TRAFFIC CRASH REPORT

Local Information	Local Report Number *	Crash Severity	Hit/Skip
1ST ST	16- 30526	3 (1 - Fatal, 2 - Injury, 3 - PDO)	☐ 1 - Solved, 2. Unsolved

☐ Photos Taken ☐ OH -2 ☐ OH -1P ☐ OH -3 ☐ Other	☐ PDO Under State Reportable Dollar Amount	☐ Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in Error
			04501	Newark Division of Police	2	2 (98 - Animal, 99 - Unknown)

County *	■ City * ☐ Village * ☐ Township *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
Licking	■ City	Newark	11/01/2016	1313	Tue

Degrees/Minutes/Seconds			Decimal Degrees	
Latitude	Longitude	OR	Latitude	Longitude
::	::		40.060049	82.399748

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes
☐ Divided ■ Undivided	☐ N - Northbound E - Eastbound S - Southbound W -Westbound	2

Road Types or Milepost: AL - Alley; AV - Avenue; BL - Boulevard; CR - Circle; CT - Court; DR - Drive; HE - Heights; HW - Highway; LA - Lane; MP - Milepost; PK - Parkway; PI - Pike; PL - Place; RD - Road; SQ - Square; ST - Street; TE - Terrace; TL - Trail; WA - Way

Location Route Number	Loc Prefix	Location Road Name	Location Road Type
	N (N,S, E,W)	1st	ST

Route Types: IR - Interstate Route (inc. turnpike); US - US Route; SR - State Route; CR - Numbered County Route; TR - Numbered Township Route

Distance From Reference	Dir From Ref	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type
50 ☐ Miles ■ Feet ☐ Yards	N (N,S, E,W)		E (N,S, E,W)	Church	ST

Reference Point Used	Crash Location				Intersection Related	Location Of First Harmful Event
1 (1 -Intersection, 2 -Mile Post, 3 -House Number)	02	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; 11 - Railway Grade Crossing; 12 - Shared-Use Paths or Trails; 99 - Unknown			☐	1 (1 - On Roadway; 2 - On Shoulde; 3 - In Median; 4 - On Roadside; 5 - On Gore; 6 - Outside Trafficway; 9 - Unknown)

Road Contour	Road Conditions				
	Primary	Secondary			
1 (1 - Straight Level; 2 - Straight Grade; 3 - Curve Level; 4 - Curve Grade; 9 - Unknown)	01		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		

*Secondary Condition Only

Manner of Crash Collision/Impact	Weather
5 (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 (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)

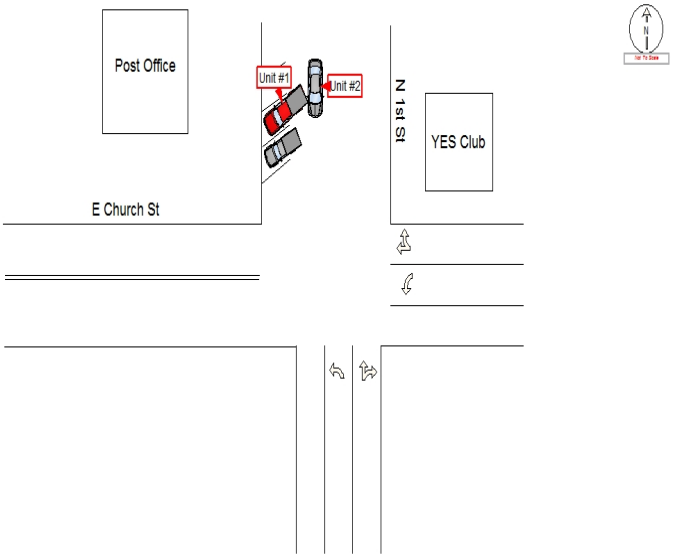
Road Surface	Light Conditions			School Bus Related
	Primary	Secondar		
2 (1 - Concrete; 2 - Blacktop, Bituminous, Asphalt; 3 - Brick/Block; 4 - Slag , Gravel, Stone; 5 - Dirt; 6 - Other)	1 (1 - Daylight; 2 - Dawn; 3 - Dusk; 4 - Dark - Lighted Roadway; 5 - Dark - Roadway Not Lighted; 6 - Dark - Unknown Roadway Lighting; 7 - Glare *; 8 - Other; 9 - Unknown)	☐	☐ School Zone Related	☐ Yes, School Bus Directly Involved ☐ Yes, School Bus Indirectly Involved

*Secondary Condition Only

☐ Work Zone Related		Type of Work Zone	Location of Crash in Work Zone
	☐ Workers Present ☐ Law Enforcement Present (Officer/Vehicle) ☐ Law Enforcement Present (VehicleOnly)	☐ 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 backing out of on street parking IAO N 1st St @ E Church St when he struck Unit #2 who was s/b on N 1st St causing a crash. Unit #1 admitted fault.



Report Taken By	
■ Police Agency ☐ Motorist	■ Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date CrashReported	Time CrashReported	Dispatch Time	Arrival Time	Time Cleared	Other InvestigationTime	Total Minutes
11/01/2016	1313	1316	1333	1350	0	34

Officer's Name *	Officer's Badge Number	Checked By
Litzinger, Christy	3133	2811

UNIT

LOCAL REPORT NUMBER: 16- 30526

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE NUMBER	DAMAGE SCALE	DAMAGE AREA
1	Councell, Frank, J	740-641-5758	2	FRONT / REAR

OWNER ADDRESS: CITY, STATE, ZIP ☐SAME AS DRIVER)

773 Hollander St Apt A, Newark, OH, 43055

DAMAGE SCALE: 1 - NONE; 2 - MINOR; 3 - FUNCTIONAL; 4 - DISABLING; 9 - UNKNOWN

LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
OH	EVM7611	1D7HG12X63S369913	1

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
2003	Dodge	Ram Van B1500 - 15B	RED

■ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
	Naders	11-34-005831962	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE

US DOT

HM PLACARD ID NO.

HM CLASS NUMBER

VEHICLE WEIGHT **GVWR/GCWR**: ☐ 1 - LESS THAN OR EQUAL TO 10K LBS; 2 - 10,001 TO 26,000K LBS; 3 - MORE THAN 26,000K LBS.

☐ HAZARDOUS MATERIAL RELATED

CARGO BODY TYPE: **01**
01 - NO CARGO BODY TYPE/NOT APPLICABL; 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 - TWO-WAY, NOT DIVIDED; 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE; 3 - TWO-WAY, DIVIDED, UNPROTECTED(PAINTED OR GRASS >4FT.) MEDIA; 4 - TWO-WAY, DIVIDED, POSITIVE MEDIANBARRIER; 5 - ONE-WAY TRAFFICWAY

☐ HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT
01 - INTERSECTION - MARKED CROSSWAL; 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

☐ IN EMERGENCY RESPONSE

UNIT TYPE: **07** (99 - UNKNOWN OR HIT/SKIP)

PASSENGER VEHICLES (LESS THAN 9 PASSENGERS MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO(9 OR MORE INCLUDING DRIVER)
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
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
21 - BUS/VAN (9-15 SEATS, INC DRIVER); 22 - BUS (16+ SEATS, INC DRIVER)
NON-MOTORIST
23 - ANIMAL WITH RIDER; 24 - ANIMAL WITH BUGGY, WAGON, SURREY; 25 - BICYCLE/PEDACYCLIST; 26 - PEDESTRIAN/SKATER; 27 - OTHER NON-MOTORIST

☐ 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 EQIP.; 17 - FARM VEHICLE; 18 - FARM EQUIPMENT; 19 - MOTORHOME; 20 - GOLF CART; 21 - TRAIN; 22 - OTHER (EXPLAIN IN NARRATIVE)

MOST DAMAGED AREA: **07**
IMPACT ARE: **07**
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: **02** (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 ACTIO

NON-MOTORIST
15 - ENTERING OR CROSSING SPECIFIED LOCATIO; 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:
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 - FALURE 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 - FALURE 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
01 - TURN SIGNALS; 02 - HEAD LAMPS; 03 - TAIL LAMPS; 04 - BRAKES; 05 - STEERING; 06 - TIRE BLOWOUT; 07 - WORN OR SLICK TIRES; 08 - TRAILER EQUIPMENT DEFECTIVE; 09 - MOTOR TROUBLE; 10 - DISABLED FROM PRIOR ACCIDENT; 11 - OTHER DEFECTS

SEQUENCE OF EVENTS
1: **20** (FIRST HARMFUL EVENT: **1**) 2: 3: (MOST HARMFUL EVENT: **1**) 4: 5: 6:
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

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 - GUARDRAILEND; 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	POSTED SPEED	TRAFFIC CONTROL	UNIT DIRECTION
5	25	01	FROM 4 TO 3

☐ STATED ■ ESTIMATED

TRAFFIC CONTROL
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 - COSTRUCTION BARRICADE; 11 - PERSON (FLAGGER, OFFICER; 12 - PAVEMENT MARKINGS; 13 - CROSSWALK LINES; 14 - WALK/DON'T WALK; 15 - OTHER; 16 - NOT REPORTED

UNIT DIRECTION
1 - NORTH; 2 - SOUTH; 3 - EAST; 4 - WEST; 5 - NORTHEAST; 6 - NORTHWEST; 7 - SOUTHEAST; 8 - SOUTHWEST; 9 - UNKNOWN

UNIT

LOCAL REPORT NUMBER: 16- 30526

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE NUMBER	DAMAGE SCALE	DAMAGE AREA
2	Andrews, Joyce, A	740-334-7403	3	FRONT / REAR

OWNER ADDRESS: CITY, STATE, ZIP ☐SAME AS DRIVER)

1100 Thornwood Dr Lot 342, Heath, OH, 43056

DAMAGE SCALE: 1 - NONE; 2 - MINOR; 3 - FUNCTIONAL; 4 - DISABLING; 9 - UNKNOWN

LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
OH	FST6434	5NPEB4AC0BH120239	1

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
2011	Hyundai	Sonata (Canada) - CGG	SIL

■ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
	Grange		

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE

US DOT

HM PLACARD ID NO.

HM CLASS NUMBER

VEHICLE WEIGHT **GVWR/GCWR**: ☐ 1 - LESS THAN OR EQUAL TO 10K LBS; 2 - 10,001 TO 26,000K LBS; 3 - MORE THAN 26,000K LBS.

☐ HAZARDOUS MATERIAL RELATED

CARGO BODY TYPE: **01**
01 - NO CARGO BODY TYPE/NOT APPLICABL; 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 - TWO-WAY, NOT DIVIDED; 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE; 3 - TWO-WAY, DIVIDED, UNPROTECTED(PAINTED OR GRASS >4FT.) MEDIA; 4 - TWO-WAY, DIVIDED, POSITIVE MEDIANBARRIER; 5 - ONE-WAY TRAFFICWAY

☐ HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT
01 - INTERSECTION - MARKED CROSSWAL; 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

☐ IN EMERGENCY RESPONSE

UNIT TYPE: **03** (99 - UNKNOWN OR HIT/SKIP)

PASSENGER VEHICLES (LESS THAN 9 PASSENGERS MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO(9 OR MORE INCLUDING DRIVER)
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
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
21 - BUS/VAN (9-15 SEATS, INC DRIVER); 22 - BUS (16+ SEATS, INC DRIVER)
NON-MOTORIST
23 - ANIMAL WITH RIDER; 24 - ANIMAL WITH BUGGY, WAGON, SURREY; 25 - BICYCLE/PEDACYCLIST; 26 - PEDESTRIAN/SKATER; 27 - OTHER NON-MOTORIST

☐ 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 EQIP.; 17 - FARM VEHICLE; 18 - FARM EQUIPMENT; 19 - MOTORHOME; 20 - GOLF CART; 21 - TRAIN; 22 - OTHER (EXPLAIN IN NARRATIVE)

MOST DAMAGED AREA: **04**
IMPACT ARE: **04**
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: **01** (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 ACTIO

NON-MOTORIST
15 - ENTERING OR CROSSING SPECIFIED LOCATIO; 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: **01**
SECONDARY:
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 - FALURE 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 - FALURE 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
01 - TURN SIGNALS; 02 - HEAD LAMPS; 03 - TAIL LAMPS; 04 - BRAKES; 05 - STEERING; 06 - TIRE BLOWOUT; 07 - WORN OR SLICK TIRES; 08 - TRAILER EQUIPMENT DEFECTIVE; 09 - MOTOR TROUBLE; 10 - DISABLED FROM PRIOR ACCIDENT; 11 - OTHER DEFECTS

SEQUENCE OF EVENTS
1: **20**
2:
3:
4:
5:
6:
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

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 - GUARDRAILEND; 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: 20
☐ STATED
■ ESTIMATED

POSTED SPEED: 25

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 - COSTRUCTION BARRICADE; 11 - PERSON (FLAGGER, OFFICER; 12 - PAVEMENT MARKINGS; 13 - CROSSWALK LINES; 14 - WALK/DON'T WALK; 15 - OTHER; 16 - NOT REPORTED

UNIT DIRECTION: FROM **1** TO **2**
1 - NORTH; 2 - SOUTH; 3 - EAST; 4 - WEST; 5 - NORTHEAST; 6 - NORTHWEST; 7 - SOUTHEAST; 8 - SOUTHWEST; 9 - UNKNOWN

MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER: 16- 30526

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
1	Councell, Frank, J	10/17/1961	55	M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
773 Hollander St Apt A, Newark, OH, 43055	740-641-5758

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1	1			04	☐	01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID DL	M/C END	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	RS673182	4	☐	☐	1	1	1	1		1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
			☐	1

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
2	Andrews, Joyce, A	03/02/1945	71	F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
1100 Thornwood Dr Lot 342, Heath, OH, 43056	740-334-7403

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1	1			04	☐	01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID DL	M/C END	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	RR161859	4	☐	☐	1	1	1	1		1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
			☐	1

INJURIES
1 - NO INJURY / NONE REPORTE
2 - POSSIBLE
3 - NON-INCAPACITATING
4 - INCAPACITATING
5 - FATAL

INJURED TAKEN BY
1 - NOT TRANSPORTED / TREATED AT SCENE
2 - EMS
3 - POLICE
4 - OTHER
9 - UNKNOWN

SAFETY EQUIPMENT USED
99 - UNKNOWN SAFETY EQUIPMENT

MOTORIST
01 - NONE USED - VEHICLE OCCUPANT
02 - S HOULDER BELT ONLY USED
03 - LAP BELT ONLY USED
04 - S HOULDER AND LAP BELT ONLY USED
05 - CHILD RESTRAINT SYSTEM-FORWARD FACING
06 - CHILD RESTRAINT SYSTEM-REAR FACING
07 - BOOSTER SEAT
08 - HELMET USED

NON-MOTORIST
09 - NONE USED
10 - HELMET USED
11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)
12 - REFLECTIVE COATING
13 - LIGHTING
14 - OTHER

SEATING POSITION
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
02 - FRONT - MIDDLE
03 - FRONT - RIGHT SIDE
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)
05 - SECOND - MIDDLE
06 - SECOND - RIGHT SIDE
07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)
08 - THIRD - MIDDLE
09 - THIRD - RIGHT SIDE
10 - SLEEPER SECTION OF CAB (TRUCK)
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH 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

AIR BAG USAGE
1 - NOT DEPLOYED
2 - DEPLOYED FRONT
3 - DEPLOYED SIDE
4 - DEPLOYED BOTH FRONT/SIDE
5 - NOT APPLICABLE
9 - DEPLOYMENT UNKNOWN

EJECTION
1 - NOT EJECTED
2 - TOTALLY EJECTED
3 - PARTIALLY EJECTED
4 - NOT APPLICABLE

TRAPPED
1 - NOT TRAPPED
2 - EXTRICATED BY MECHANICAL MEANS
3 - EXTRICATED BY NON-MECHANICAL MEANS

OPERATOR LICENSE CLASS
1 - CLASS A
2 - CLASS B
3 - CLASS C
4 - REGULAR CLASS (OHIO IS "D")
5 - MC/MOPED ONLY

CONDITION
1 - APPARENTLY NORMAL
2 - PHYSICAL IMPAIRMENT
3 - EMOTIONL (DEPRESSED, ANGRY, DISTURBE
4 - ILLNESS
5 - FELL ASLEEP, FAINTED, FATIGUE
6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL
7 - OTHER

ALCOHOL/DRUG SUSPECTED
1 - NONE
2 - YES - ALCOHOL SUSPECTED
3 - YES -HBD NOTIMPAIRED
4 - YES -DRUGS SUSPECTED
5 - YES -ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS
1 - NONE GIVEN
2 - TEST REFUSED
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABL
4 - TEST GIVEN, RESULTS KNOWN
5 - TEST GIVEN, RESULTS UNKNOWN

ALCOHOL TEST TYPE
1 - NONE
2 - BLOOD
3 - URINE
4 - BREATH
5 - OTHER

DRUG TEST STATUS
1 - NONE GIVEN
2 - TEST REFUSED
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABL
4 - TEST GIVEN, RESULTS KNOWN
5 - TEST GIVEN, RESULTS UNKNOWN

DRUG TEST TYPE
1 - NONE
2 - BLOOD
3 - URINE
4 - OTHER

DRIVER DISTRACTED BY
1 - NO DISTRACTION REPORTED
2 - PHONE
3 - TEXTING /EMAILING
4 - ELCTRONIC COMMUNICATION DEVICE
5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)
6 - OTHER INSIDE THE VEHICLE
7 - EXTERNAL DISTRACTION

OCCUPANT

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	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
☐	☐				☐		☐	☐	☐

OCCUPANT

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	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
☐	☐				☐		☐	☐	☐