



# TRAFFIC CRASH REPORT

|                       |                                      |                          |
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| LOCAL REPORT NUMBER * | CRASH SEVERITY                       | HIT/SKIP                 |
| 16-34557              | 3 1 - FATAL<br>2 - INJURY<br>3 - PDO | 1. SOLVED<br>2. UNSOLVED |

|                                                                                                                                              |                                                                                                              |                           |                         |                           |                 |                               |
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| PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT                                                                     | PRIVATE PROPERTY          | REPORTING AGENCY NCIC * | REPORTING AGENCY NAME *   | NUMBER OF UNITS | UNIT IN ERROR                 |
|                                                                                                                                              |                                                                                                              |                           | 04501                   | Newark Division of Police | 2               | 1 98 - ANIMAL<br>99 - UNKNOWN |
| COUNTY *                                                                                                                                     | CITY *                                                                                                       | CITY, VILLAGE, TOWNSHIP * | CRASH DATE *            | TIME OF CRASH             | DAY OF WEEK     |                               |
| Licking                                                                                                                                      | <input type="checkbox"/> CITY *<br><input type="checkbox"/> VILLAGE *<br><input type="checkbox"/> TOWNSHIP * | Newark                    | 12/14/2016              | 1204                      | Wed             |                               |

|                         |                        |
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| DEGREES/MINUTES/SECONDS | DECIMAL DEGREES        |
| LATITUDE<br>::          | LATITUDE<br>40.068158  |
| LONGITUDE<br>::         | LONGITUDE<br>82.415784 |

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| ROADWAY DIVISION<br><input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL<br><input type="checkbox"/> N - NORTHBOUND<br><input type="checkbox"/> S - SOUTHBOUND<br><input type="checkbox"/> E - EASTBOUND<br><input type="checkbox"/> W - WESTBOUND | NUMBER OF THRU LANES<br>1 | ROAD TYPES OR MILEPOST<br>AL - ALLEY CR - CIRCLE<br>AV - AVENUE CT - COURT<br>BL - BOULEVARD DR - DRIVE<br>HE - HEIGHTS HW - HIGHWAY<br>MP - MILEPOST PK - PARKWAY<br>PL - PLACE RD - ROAD<br>ST - STREET SQ - SQUARE<br>WA - WAY TE - TERRACE<br>TL - TRAIL |
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| LOCATION ROUTE NUMBER<br><input type="checkbox"/> LOCATION ROUTE TYPE | LOC PREFIX<br><input type="checkbox"/> N,S,<br><input type="checkbox"/> E,W | LOCATION ROAD NAME<br>Woods Ave | LOCATION ROAD TYPE<br>AV | ROUTE TYPES<br>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<br><input type="checkbox"/> MILES<br><input checked="" type="checkbox"/> FEET<br><input type="checkbox"/> YARDS | DIR FROM REF<br><input type="checkbox"/> N,S,<br><input checked="" type="checkbox"/> E,W | REFERENCE ROUTE TYPE<br><input type="checkbox"/> N,S,<br><input type="checkbox"/> E,W | REFERENCE ROUTE NUMBER<br>409 | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE |
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| REFERENCE POINT USED<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER | CRASH LOCATION<br>01 | 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<br>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<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN | ROAD CONDITIONS<br>PRIMARY<br>04 | SECONDARY<br><input type="checkbox"/> | 01 - DRY<br>02 - WET<br>03 - SNOW<br>04 - ICE<br>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 |
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| MANNER OF CRASH COLLISION/IMPACT<br>6 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 | WEATHER<br>2 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN |
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| ROAD SURFACE<br>2 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER | LIGHT CONDITIONS<br>1 PRIMARY<br>1 1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY | SECONDARY<br><input type="checkbox"/> | 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<br>SCHOOL BUS RELATED<br><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<br><input type="checkbox"/> 1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br><input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |
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| NARRATIVE<br>12/14/2016, 1204 hours, Unit#01 was traveling south on Woods Ave and Unit#02 was traveling north on Woods Ave. North of the West Shields Street intersection, in the area of 409 Woods Ave, Unit#01 applied brakes on icy pavement and started at clockwise rotation striking Unit#02. Unit#01 failed to maintain control. | <p>(409 Woods Ave)</p> <p>(Woods Ave)</p> <p>(West Shields St)</p> |
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| REPORT TAKEN BY<br><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<br>12/14/2016 | TIME CRASH REPORTED<br>1204 | DISPATCH TIME<br>1216 | ARRIVAL TIME<br>1224 | TIME CLEARED<br>1430 | OTHER INVESTIGATION TIME<br>0 | TOTAL MINUTES<br>134 |
| OFFICER'S NAME *<br>Dickman, Mark                                                                         |                                                                                                 | OFFICER'S BADGE NUMBER<br>2464    |                             | CHECKED BY<br>2811    |                      |                      |                               |                      |



UNIT

LOCAL REPORT NUMBER

16- 34557

|                                                                                                                       |                                                                                                      |                                                        |                          |                                  |
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| UNIT NUMBER<br><b>1</b>                                                                                               | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Chism, Daniel,</b> | OWNER PHONE NUMBER                                     | DAMAGE SCALE<br><b>2</b> | DAMAGE AREA<br>FRONT<br><br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>448 Moull St, Newark, OH, 43055</b> |                                                                                                      |                                                        | 1 - NONE                 |                                  |
| LP STATE<br><b>OH</b>                                                                                                 | LICENSE PLATE NUMBER<br><b>GWF4754</b>                                                               | VEHICLE IDENTIFICATION NUMBER<br><b>XXXXXXXXXXXXXX</b> | 2 - MINOR                |                                  |
| VEHICLE YEAR<br><b>2004</b>                                                                                           | VEHICLE MAKE<br><b>Dodge</b>                                                                         | VEHICLE MODEL<br><b>Stratus</b>                        | 3 - FUNCTIONAL           |                                  |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                     | INSURANCE COMPANY                                                                                    | POLICY NUMBER                                          | 4 - DISABLING            |                                  |
| TOWED BY                                                                                                              |                                                                                                      |                                                        | 9 - UNKNOWN              |                                  |

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| 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 - 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<br><input type="checkbox"/> RELATED                                                                                                                                                    |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                   |
| 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>02</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>Non-Motorist<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>07</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>01</b> | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>99 - UNKNOWN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCE<br>PRIMARY<br><b>17</b> | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN 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<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 |                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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| UNIT SPEED<br><b>15</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED | POSTED SPEED<br><b>25</b> | TRAFFIC CONTROL<br><b>01</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>2</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
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UNIT

LOCAL REPORT NUMBER

16- 34557

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| UNIT NUMBER<br><b>2</b>                                                                                                | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Bowes, Jason,</b> | OWNER PHONE NUMBER                                        | DAMAGE SCALE<br><b>3</b> | DAMAGE AREA<br>FRONT<br><br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>440 Woods Ave, Newark, OH, 43055</b> |                                                                                                     |                                                           | 1 - NONE                 |                                  |
| LP STATE<br><b>OH</b>                                                                                                  | LICENSE PLATE NUMBER<br><b>GUX9248</b>                                                              | VEHICLE IDENTIFICATION NUMBER<br><b>KMHDH4AEXGU606674</b> | 2 - MINOR                |                                  |
| VEHICLE YEAR<br><b>2016</b>                                                                                            | VEHICLE MAKE<br><b>Hyundai</b>                                                                      | VEHICLE MODEL<br><b>Elantra</b>                           | 3 - FUNCTIONAL           |                                  |
| PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>                                                        | INSURANCE COMPANY<br><b>STATE FARM</b>                                                              | POLICY NUMBER<br><b>731-0175-B07-35D</b>                  | 4 - DISABLING            |                                  |
| TOWED BY<br><b>NONE</b>                                                                                                |                                                                                                     |                                                           | 9 - UNKNOWN              |                                  |

|                                         |               |
|-----------------------------------------|---------------|
| 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 - 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<br><input type="checkbox"/> RELATED                                                                                                                                                    |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                   |
| 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>02</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>Non-Motorist<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>09</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>4</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>01</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>01</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<br>/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"/><br>4 <input type="checkbox"/><br>5 <input type="checkbox"/><br>6 <input type="checkbox"/><br>Most HARMFUL EVENT <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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>20</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED | POSTED SPEED<br><b>25</b> | TRAFFIC CONTROL<br><b>01</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>2</b> TO <b>1</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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# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

16- 34557

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                           |                                                                      |                                                                                                                                                                                                    |                                                          |                                                                                                                                             |                                                |                     |
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| UNIT NUMBER<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME: LAST, FIRST, MIDDLE<br>Chism, Brandon             |                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE OF BIRTH<br>08/10/1999         |                                                                                                                           | AGE<br>17                                                            | GENDER<br><input checked="" type="checkbox"/> M F - FEMALE<br>M - MALE                                                                                                                             |                                                          |                                                                                                                                             |                                                |                     |
| ADDRESS, CITY, STATE, ZIP<br>448 Moull St, Newark, OH, 43055                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                           | CONTACT PHONE - INCLUDE AREA CODE                                    |                                                                                                                                                                                                    |                                                          |                                                                                                                                             |                                                |                     |
| INJURIES<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | INJURED TAKEN BY<br><input checked="" type="checkbox"/> | EMS AGENCY                                                                                                         |                                                   | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | SAFETY EQUIPMENT USED<br>04                                                                                               | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET       | SEATING POSITION<br><input checked="" type="checkbox"/> 01                                                                                                                                         | AIR BAG USAGE<br><input checked="" type="checkbox"/>     | EJECTION<br><input checked="" type="checkbox"/>                                                                                             | TRAPPED<br><input checked="" type="checkbox"/> |                     |
| OL STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OPERATOR LICENSE NUMBER<br>UL512269                     |                                                                                                                    | OL CLASS<br><input type="checkbox"/>              | No<br><input checked="" type="checkbox"/> VALID<br>DL                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | M/C<br><input type="checkbox"/> END | CONDITION<br><input checked="" type="checkbox"/>                                                                          | ALCOHOL/DRUG SUSPECTED<br><input checked="" type="checkbox"/>        | ALCOHOL TEST STATUS<br><input checked="" type="checkbox"/>                                                                                                                                         | ALCOHOL TEST TYPE<br><input checked="" type="checkbox"/> | ALCOHOL TEST VALUE                                                                                                                          | DRUG TEST STATUS<br>1                          | DRUG TEST TYPE<br>1 |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)<br>4511.202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         | OFFENSE DESCRIPTION<br>Operation w/o reasonable control                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | CITATION NUMBER<br>N204021                                                                                                |                                                                      | HANDS-FREE<br>DEVICE<br>USED<br><input type="checkbox"/>                                                                                                                                           |                                                          | DRIVER DISTRACTED BY<br><input checked="" type="checkbox"/>                                                                                 |                                                |                     |
| UNIT NUMBER<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME: LAST, FIRST, MIDDLE<br>Bowes, Jason               |                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE OF BIRTH<br>06/12/1995         |                                                                                                                           | AGE<br>21                                                            | GENDER<br><input checked="" type="checkbox"/> M F - FEMALE<br>M - MALE                                                                                                                             |                                                          |                                                                                                                                             |                                                |                     |
| ADDRESS, CITY, STATE, ZIP<br>440 Woods Ave, Newark, OH, 43055                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                           | CONTACT PHONE - INCLUDE AREA CODE                                    |                                                                                                                                                                                                    |                                                          |                                                                                                                                             |                                                |                     |
| INJURIES<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | INJURED TAKEN BY<br><input checked="" type="checkbox"/> | EMS AGENCY                                                                                                         |                                                   | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | SAFETY EQUIPMENT USED<br>04                                                                                               | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET       | SEATING POSITION<br><input checked="" type="checkbox"/> 01                                                                                                                                         | AIR BAG USAGE<br><input checked="" type="checkbox"/>     | EJECTION<br><input checked="" type="checkbox"/>                                                                                             | TRAPPED<br><input checked="" type="checkbox"/> |                     |
| OL STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OPERATOR LICENSE NUMBER<br>TX840321                     |                                                                                                                    | OL CLASS<br><input checked="" type="checkbox"/> 4 | No<br><input type="checkbox"/> VALID<br>DL                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | M/C<br><input type="checkbox"/> END | CONDITION<br><input checked="" type="checkbox"/>                                                                          | ALCOHOL/DRUG SUSPECTED<br><input checked="" type="checkbox"/>        | ALCOHOL TEST STATUS<br><input checked="" type="checkbox"/>                                                                                                                                         | ALCOHOL TEST TYPE<br><input checked="" type="checkbox"/> | ALCOHOL TEST VALUE                                                                                                                          | DRUG TEST STATUS<br>1                          | DRUG TEST TYPE<br>1 |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         | OFFENSE DESCRIPTION                                                                                                |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | CITATION NUMBER                                                                                                           |                                                                      | HANDS-FREE<br>DEVICE<br>USED<br><input type="checkbox"/>                                                                                                                                           |                                                          | DRIVER DISTRACTED BY<br><input checked="" type="checkbox"/>                                                                                 |                                                |                     |
| INJURIES<br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         | INJURED TAKEN BY<br>1 - NOT TRANSPORTED /<br>TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN |                                                   | SAFETY EQUIPMENT USED<br>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 |                                     |                                                                                                                           |                                                                      |                                                                                                                                                                                                    |                                                          |                                                                                                                                             |                                                |                     |
| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE<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 |                                                         |                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                           |                                                                      |                                                                                                                                                                                                    |                                                          |                                                                                                                                             |                                                |                     |
| AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                           |                                                                      |                                                                                                                                                                                                    |                                                          |                                                                                                                                             |                                                |                     |
| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY<br>MECHANICAL MEANS<br>3 - EXTRICATED BY<br>NON-MECHANICAL MEANS   |                                                   | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MC/MOPED ONLY                                                                                                                                                                                                                                                                                                                                                                                           |                                     | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBE<br>4 - ILLNESS |                                                                      | ALCOHOL/DRUG SUSPECTED<br>5 - FELL ASLEEP, FAINTED, FATIGUE<br>6 - UNDER THE INFLUENCE OF<br>MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER                                                              |                                                          | 1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |                                                |                     |
| ALCOHOL TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                 |                                                   | DRUG TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                                                                                                                                                                                                                                                                                                                            |                                     | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                         |                                                                      | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING /EMAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE<br>(NAVIGATION DEVICE, RADIO, DVD) |                                                          | 6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION                                                                                    |                                                |                     |
| UNIT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE                               |                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE OF BIRTH                       |                                                                                                                           | AGE                                                                  | GENDER<br><input type="checkbox"/> F - FEMALE<br>M - MALE                                                                                                                                          |                                                          |                                                                                                                                             |                                                |                     |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                           | CONTACT PHONE - INCLUDE AREA CODE                                    |                                                                                                                                                                                                    |                                                          |                                                                                                                                             |                                                |                     |
| INJURIES<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INJURED TAKEN BY<br><input type="checkbox"/>            | EMS AGENCY                                                                                                         |                                                   | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | SAFETY EQUIPMENT USED                                                                                                     | DOT<br>COMPLIANT<br>MOTORCYCLE<br>HELMET<br><input type="checkbox"/> | SEATING POSITION<br><input type="checkbox"/>                                                                                                                                                       | AIR BAG USAGE<br><input type="checkbox"/>                | EJECTION<br><input type="checkbox"/>                                                                                                        | TRAPPED<br><input type="checkbox"/>            |                     |
| UNIT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE                               |                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE OF BIRTH                       |                                                                                                                           | AGE                                                                  | GENDER<br><input type="checkbox"/> F - FEMALE<br>M - MALE                                                                                                                                          |                                                          |                                                                                                                                             |                                                |                     |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                           | CONTACT PHONE - INCLUDE AREA CODE                                    |                                                                                                                                                                                                    |                                                          |                                                                                                                                             |                                                |                     |
| INJURIES<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INJURED TAKEN BY<br><input type="checkbox"/>            | EMS AGENCY                                                                                                         |                                                   | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | SAFETY EQUIPMENT USED                                                                                                     | DOT<br>COMPLIANT<br>MOTORCYCLE<br>HELMET<br><input type="checkbox"/> | SEATING POSITION<br><input type="checkbox"/>                                                                                                                                                       | AIR BAG USAGE<br><input type="checkbox"/>                | EJECTION<br><input type="checkbox"/>                                                                                                        | TRAPPED<br><input type="checkbox"/>            |                     |