



# TRAFFIC CRASH REPORT

|                       |                                         |                                 |
|-----------------------|-----------------------------------------|---------------------------------|
| LOCAL REPORT NUMBER * | CRASH SEVERITY                          | HIT/SKIP                        |
| 16-33902              | 3<br>1 - FATAL<br>2 - INJURY<br>3 - PDO | 1<br>1 - SOLVED<br>2 - UNSOLVED |

|                                                                                                                                                                                  |                                                                                                                        |                                           |                         |                           |                      |                    |
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| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input checked="" 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 | REPORTING AGENCY NCIC * | REPORTING AGENCY NAME *   | 2<br>NUMBER OF UNITS | 1<br>UNIT IN ERROR |
|                                                                                                                                                                                  |                                                                                                                        |                                           | 04501                   | Newark Division of Police |                      |                    |
| 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        |
| Licking                                                                                                                                                                          |                                                                                                                        | Newark                                    |                         | 12/07/2016                | 0750                 | Wed                |

|                         |                 |
|-------------------------|-----------------|
| DEGREES/MINUTES/SECONDS | DECIMAL DEGREES |
| LATITUDE                | LATITUDE        |
| ..                      | 40.098622       |
| LONGITUDE               | LONGITUDE       |
| ..                      | 82.423626       |

|                                                                                   |                                                                                                                |                      |                                                                                                                                                                                                                                      |
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| 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 | 4                    | 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                                                                                                                        |
| <input type="checkbox"/> LOCATION ROUTE TYPE | <input checked="" type="checkbox"/> N, S, E, W | 21st               | <input checked="" type="checkbox"/> ST | IR - INTERSTATE ROUTE (INC. TURNPIKE)<br>US - US ROUTE CR - NUMBERED COUNTY ROUTE<br>SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE |

|                                                                                                   |                                     |                                        |                        |                                     |                                          |                                    |
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| 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 | <input checked="" type="checkbox"/> SR | 13                     | <input type="checkbox"/> N, S, E, W |                                          | <input type="checkbox"/> ROAD TYPE |

|                                                       |                |                                                                                                                                        |                                                                                                           |                                                                                |                                               |                                                                                                                               |
|-------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| REFERENCE POINT USED                                  | CRASH LOCATION | 01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ROUNDABOUT | 06 - FIVE-POINT, OR MORE<br>07 - ON RAMP<br>08 - OFF RAMP<br>09 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS | 11 - RAILWAY GRADE CROSSING<br>12 - SHARED-USE PATHS OR TRAILS<br>99 - UNKNOWN | <input type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT                                                                                               |
| 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER | 01             |                                                                                                                                        |                                                                                                           |                                                                                |                                               | 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>9 - UNKNOWN |

|                                                             |                                                      |                                               |                                                                                                  |                                                                        |
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| ROAD CONTOUR                                                | ROAD CONDITIONS                                      | 01 - DRY<br>02 - WET<br>03 - SNOW<br>04 - ICE | 05 - SAND, MUD, DIRT, OIL, GRAVEL<br>06 - WATER (STANDING, MOVING)<br>07 - SLUSH<br>08 - DEBRIS* | 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*<br>10 - OTHER<br>99 - UNKNOWN |
| 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL | 1 - STRAIGHT LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN | 01                                            |                                                                                                  |                                                                        |

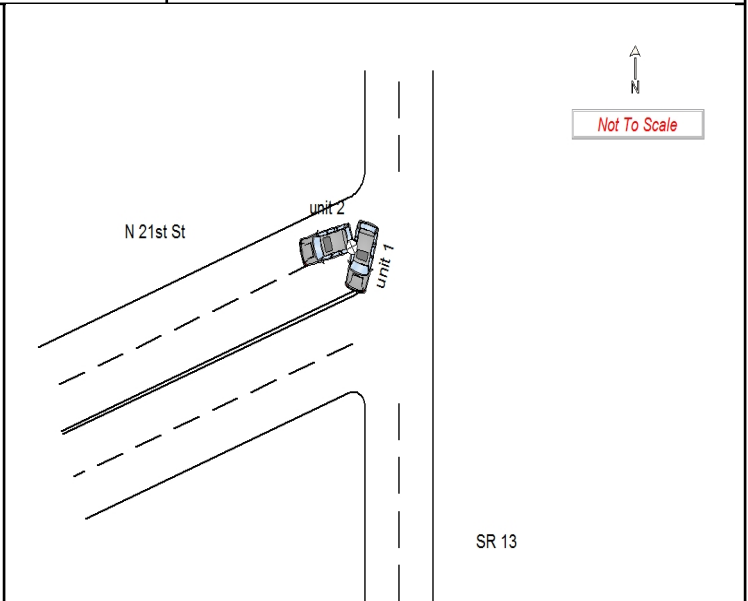
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| MANNER OF CRASH COLLISION/IMPACT                                                                                                                                                                                               | WEATHER                                                                                         | 7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN |
| 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 | 2<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW |                                                                                  |

|                                                                                                                          |                              |                                                                    |                                                                                                  |             |                                                                                                                            |                    |
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| ROAD SURFACE                                                                                                             | LIGHT CONDITIONS             | 1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY | 5 - DARK - ROADWAY NOT LIGHTED<br>6 - DARK - UNKNOWN ROADWAY LIGHTING<br>7 - GLARE*<br>8 - OTHER | 9 - UNKNOWN | <input type="checkbox"/> SCHOOL ZONE RELATED                                                                               | SCHOOL BUS RELATED |
| 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER | 1 - PRIMARY<br>2 - SECONDARY |                                                                    |                                                                                                  |             | <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |                    |

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

NARRATIVE

On the stated date and time Unit 1 was traveling southbound on Sr 13 in the area of N 21st St. Upon approaching the intersection unit 1 began to make a right hand turn onto 21st St. While making the turn unit 1 attempted to turn into the curb lane but upon seeing stopped traffic attempted to get into the left lane. Unit 1 was unable to completely get into the left lane at which point unit 1 struck unit 2 in the rear. There was minor damage to both vehicles and no reported injuries.



|                     |                                                                                        |                                                                                                 |                        |              |                          |               |
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| REPORT TAKEN BY     | <input checked="" type="checkbox"/> POLICE AGENCY<br><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 |
| 12/07/2016          | 0750                                                                                   | 0754                                                                                            | 0828                   | 0900         | 0                        | 66            |
| OFFICER'S NAME *    |                                                                                        |                                                                                                 | OFFICER'S BADGE NUMBER | CHECKED BY   |                          |               |
| Maring, Brody       |                                                                                        |                                                                                                 | 3162                   | 2811         |                          |               |



UNIT

LOCAL REPORT NUMBER

16- 33902

|                                                                                                                         |                                                                                                       |                                                           |                          |  |
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| UNIT NUMBER<br><b>1</b>                                                                                                 | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Cavinee, Cadee,</b> | OWNER PHONE NUMBER<br><b>740-366-7940</b>                 | DAMAGE SCALE<br><b>2</b> |  |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>177 Brenton Dr, Newark, OH, 43055</b> |                                                                                                       |                                                           | 1 - NONE                 |  |
| LP STATE<br><b>OH</b>                                                                                                   | LICENSE PLATE NUMBER<br><b>GGY3372</b>                                                                | VEHICLE IDENTIFICATION NUMBER<br><b>5GADS13S152141140</b> | 2 - MINOR                |  |
| VEHICLE YEAR<br><b>2005</b>                                                                                             | VEHICLE MAKE<br><b>Buick</b>                                                                          | VEHICLE MODEL<br><b>Rainier</b>                           | 3 - FUNCTIONAL           |  |
| VEHICLE COLOR<br><b>RED</b>                                                                                             | 9 - UNKNOWN                                                                                           |                                                           |                          |  |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>                                                            | INSURANCE COMPANY<br><b>Cincinnati Insurance</b>                                                      | POLICY NUMBER<br><b>A020101027</b>                        | TOWED BY                 |  |

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

|                   |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                               |
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| 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> 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> 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.) MEDIA<br>4 - TWO-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   |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                               |

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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> 1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>06</b> 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 | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<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 | 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/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
| <input type="checkbox"/> HAS HM PLACARD                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                |

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| SPECIAL FUNCTION<br><b>01</b> 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>04</b> 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> 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STUCK<br>9 - UNKNOWN |
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| PRE-CRASH ACTIONS<br><b>03</b> 01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN | MOTORIST<br>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> 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>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 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> FIRST HARMFUL EVENT<br>2 <input type="checkbox"/><br>3 <input type="checkbox"/> MOST HARMFUL EVENT<br>4 <input type="checkbox"/><br>5 <input type="checkbox"/><br>6 <input type="checkbox"/><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 |                                                                                                                                                                                                                                                                                             |                                                                                                                                  |

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| UNIT SPEED<br><b>25</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED | POSTED SPEED<br><b>35</b> | TRAFFIC CONTROL<br><b>12</b> 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>4</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 |
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UNIT

LOCAL REPORT NUMBER

16- 33902

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| UNIT NUMBER<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Mcmahan, Jennifer,</b>                                                                                                  | OWNER PHONE NUMBER<br><b>740-641-7939</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DAMAGE SCALE<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <br>DAMAGE AREA                                                                                                                                                                                                                                                                                                      |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>161 Waterworks Rd, Newark, OH, 43055</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 - NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                      |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LICENSE PLATE NUMBER<br><b>GTM1586</b>                                                                                                                                                                    | VEHICLE IDENTIFICATION NUMBER<br><b>2FMTK4G88FBC26056</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2 - MINOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                      |
| # OCCUPANTS<br><b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 - FUNCTIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                      |
| VEHICLE YEAR<br><b>2015</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VEHICLE MAKE<br><b>Ford</b>                                                                                                                                                                               | VEHICLE MODEL<br><b>Edge</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | VEHICLE COLOR<br><b>GRY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4 - DISABLING                                                                                                                                                                                                                                                                                                        |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | INSURANCE COMPANY<br><b>Nationwide</b>                                                                                                                                                                    | POLICY NUMBER<br><b>6859276</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                      |
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/><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 - 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>06</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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                      |
| 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>07</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/STUCK<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                      |
| PRE-CRASH ACTIONS<br><b>01</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<br>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<br>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<br>21 - OTHER NON-MOTORIST ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                      |
| 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<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD<br>SECONDARY<br><input type="checkbox"/><br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MOTORIST<br>01 - NONE<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<br>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"/><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 <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<br>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>10</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | POSTED SPEED<br><b>35</b>                                                                                                                                                                                 | TRAFFIC CONTROL<br><b>12</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>3</b> TO <b>4</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

16- 33902

|             |                           |               |     |                                                                                     |
|-------------|---------------------------|---------------|-----|-------------------------------------------------------------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER                                                                              |
| 1           | Cavinee, Cadee            | 09/09/1999    | 17  | <input checked="" type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |

|                                    |                                   |
|------------------------------------|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP          | CONTACT PHONE - INCLUDE AREA CODE |
| 177 Brenton Dr , Newark, OH, 43055 | 740-366-7940                      |

|                                     |                                     |            |                                   |                       |                                       |                  |               |          |         |
|-------------------------------------|-------------------------------------|------------|-----------------------------------|-----------------------|---------------------------------------|------------------|---------------|----------|---------|
| 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |            |                                   | 04                    | <input type="checkbox"/>              | 01               | 1             | 1        | 1       |

|          |                         |          |                          |                          |           |                        |                     |                   |                    |                  |                |
|----------|-------------------------|----------|--------------------------|--------------------------|-----------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | No<br>VALID<br>DL        | M/C<br>END               | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
| OH       | UL833396                | 4        | <input type="checkbox"/> | <input type="checkbox"/> | 1         | 1                      | 1                   | 1                 |                    | 1                | 1              |

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

|             |                           |               |     |                                                                                     |
|-------------|---------------------------|---------------|-----|-------------------------------------------------------------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER                                                                              |
| 2           | Mcmahan, Jennifer         | 12/29/1979    | 36  | <input checked="" type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP         | CONTACT PHONE - INCLUDE AREA CODE |
| 161 Waterworks, Newark, OH, 43055 | 740-641-7939                      |

|                                     |                                     |            |                                   |                       |                                       |                  |               |          |         |
|-------------------------------------|-------------------------------------|------------|-----------------------------------|-----------------------|---------------------------------------|------------------|---------------|----------|---------|
| 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |            |                                   | 04                    | <input type="checkbox"/>              | 01               | 1             | 1        | 1       |

|          |                         |          |                          |                          |           |                        |                     |                   |                    |                  |                |
|----------|-------------------------|----------|--------------------------|--------------------------|-----------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | No<br>VALID<br>DL        | M/C<br>END               | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
| OH       | RR931795                | 4        | <input type="checkbox"/> | <input type="checkbox"/> | 1         | 1                      | 1                   | 1                 |                    | 1                | 1              |

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

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

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| SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AIR BAG USAGE                                                                                                                               |
| 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<br>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<br>(NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP)<br>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 | 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                                                                              | 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<br>MECHANICAL MEANS<br>NON-MECHANICAL MEANS | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MC/MOPED ONLY | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS | 5 - FELL ASLEEP, FAINTED, FATIGUE<br>6 - UNDER THE INFLUENCE OF<br>MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER<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                                                                                                                                    | 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<br>5 - OTHER ELECTRONIC DEVICE<br>(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                                                                              |
| 2           | Mcmahan, Morqan           | 07/06/1999    | 17  | <input checked="" type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |

|                                      |                                   |
|--------------------------------------|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP            | CONTACT PHONE - INCLUDE AREA CODE |
| 161 Waterworks Rd, Newark, OH, 43055 |                                   |

|                                     |                          |            |                                   |                       |                                          |                  |               |          |         |
|-------------------------------------|--------------------------|------------|-----------------------------------|-----------------------|------------------------------------------|------------------|---------------|----------|---------|
| INJURIES                            | INJURED TAKEN BY         | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT<br>COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |            |                                   | 04                    | <input type="checkbox"/>                 | 03               | 1             | 1        | 1       |

|             |                           |               |     |                                                                                     |
|-------------|---------------------------|---------------|-----|-------------------------------------------------------------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER                                                                              |
| 2           | Mcmahan, Erica            | 01/12/2006    | 10  | <input checked="" type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |

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| ADDRESS, CITY, STATE, ZIP            | CONTACT PHONE - INCLUDE AREA CODE |
| 161 Waterworks Rd, Newark, OH, 43055 |                                   |

|                                     |                          |            |                                   |                       |                                          |                  |               |          |         |
|-------------------------------------|--------------------------|------------|-----------------------------------|-----------------------|------------------------------------------|------------------|---------------|----------|---------|
| INJURIES                            | INJURED TAKEN BY         | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT<br>COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |            |                                   | 04                    | <input type="checkbox"/>                 | 04               | 1             | 1        | 1       |

# OCCUPANT / WITNESS ADDENDUM

|                     |
|---------------------|
| LOCAL REPORT NUMBER |
| 16- 33902           |

OCCUPANT

|             |                           |               |     |                                                                                       |
|-------------|---------------------------|---------------|-----|---------------------------------------------------------------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER                                                                                |
| 2           | Mcmahan, Sara,            | 07/12/2010    | 6   | <input checked="" type="checkbox"/> F F - FEMALE<br><input type="checkbox"/> M - MALE |

|                                      |                                   |
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| ADDRESS, CITY, STATE, ZIP            | CONTACT PHONE - INCLUDE AREA CODE |
| 161 Waterworks Rd, Newark, OH, 43055 |                                   |

|                                       |                          |            |                                   |                       |                                                                                     |                                        |                                       |                                       |                                       |
|---------------------------------------|--------------------------|------------|-----------------------------------|-----------------------|-------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| INJURIES                              | INJURED TAKEN BY         | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT                                                                                 | SEATING POSITION                       | AIR BAG USAGE                         | EJECTION                              | TRAPPED                               |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> |            |                                   | 04                    | <input type="checkbox"/> COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET | <input checked="" type="checkbox"/> 06 | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 |

OCCUPANT

|             |                           |               |     |                                                                          |
|-------------|---------------------------|---------------|-----|--------------------------------------------------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER                                                                   |
|             |                           |               |     | <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                 | INJURED TAKEN BY         | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT                                                                                 | SEATING POSITION         | AIR BAG USAGE            | EJECTION                 | TRAPPED                  |
| <input type="checkbox"/> | <input type="checkbox"/> |            |                                   |                       | <input type="checkbox"/> COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OCCUPANT

|             |                           |               |     |                                                                          |
|-------------|---------------------------|---------------|-----|--------------------------------------------------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER                                                                   |
|             |                           |               |     | <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                 | INJURED TAKEN BY         | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT                                                                                 | SEATING POSITION         | AIR BAG USAGE            | EJECTION                 | TRAPPED                  |
| <input type="checkbox"/> | <input type="checkbox"/> |            |                                   |                       | <input type="checkbox"/> COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OCCUPANT

|             |                           |               |     |                                                                          |
|-------------|---------------------------|---------------|-----|--------------------------------------------------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER                                                                   |
|             |                           |               |     | <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                 | INJURED TAKEN BY         | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT                                                                                 | SEATING POSITION         | AIR BAG USAGE            | EJECTION                 | TRAPPED                  |
| <input type="checkbox"/> | <input type="checkbox"/> |            |                                   |                       | <input type="checkbox"/> COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OCCUPANT

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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER                                                                   |
|             |                           |               |     | <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                 | INJURED TAKEN BY         | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT                                                                                 | SEATING POSITION         | AIR BAG USAGE            | EJECTION                 | TRAPPED                  |
| <input type="checkbox"/> | <input type="checkbox"/> |            |                                   |                       | <input type="checkbox"/> COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OCCUPANT

|             |                           |               |     |                                                                          |
|-------------|---------------------------|---------------|-----|--------------------------------------------------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER                                                                   |
|             |                           |               |     | <input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |

|                           |                                   |
|---------------------------|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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|--------------------------|--------------------------|------------|-----------------------------------|-----------------------|-------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| INJURIES                 | INJURED TAKEN BY         | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT                                                                                 | SEATING POSITION         | AIR BAG USAGE            | EJECTION                 | TRAPPED                  |
| <input type="checkbox"/> | <input type="checkbox"/> |            |                                   |                       | <input type="checkbox"/> COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                                                            |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INJURIES                                                                                                   | INJURED TAKEN BY                                                                            | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 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 | 99 - UNKNOWN SAFETY EQUIPMENT<br><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 ONLY USE<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM-REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED<br>NON-MOTORIST<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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AIR BAG USAGE                                                                                                                               | EJECTION                                                                              | TRAPPED                                                                                         |
| 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<br>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)<br>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 | 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 | 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 |