



# TRAFFIC CRASH REPORT

|                       |                                      |                               |
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| LOCAL REPORT NUMBER * | CRASH SEVERITY                       | HIT/SKIP                      |
| 17- 1896              | 2<br>1- FATAL<br>2- INJURY<br>3- PDO | 2<br>1- SOLVED<br>2- UNSOLVED |

|                                                                                                                                                                       |        |                                                                                                                |                         |                           |               |                                  |
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| LOCAL INFORMATION                                                                                                                                                     |        | REPORTING AGENCY NCIC *                                                                                        | REPORTING AGENCY NAME * | NUMBER OF UNITS           | UNIT IN ERROR |                                  |
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER |        | <input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT<br><input type="checkbox"/> PRIVATE PROPERTY | 04501                   | Newark Division of Police | 2             | 1<br>98 - ANIMAL<br>99 - UNKNOWN |
| COUNTY *                                                                                                                                                              | CITY * | CITY, VILLAGE, TOWNSHIP *                                                                                      | CRASH DATE *            | TIME OF CRASH             | DAY OF WEEK   |                                  |
| Licking                                                                                                                                                               | Newark | Newark                                                                                                         | 01/22/2017              | 1903                      | Sun           |                                  |

|                         |                 |
|-------------------------|-----------------|
| DEGREES/MINUTES/SECONDS | DECIMAL DEGREES |
| LATITUDE<br>::          | LONGITUDE<br>:: |
| OR                      | 40.042003       |
|                         | 82.442185       |

|                                                                                   |                                                                                                                |                      |                                                                                                                                                                                                                                      |
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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 | 2                    | AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY<br>AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE<br>BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL |

|                       |            |                    |                    |                                                                                                                                    |
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| LOCATION ROUTE NUMBER | LOC PREFIX | LOCATION ROAD NAME | LOCATION ROAD TYPE | ROUTE TYPES                                                                                                                        |
|                       |            | Weiant             | AV                 | 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 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<br><input type="checkbox"/> E,W |                        | S          | 30                                       | ST                  |

|                                                       |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                |
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| REFERENCE POINT USED                                  | CRASH LOCATION                                                                                                                                                                                                                                                                                                                          | LOCATION OF FIRST HARMFUL EVENT                                                                                                                                                |
| 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER | 01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ ROUNDABOUT<br>06 - FIVE-POINT, OR MORE<br>07 - ON RAMP<br>08 - OFF RAMP<br>09 - CROSSOVER<br>10 - DRIVEWAY/ ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED-USE PATHS OR TRAILS<br>99 - UNKNOWN | <input type="checkbox"/> INTERSECTION RELATED<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                                                                                  | ROAD CONDITIONS                                                                                                                                                                                                             | WEATHER                                                                                                                                                                        |
| 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN | 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*<br>09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*<br>10 - OTHER<br>99 - UNKNOWN | 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 |

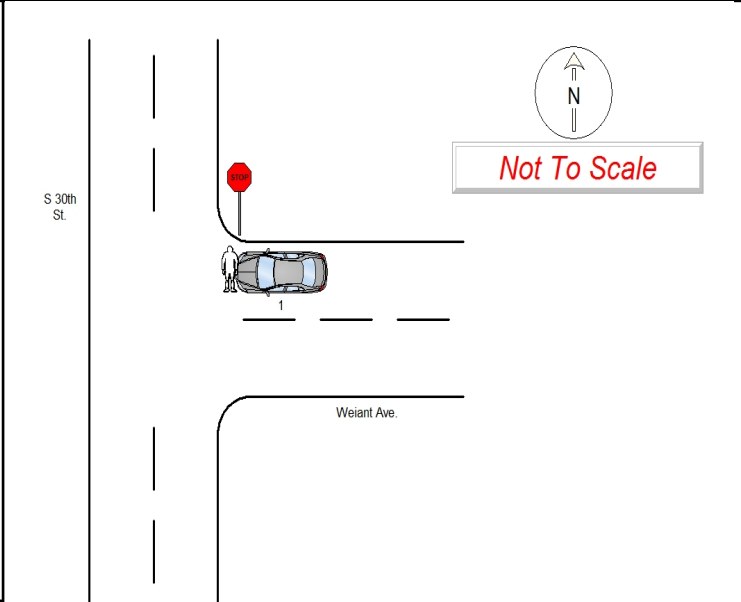
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| MANNER OF CRASH COLLISION/IMPACT                                                                                                                                                                                              | WEATHER                                                                                                                                                                             |
| 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<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN |

|                                                                                                                               |                                                                                                                                                                                                     |                                                                                                                                                                           |
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| ROAD SURFACE                                                                                                                  | LIGHT CONDITIONS                                                                                                                                                                                    | SCHOOL BUS RELATED                                                                                                                                                        |
| 2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER | 4<br>PRIMARY<br>SECONDARY<br>1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY<br>5 - DARK - ROADWAY NOT LIGHTED<br>6 - DARK - UNKNOWN ROADWAY LIGHTING<br>7 - GLARE*<br>8 - OTHER | <input type="checkbox"/> 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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| WORK ZONE RELATED        | WORKERS PRESENT                                                                                                                       | TYPE OF WORK ZONE                                                                                                               | LOCATION OF CRASH IN WORK ZONE                                                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | 1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | 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 |

NARRATIVE

Unit #1 was westbound on Weiant Ave and stopped at the stop sign. According to Unit #2 (Pedestrian) he had been riding his bike when two males in Unit #1 said something vulgar to him. Unit #2 got off his bike and approached unit #1. Unit #2 stated unit #1 then hit the gas striking unit #2 causing him to land on the hood of unit #1. As unit #1 left, unit #2 fell off the hood landing on his left shoulder injuring it. Unit #1 was said to have left the scene. Unit #2 could only provide a description of the car as being a small dark colored car. Unit #2 could not provide any further information about unit #1. Unit #2 sustained in injury to his left shoulder which he stated was from falling off the car, not being hit by it. Unit #2 denied medical attention from medics on scene, but stated he would go to the hospital on his own.



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| REPORT TAKEN BY                                                                     | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |               |              |              |                          |               |
| <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |                                                                        |               |              |              |                          |               |
| DATE CRASH REPORTED                                                                 | TIME CRASH REPORTED                                                    | DISPATCH TIME | ARRIVAL TIME | TIME CLEARED | OTHER INVESTIGATION TIME | TOTAL MINUTES |
| 01/23/2017                                                                          | 1903                                                                   | 1907          | 1910         | 1945         | 30                       | 68            |
| OFFICER'S NAME*                                                                     | OFFICER'S BADGE NUMBER                                                 | CHECKED BY    |              |              |                          |               |
| Eberts, Bill                                                                        | 3016                                                                   | 2811          |              |              |                          |               |



# UNIT

LOCAL REPORT NUMBER

17- 1896

|                                                                                            |                                                                                                         |                               |                          |                                  |
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| UNIT NUMBER<br><b>1</b>                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Unknown, Unknown,</b> | OWNER PHONE NUMBER            | DAMAGE SCALE<br><b>9</b> | DAMAGE AREA<br>FRONT<br><br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>, OH</b> |                                                                                                         |                               | 1 - NONE                 |                                  |
| LP STATE                                                                                   | LICENSE PLATE NUMBER                                                                                    | VEHICLE IDENTIFICATION NUMBER | 2 - MINOR                |                                  |
| VEHICLE YEAR<br><b>0</b>                                                                   | VEHICLE MAKE                                                                                            | VEHICLE MODEL                 | 3 - FUNCTIONAL           |                                  |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN                                          |                                                                                                         | INSURANCE COMPANY             | POLICY NUMBER            | 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><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<br><input type="checkbox"/> RELATED                                                                                                                                                     |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                      |
| HM CLASS NUMBER   |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                      |

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| 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>03</b><br>99 - UNKNOWN OR HIT/SKIP<br><b>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)</b><br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE<br><b>MED/HEAVY TRUCKS OR COMBO UNITS &gt; 10K LBS BUS/VAN/LMO(9 OR MORE INCLUDING DRIVER)</b><br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK, 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE<br><b>NON-MOTORIST</b><br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST | <input type="checkbox"/> HAS HM PLACARD |
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| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>99</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL (ALL AREAS)<br>14 - OTHER | 99 - UNKNOWN | ACTION<br><b>3</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
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| PRE-CRASH ACTIONS<br><b>01</b><br>99 - UNKNOWN | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCE<br>PRIMARY<br><b>21</b><br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>99 - UNKNOWN | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | NON-MOTORIST<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><input type="checkbox"/><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 |
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| SEQUENCE OF EVENTS<br>1 <b>14</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 |                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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| UNIT SPEED<br><b>5</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED | POSTED SPEED<br><b>25</b> | TRAFFIC CONTROL<br><b>02</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 |
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# UNIT

LOCAL REPORT NUMBER

17- 1896

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| UNIT NUMBER<br><b>2</b>                                                     | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) | OWNER PHONE NUMBER            | DAMAGE SCALE<br><input type="checkbox"/> 1 - NONE<br><input type="checkbox"/> 2 - MINOR<br><input type="checkbox"/> 3 - FUNCTIONAL<br><input type="checkbox"/> 4 - DISABLING<br><input type="checkbox"/> 9 - UNKNOWN | DAMAGE AREA<br>FRONT<br><br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) |                                                                             |                               |                                                                                                                                                                                                                      |                                  |
| LP STATE                                                                    | LICENSE PLATE NUMBER                                                        | VEHICLE IDENTIFICATION NUMBER | # OCCUPANTS<br><b>0</b>                                                                                                                                                                                              |                                  |
| VEHICLE YEAR<br><b>0</b>                                                    | VEHICLE MAKE                                                                | VEHICLE MODEL                 | VEHICLE COLOR                                                                                                                                                                                                        |                                  |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN                           | INSURANCE COMPANY                                                           | POLICY NUMBER                 | 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><input type="checkbox"/> 01 - NO CARGO BODY TYPE/NOT APPLICABLE<br><input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br><input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER)<br><input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE<br><input type="checkbox"/> 05 - LOGGING<br><input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASIS<br><input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX<br><input type="checkbox"/> 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><input type="checkbox"/> 1 - T WO-WAY, NOT DIVIDED<br><input type="checkbox"/> 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br><input type="checkbox"/> 3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA<br><input type="checkbox"/> 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br><input type="checkbox"/> 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><b>01</b><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><input type="checkbox"/> 1 - PERSONAL<br><input type="checkbox"/> 2 - COMMERCIAL<br><input type="checkbox"/> 3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>26</b><br>99 - UNKNOWN OR HIT/SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK, 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br><b>NON-MOTORIST</b><br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST | <input type="checkbox"/> HAS HM PLACARD |
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| SPECIAL FUNCTION<br><input type="checkbox"/> 01 - NONE<br><input type="checkbox"/> 02 - TAXI<br><input type="checkbox"/> 03 - RENTAL TRUCK (OVER 10K LBS)<br><input type="checkbox"/> 04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br><input type="checkbox"/> 05 - BUS - TRANSIT<br><input type="checkbox"/> 06 - BUS - CHARTER<br><input type="checkbox"/> 07 - BUS - SHUTTLE<br><input type="checkbox"/> 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><input type="checkbox"/> 01 - NONE<br><input type="checkbox"/> 02 - CENTER FRONT<br><input type="checkbox"/> 03 - RIGHT FRONT<br><input type="checkbox"/> 04 - RIGHT SIDE<br><input type="checkbox"/> 05 - RIGHT REAR<br><input type="checkbox"/> 06 - REAR CENTER<br><input type="checkbox"/> 07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL (ALL AREAS)<br>14 - OTHER | 99 - UNKNOWN | ACTION<br><b>4</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
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| PRE-CRASH ACTIONS<br><b>16</b><br>99 - UNKNOWN | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCE<br>PRIMARY<br><b>22</b><br>SECONDARY<br><input type="checkbox"/><br>99 - UNKNOWN | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><input type="checkbox"/> 01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
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| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <input type="checkbox"/> MOST HARMFUL EVENT <input type="checkbox"/> 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><input type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED | POSTED SPEED | TRAFFIC CONTROL<br><b>13</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>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  
17- 1896

|                  |                                               |               |     |                                                                        |
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| UNIT NUMBER<br>1 | NAME: LAST, FIRST, MIDDLE<br>Unknown, Unknown | DATE OF BIRTH | AGE | GENDER<br><input checked="" type="checkbox"/> M F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br>OH | CONTACT PHONE - INCLUDE AREA CODE |
|---------------------------------|-----------------------------------|

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| INJURIES<br><input checked="" type="checkbox"/> 1 | INJURED TAKEN BY<br><input checked="" type="checkbox"/> 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>99 | 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"/> 1 | EJECTION<br><input checked="" type="checkbox"/> 1 | TRAPPED<br><input checked="" type="checkbox"/> 1 |
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| OL STATE<br>OH | OPERATOR LICENSE NUMBER | OL CLASS<br><input type="checkbox"/> | No<br><input type="checkbox"/> VALID<br>DL | M/C<br><input type="checkbox"/> END | CONDITION<br><input checked="" type="checkbox"/> 7 | ALCOHOL/DRUG SUSPECTED<br><input checked="" type="checkbox"/> 1 | ALCOHOL TEST STATUS<br><input checked="" type="checkbox"/> 1 | ALCOHOL TEST TYPE<br><input checked="" type="checkbox"/> 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS<br>1 | DRUG TEST TYPE<br>1 |
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| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE<br><input type="checkbox"/> DEVICE<br>USED | DRIVER DISTRACTED BY<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> |
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| UNIT NUMBER<br>2 | NAME: LAST, FIRST, MIDDLE<br>Headley, Keith, Edward | DATE OF BIRTH<br>12/19/1965 | AGE<br>51 | GENDER<br><input checked="" type="checkbox"/> M F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br>425 Mt Vernon Rd. Apt 112, Newark, OH, 43055 | CONTACT PHONE - INCLUDE AREA CODE<br>740-644-6602 |
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| INJURIES<br><input checked="" type="checkbox"/> 3 | INJURED TAKEN BY<br><input checked="" type="checkbox"/> 1 | EMS AGENCY<br>Newark Fire | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>09 | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET | SEATING POSITION<br><input checked="" type="checkbox"/> 15 | AIR BAG USAGE<br><input type="checkbox"/> | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input checked="" type="checkbox"/> 1 |
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| OL STATE<br>OH | OPERATOR LICENSE NUMBER<br>RU076994 | 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"/> 1 | ALCOHOL/DRUG SUSPECTED<br><input checked="" type="checkbox"/> 1 | ALCOHOL TEST STATUS<br><input checked="" type="checkbox"/> 1 | ALCOHOL TEST TYPE<br><input checked="" type="checkbox"/> 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS<br>1 | DRUG TEST TYPE<br>1 |
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| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE<br><input type="checkbox"/> DEVICE<br>USED | DRIVER DISTRACTED BY<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> |
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| INJURIES                                                                                                   | INJURED TAKEN BY                                                                            | SAFETY EQUIPMENT USED                                                                                                                | 99 - UNKNOWN SAFETY EQUIPMENT                                                                                                  |                                                                                      |
| 1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | MOTORIST                                                                                                                             | NON-MOTORIST                                                                                                                   |                                                                                      |
|                                                                                                            |                                                                                             | 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 | 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM-REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED | 09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) |

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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                                      | 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                             |
| 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN |

|                                                                                       |                                                                                                 |                                                                                                  |                                                                                                               |                                                                                                                                             |
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| EJECTION                                                                              | TRAPPED                                                                                         | OPERATOR LICENSE CLASS                                                                           | CONDITION                                                                                                     | ALCOHOL/DRUG SUSPECTED                                                                                                                      |
| 1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO'S "D")<br>5 - MC/MOPED ONLY | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBE)<br>4 - ILLNESS | 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 |
|                                                                                       |                                                                                                 |                                                                                                  | 5 - FELL ASLEEP, FAINTED, FATIGUE<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER      |                                                                                                                                             |

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

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