                       |                                    | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY              |                          |                              |                            |
| <input type="checkbox"/>                               |  |                          |                                      |                                    |                                       |                                    | <input type="checkbox"/>                        | <b>1</b> <input type="checkbox"/> |                          |                              |                            |

|  |   |  |  |  |   |
|--|---|--|--|--|---|
| INJURIES<br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | INJURED TAKEN BY<br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | SAFETY EQUIPMENT USED<br>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 USED | 99 - UNKNOWN SAFETY EQUIPMENT<br>NON-MOTORIST<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED | 09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER |
|--|---|--|--|--|---|

|  |  |   |  |
|--|--|---|--|
| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE | 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, PICK-UP 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 |
|--|--|---|--|

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

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

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>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<br>MOTORCYCLE<br>HELMET | SEATING POSITION         | AIR BAG USAGE            | EJECTION                 | TRAPPED                  |
| <input type="checkbox"/> | <input type="checkbox"/> |            |                                   | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>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<br>MOTORCYCLE<br>HELMET | SEATING POSITION         | AIR BAG USAGE            | EJECTION                 | TRAPPED                  |
| <input type="checkbox"/> | <input type="checkbox"/> |            |                                   | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |