



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

2017-00008445

CRASH SEVERITY

3 1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

☐ PHOTOS TAKEN  
☐ OH-2 ☐ OH-1P  
☐ OH-3 ☐ OTHER☐ PDO UNDER STATE REPORTABLE DOLLAR AMOUNT☐ PRIVATE PROPERTY

REPORTING AGENCY NCIC \*

04501

REPORTING AGENCY NAME \*

Newark Police Department

NUMBER OF UNITS  
03UNIT IN ERROR  
98 - ANIMAL  
99 - UNKNOWN

COUNTY \*

45

☒ CITY \*☐ VILLAGE \*☐ TOWNSHIP \*

CITY, VILLAGE, TOWNSHIP \*

NEWARK

CRASH DATE \*

04042017

TIME OF CRASH

1512

DAY OF WEEK

Tue

DEGREES / MINUTES / SECONDS

LATITUDE 0 / " LONGITUDE 0 / "

DECIMAL DEGREES

LATITUDE LONGITUDE

ROADWAY DIVISION

☐ DIVIDED  
☒ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

☐ N - NORTHBOUND ☐ E - EASTBOUND  
☐ S - SOUTHBOUND ☐ W - WESTBOUND

NUMBER OF THRU LANES

02

ROAD TYPES OR MILEPOST 2

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

LOCATION ROUTE TYPE 1

LOCATION ROUTE NUMBER

LOC PREFIX N,S,E,W

LOCATION ROAD NAME

Granville

ST

LOCATION ROAD TYPE 2

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
SR - STATE ROUTE

DISTANCE FROM REFERENCE

☐ MILES  
☐ FEET  
☐ YARDS

DIR FROM REF N,S,E,W

☐ F

REFERENCE ROUTE TYPE 1

REFERENCE ROUTE NUMBER

REF PREFIX N,S,E,W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

314

REFERENCE ROAD TYPE 2

REFERENCE POINT USED

3 1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBER

CRASH LOCATION

01

01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE 11 - RAILWAY GRADE CROSSING  
02 - FOUR-WAY INTERSECTION 07 - ON RAMP 12 - SHARED-USE PATHS OR TRAILS  
03 - T-INTERSECTION 08 - OFF RAMP 99 - UNKNOWN  
04 - Y-INTERSECTION 09 - CROSSOVER  
05 - TRAFFIC CIRCLE/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS☐ INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

1 1 - ON ROADWAY 5 - ON GORE  
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY  
3 - IN MEDIAN 9 - UNKNOWN  
4 - ON ROADSIDE

ROAD CONTOUR

2 1 - STRAIGHT LEVEL 4 - CURVE GRADE  
2 - STRAIGHT GRADE 9 - UNKNOWN  
3 - CURVE LEVEL

ROAD CONDITIONS

01

SECONDARY

01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*  
02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER  
03 - SNOW 07 - SLUSH 99 - UNKNOWN  
04 - ICE 08 - DEBRIS\*  
\* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

2 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSITE DIRECTION  
3 - HEAD-ON 6 - ANGLE 9 - UNKNOWN  
4 - REAR-TO-REAR 7 - SIDESWIPE, SAME DIRECTION

WEATHER

2

1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS  
2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW  
3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE

2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE  
2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT  
3 - BRICK/BLOCK 6 - OTHER

LIGHT CONDITIONS

1

SECONDARY

1 - DAYLIGHT 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN  
2 - DAWN 6 - DARK - UNKNOWN ROADWAY LIGHTING  
3 - DUSK 7 - GLARE\*  
4 - DARK - LIGHTED ROADWAY 8 - OTHER  
\* SECONDARY CONDITION ONLY☐ SCHOOL ZONE RELATED

SCHOOL BUS RELATED

☐ YES, SCHOOL BUS DIRECTLY INVOLVED  
☐ YES, SCHOOL BUS INDIRECTLY INVOLVED☐ WORK ZONE RELATED☐ WORKERS PRESENT  
☐ LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)  
☐ LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE

☐ 1 - LANE CLOSURE 4 - INTERMITTENT OR MOVING WORK  
2 - LANE SHIFT/CROSSOVER 5 - OTHER  
3 - WORK ON SHOULDER OR MEDIAN

LOCATION OF CRASH IN WORK ZONE

☐ 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA  
2 - ADVANCE WARNING AREA 5 - TERMINATION AREA  
3 - TRANSITION AREA

NARRATIVE

Unit #1 and Unit #2 were stopped in traffic in the eastbound lane of Granville Street. Unit #3 was traveling eastbound on Granville Street and was unable to stop his vehicle before striking Unit #2 in the rear. The force of the impact caused Unit #2 to move forward and strike Unit #1 in the rear. The driver of Unit #1 stated that she did not have insurance.

Diagram

REPORT TAKEN BY

☐ POLICE AGENCY ☐ MOTORIST☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs)

DATE CRASH REPORTED

TIME CRASH REPORTED

DISPATCH TIME

ARRIVAL TIME

TIME CLEARED

OTHER INVESTIGATION TIME

TOTAL MINUTES

OFFICER'S NAME \*

Duncan, Michael Blake

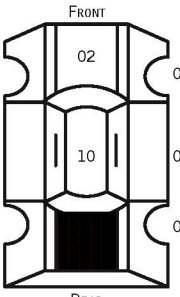
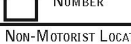
OFFICER'S BADGE NUMBER

45NPD-341

CHECKED BY

PAGE 1 OF 6

2017-00008445

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| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)<br><b>RAMSEY, SERENITY, PAIGE</b>                                                                                                                                                                                                                                     | OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)<br><b>513-400-2601</b>                                                                                                                                                                                                                                                                                                     | DAMAGE SCALE<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DAMAGED AREA<br> |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)<br><b>134 FLEEK AVE ,OH 43055</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 - NONE<br>2 - MINOR<br>3 - FUNCTIONAL<br>4 - DISABLING<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LICENSE PLATE NUMBER<br><b>HBN9055</b>                                                                                                                                                                                                                                                                                                                      | VEHICLE IDENTIFICATION NUMBER<br><b>2B4GP44GXWR845734</b>                                                                                                                                                                                                                                                                                                                                                            | # OCCUPANTS<br><b>02</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |
| VEHICLE YEAR<br><b>1998</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VEHICLE MAKE<br><b>Dodge</b>                                                                                                                                                                                                                                                                                                                                | VEHICLE MODEL<br><b>CARAVAN</b>                                                                                                                                                                                                                                                                                                                                                                                      | VEHICLE COLOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INSURANCE COMPANY                                                                                                                                                                                                                                                                                                                                           | POLICY NUMBER                                                                                                                                                                                                                                                                                                                                                                                                        | TOWED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                      | CARRIER PHONE- INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |
| US DOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VEHICLE WEIGHT GVWR/GCWR<br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS.                                                                                                                                                                                                                                    | CARGO BODY TYPE<br><br>01 - No CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL                                  | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - Two-Way, NOT DIVIDED<br>2 - Two-Way, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - Two-Way, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN<br>4 - Two-Way, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - One-Way Trafficway<br><input type="checkbox"/> HIT / SKIP UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |
| HM PLACARD ID No.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |
| HM CLASS NUMBER<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |
| Non-Motorist Location Prior to Impact<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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>05</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<br>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<br>BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>Non-Motorist<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER Non-Motorist<br><input type="checkbox"/> HAS HM PLACARD |                                                                                                     |
| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (Over 10k Lbs)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER<br>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.<br>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>06</b><br>IMPACT AREA<br><b>06</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<br>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<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |
| PRE-CRASH ACTIONS<br><b>11</b><br>MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>99 - UNKNOWN<br>07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION<br>Non-Motorist<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING<br>21 - OTHER Non-Motorist ACTION                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>01</b><br>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<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENCE MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/Wrong Way<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION<br>Non-Motorist<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER Non-Motorist ACTION |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                      | VEHICLE DEFECTS<br><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2  3  4  5  6 <br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                      | Non-Collision Events<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN OR SUPPORT<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER Non-Collision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN/ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                      | COLLISION WITH FIXED OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT                                                                                                                                                                                           |                                                                                                     |
| UNIT SPEED<br><b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | POSTED SPEED<br><b>35</b>                                                                                                                                                                                                                                                                                                                                   | TRAFFIC CONTROL<br><b>01</b><br>01 - No CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>4</b> TO <b>3</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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |

2017-00008445

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| UNIT NUMBER<br><b>02</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>JOHNSON, Shannon, L</b>                                                                                                                                                                                                                                                                                                                               | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                                                      | DAMAGE SCALE<br><b>2</b><br>1 - NONE<br>2 - MINOR<br>3 - FUNCTIONAL<br>4 - DISABLING<br>9 - UNKNOWN                                                                                                                                                                                                                                 | DAMAGED AREA<br>FRONT<br>09 03<br>08 10 04<br>07 05<br>REAR                                                                                                                                                                                                                                                  |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>227 HOOVER ST ,OH 43055</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                              |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LICENSE PLATE NUMBER<br><b>GXP2233</b>                                                                                                                                                                                                                                                                                                                                                                                                  | VEHICLE IDENTIFICATION NUMBER<br><b>1ZVF1T85H455198894</b>                                                                                                                                                                                                                                                                                                                                                           | # OCCUPANTS<br><b>01</b>                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                              |
| VEHICLE YEAR<br><b>2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VEHICLE MAKE<br><b>Ford</b>                                                                                                                                                                                                                                                                                                                                                                                                             | VEHICLE MODEL<br><b>MUSTANG</b>                                                                                                                                                                                                                                                                                                                                                                                      | VEHICLE COLOR                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                              |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INSURANCE COMPANY<br><b>STATE FARM</b>                                                                                                                                                                                                                                                                                                                                                                                                  | POLICY NUMBER<br><b>921 3962-B04-35</b>                                                                                                                                                                                                                                                                                                                                                                              | TOWED BY                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                              |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                     | CARRIER PHONE- INCLUDE AREA CODE                                                                                                                                                                                                                                                                             |
| US DOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VEHICLE WEIGHT GVWR/GCWR<br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS.<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                    | CARGO BODY TYPE<br><input type="checkbox"/><br>01 - No CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL                                                                                           | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - Two-Way, NOT DIVIDED<br>2 - Two-Way, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - Two-Way, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN<br>4 - Two-Way, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - One-Way Trafficway<br><input type="checkbox"/> HIT / SKIP UNIT                  |                                                                                                                                                                                                                                                                                                              |
| HM PLACARD ID No.<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HAZARDOUS MATERIAL RELEASED<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                 | 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                                                                                                                      |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                              |
| 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 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - Non-Trafficway AREA<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                           | UNIT TYPE<br><b>04</b><br>99 - UNKNOWN OR HIT / SKIP                                                                                                                                                                                                                                                                                                                                                                 | 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                       |                                                                                                                                                                                                                                                                                                              |
| 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>06</b><br>IMPACT AREA<br><b>06</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                                                                                                                                        | ACTION<br><b>5</b><br>1 - Non-CONTACT<br>2 - Non-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN                                                                                                                                                                               |
| PRE-CRASH ACTIONS<br><b>11</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                                                                                             |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>01</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 NEGLIGENCE MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/Wrong Way<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION            | Non-Motorist<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER Non-Motorist ACTION | VEHICLE DEFECTS<br><input type="checkbox"/><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Non-Collision EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (Blown Tire, Brake Failure, etc)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN OR SUPPORT<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER Non-Collision |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                              |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN/ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                              |
| UNIT SPEED<br><b>0</b><br><input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | POSTED SPEED<br><b>35</b>                                                                                                                                                                                                                                                                                                                                                                                                               | TRAFFIC CONTROL<br><b>01</b><br>01 - No CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>4</b> TO <b>3</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 NUMBER<br><b>03</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                 |                                                           | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | 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                                                                                                                |                                  | DAMAGED AREA<br>FRONT<br>09 02 03<br>08 10 04<br>07 06 05<br>REAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                                                                                                                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LICENSE PLATE NUMBER<br><b>12345678</b> |                                                                                                                                                                                                                                                                                                                                                                             | VEHICLE IDENTIFICATION NUMBER<br><b>1G1ZB5H45D0000000</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | # OCCUPANTS<br><b>1</b>                                                                                                                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| VEHICLE YEAR<br><b>12</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VEHICLE MAKE<br><b>FORD</b>             |                                                                                                                                                                                                                                                                                                                                                                             | VEHICLE MODEL<br><b>F150</b>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VEHICLE COLOR<br><b>WHITE</b> |                                                                                                                                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INSURANCE COMPANY<br><b>STATE FARM</b>  |                                                                                                                                                                                                                                                                                                                                                                             | POLICY NUMBER<br><b>123456789</b>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TOWED BY<br><b>NO</b>         |                                                                                                                                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                                                                                                                                                                                                                                                                                                                     | CARRIER PHONE- INCLUDE AREA CODE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| US DOT<br><b>1234</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS.<br><input type="checkbox"/> 2 - 10,001 TO 26,000 LBS.<br><input type="checkbox"/> 3 - MORE THAN 26,000 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 CHASSIS<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 - TWO-WAY, NOT DIVIDED<br><input type="checkbox"/> 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br><input type="checkbox"/> 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT) MEDIAN<br><input type="checkbox"/> 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br><input type="checkbox"/> 5 - ONE-WAY TRAFFICWAY<br><input type="checkbox"/> HIT / SKIP UNIT                                                                                                                                  |  |
| HM PLACARD ID No.<br><b>1234</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED                                                                                                                                                                                                                                                                                                                        |                                                           | HM CLASS NUMBER<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Non-Motorist Location Prior to Impact<br><input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK<br><input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK<br><input type="checkbox"/> 03 - INTERSECTION - OTHER<br><input type="checkbox"/> 04 - MIDBLOCK - MARKED CROSSWALK<br><input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION<br><input type="checkbox"/> 06 - BICYCLE LANE<br><input type="checkbox"/> 07 - SHOULDER/ROADSIDE<br><input type="checkbox"/> 08 - SIDEWALK<br><input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND<br><input type="checkbox"/> 10 - DRIVEWAY ACCESS<br><input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL<br><input type="checkbox"/> 12 - NON-TRAFFICWAY AREA<br><input type="checkbox"/> 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>07</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                                                                                                                                                                                                                                                       |  |
| 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                                                                                                                                                                                                                                                                                                                                                  |                                         | <input type="checkbox"/> 09 - AMBULANCE<br><input type="checkbox"/> 10 - FIRE<br><input type="checkbox"/> 11 - HIGHWAY/MAINTENANCE<br><input type="checkbox"/> 12 - MILITARY<br><input type="checkbox"/> 13 - POLICE<br><input type="checkbox"/> 14 - PUBLIC UTILITY<br><input type="checkbox"/> 15 - OTHER GOVERNMENT<br><input type="checkbox"/> 16 - CONSTRUCTION EQUIP. |                                                           | <input type="checkbox"/> 17 - FARM VEHICLE<br><input type="checkbox"/> 18 - FARM EQUIPMENT<br><input type="checkbox"/> 19 - MOTORHOME<br><input type="checkbox"/> 20 - GOLF CART<br><input type="checkbox"/> 21 - TRAIN<br><input type="checkbox"/> 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  |                                  | <input type="checkbox"/> 08 - LEFT SIDE<br><input type="checkbox"/> 09 - LEFT FRONT<br><input type="checkbox"/> 10 - TOP AND WINDOWS<br><input type="checkbox"/> 11 - UNDERCARRIAGE<br><input type="checkbox"/> 12 - LOAD/TRAILER<br><input type="checkbox"/> 13 - TOTAL(ALL AREAS)<br><input type="checkbox"/> 14 - OTHER                                                                                                                                                                                                                                          |  |
| PRE-CRASH ACTIONS<br><input type="checkbox"/> 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                                                                                                                                                                                                                                                                                                                                                    |  |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><input type="checkbox"/> 99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD                                                                                                  |                                                           | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENCE MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION                                                                                              |                               | Non-Motorist<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION |                                  | VEHICLE DEFECTS<br><input type="checkbox"/> 01 - TURN SIGNALS<br><input type="checkbox"/> 02 - HEAD LAMPS<br><input type="checkbox"/> 03 - TAIL LAMPS<br><input type="checkbox"/> 04 - BRAKES<br><input type="checkbox"/> 05 - STEERING<br><input type="checkbox"/> 06 - TIRE BLOWOUT<br><input type="checkbox"/> 07 - WORN OR SLICK TIRES<br><input type="checkbox"/> 08 - TRAILER EQUIPMENT DEFECTIVE<br><input type="checkbox"/> 09 - MOTOR TROUBLE<br><input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT<br><input type="checkbox"/> 11 - OTHER DEFECTS |  |
| SEQUENCE OF EVENTS<br>1 <input type="checkbox"/> 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"/><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                                                                                                                                                                                                                             |                                                           | 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 OR SUPPORT<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN/ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         | 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                                                                                                                                                                                       |                                                           | 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                                                                                                                                                                                                                                                                                |                               | 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                                                                                                  |                                  | 41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| UNIT SPEED<br><b>123</b><br><input type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | POSTED SPEED<br><b>123</b>                                                                                                                                                                                                                                                                                                                                                  |                                                           | TRAFFIC CONTROL<br><input type="checkbox"/> 01 - NO CONTROLS<br><input type="checkbox"/> 02 - STOP SIGN<br><input type="checkbox"/> 03 - YIELD SIGN<br><input type="checkbox"/> 04 - TRAFFIC SIGNAL<br><input type="checkbox"/> 05 - TRAFFIC FLASHERS<br><input type="checkbox"/> 06 - SCHOOL ZONE                                                                                                                                                                                                     |                               | 07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS                                                                                                                                                                |                                  | UNIT DIRECTION<br>FROM <input type="checkbox"/> TO <input type="checkbox"/><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                                                                                                                                                                                                                                                                             |                                                           | 13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | 5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN                                                                                                                                                                                                                                                     |                                  | PAGE 4 OF 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |



# MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

**2017-00008445**

|                                                             |                                                             |            |                      |                                            |                                      |                                    |                                    |                                                                |                                                       |                                           |                              |                            |
|-------------------------------------------------------------|-------------------------------------------------------------|------------|----------------------|--------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|------------------------------|----------------------------|
| UNIT NUMBER<br><b>01</b>                                    | NAME: LAST, FIRST, MIDDLE<br><b>RAMSEY, SERENITY, PAIGE</b> |            |                      |                                            | DATE OF BIRTH<br><b>09291998</b>     |                                    |                                    |                                                                | AGE<br><b>018</b>                                     | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |                              |                            |
| ADDRESS, CITY, STATE, ZIP<br><b>134 FLEEK AVE ,OH 43055</b> |                                                             |            |                      |                                            |                                      |                                    |                                    | CONTACT PHONE- INCLUDE AREA CODE<br><b>513-400-2601</b>        |                                                       |                                           |                              |                            |
| INJURIES<br><b>1</b>                                        | INJURED TAKEN BY<br><b>1</b>                                | EMS AGENCY |                      | MEDICAL FACILITY INJURED TAKEN TO          |                                      | SAFETY EQUIPMENT USED<br><b>04</b> |                                    | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>                         | AIR BAG USAGE<br><b>1</b>                 | EJECTION<br><b>1</b>         | TRAPPED<br><b>1</b>        |
| OL STATE<br><b>OH</b>                                       | OPERATOR LICENSE NUMBER<br><b>UQ895977</b>                  |            | OL CLASS<br><b>4</b> | <input type="checkbox"/> No<br>VALID<br>OL | <input type="checkbox"/> M/C<br>END. | CONDITION<br><b>1</b>              | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b>                                | ALCOHOL TEST TYPE<br><b>1</b>                         | ALCOHOL TEST VALUE<br><b>. . . . .</b>    | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)      |                                                             |            | OFFENSE DESCRIPTION  |                                            |                                      |                                    | CITATION NUMBER                    |                                                                | <input type="checkbox"/> HANDS-FREE<br>DEVICE<br>USED | DRIVER DISTRACTED BY<br><b>1</b>          |                              |                            |

|                                                             |                                                            |            |                      |                                            |                                      |                                    |                                    |                                                                |                                                       |                                           |                              |                            |
|-------------------------------------------------------------|------------------------------------------------------------|------------|----------------------|--------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|------------------------------|----------------------------|
| UNIT NUMBER<br><b>02</b>                                    | NAME: LAST, FIRST, MIDDLE<br><b>JOHNSON, TANNER, BRYCE</b> |            |                      |                                            | DATE OF BIRTH<br><b>01012000</b>     |                                    |                                    |                                                                | AGE<br><b>017</b>                                     | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |                              |                            |
| ADDRESS, CITY, STATE, ZIP<br><b>227 HOOVER ST ,OH 43055</b> |                                                            |            |                      |                                            |                                      |                                    |                                    | CONTACT PHONE- INCLUDE AREA CODE<br><b>740-403-7407</b>        |                                                       |                                           |                              |                            |
| INJURIES<br><b>1</b>                                        | INJURED TAKEN BY<br><b>1</b>                               | EMS AGENCY |                      | MEDICAL FACILITY INJURED TAKEN TO          |                                      | SAFETY EQUIPMENT USED<br><b>04</b> |                                    | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>                         | AIR BAG USAGE<br><b>1</b>                 | EJECTION<br><b>1</b>         | TRAPPED<br><b>1</b>        |
| OL STATE<br><b>OH</b>                                       | OPERATOR LICENSE NUMBER<br><b>UM748205</b>                 |            | OL CLASS<br><b>4</b> | <input type="checkbox"/> No<br>VALID<br>OL | <input type="checkbox"/> M/C<br>END. | CONDITION<br><b>1</b>              | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b>                                | ALCOHOL TEST TYPE<br><b>1</b>                         | ALCOHOL TEST VALUE<br><b>. . . . .</b>    | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)      |                                                            |            | OFFENSE DESCRIPTION  |                                            |                                      |                                    | CITATION NUMBER                    |                                                                | <input type="checkbox"/> HANDS-FREE<br>DEVICE<br>USED | DRIVER DISTRACTED BY<br><b>1</b>          |                              |                            |

|                                                                                                                                                                                                                        |  |                                                                                                                    |                                                                                    |                                                                                                                                                                                                                                             |                                                                                                                                                                            |                                                                                                                                                                                  |                                                                   |                                                                                                                                                                         |                                                                                                                                                                                                    |                                                                                                                                                                       |  |                                                                                                                                                              |                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|
| 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>MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED                                                                        |                                                                                                                                                                            | 99 - UNKNOWN SAFETY EQUIPMENT<br>Non-Motorist<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED |                                                                   | Non-Motorist<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED<br>(ELBOWS,KNEES, ETC)                                                                  |                                                                                                                                                                                                    | 12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER                                                                                                               |  |                                                                                                                                                              |                                                          |  |
| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE |  |                                                                                                                    |                                                                                    | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) |                                                                                                                                                                            |                                                                                                                                                                                  |                                                                   | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN |                                                                                                                                                                                                    |                                                                                                                                                                       |  | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |                                                          |  |
| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE                                                                                                                      |  | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY<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, DISTURBED)<br>4 - ILLNESS                                                      |                                                                   | 5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF<br>MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER                                                            |                                                                                                                                                                                                    | ALCOHOL/DRUG SUSPECTED<br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |  |                                                                                                                                                              |                                                          |  |
| ALCOHOL TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                          |  |                                                                                                                    | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER |                                                                                                                                                                                                                                             | DRUG TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |                                                                                                                                                                                  | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER |                                                                                                                                                                         | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE<br>(NAVIGATION DEVICE, RADIO, DVD) |                                                                                                                                                                       |  |                                                                                                                                                              | 6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |  |

|                                                                     |                                                            |            |  |                                   |                                  |                                    |  |                                                                |                               |                                           |                      |                     |
|---------------------------------------------------------------------|------------------------------------------------------------|------------|--|-----------------------------------|----------------------------------|------------------------------------|--|----------------------------------------------------------------|-------------------------------|-------------------------------------------|----------------------|---------------------|
| UNIT NUMBER<br><b>01</b>                                            | NAME: LAST, FIRST, MIDDLE<br><b>KINSER, DAVID, BRANDON</b> |            |  |                                   | DATE OF BIRTH<br><b>07011999</b> |                                    |  |                                                                | AGE<br><b>017</b>             | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |                      |                     |
| ADDRESS, CITY, STATE, ZIP<br><b>93 4 ST ,BUCKEYE LAKE ,OH 43008</b> |                                                            |            |  |                                   |                                  |                                    |  | CONTACT PHONE- INCLUDE AREA CODE                               |                               |                                           |                      |                     |
| INJURIES<br><b>1</b>                                                | INJURED TAKEN BY                                           | EMS AGENCY |  | MEDICAL FACILITY INJURED TAKEN TO |                                  | SAFETY EQUIPMENT USED<br><b>04</b> |  | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>03</b> | AIR BAG USAGE<br><b>1</b>                 | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b> |
| UNIT NUMBER                                                         | NAME: LAST, FIRST, MIDDLE                                  |            |  |                                   | DATE OF BIRTH                    |                                    |  |                                                                | AGE                           | GENDER<br>F - FEMALE<br>M - MALE          |                      |                     |
| ADDRESS, CITY, STATE, ZIP                                           |                                                            |            |  |                                   |                                  |                                    |  | CONTACT PHONE- INCLUDE AREA CODE                               |                               |                                           |                      |                     |
| INJURIES                                                            | INJURED TAKEN BY                                           | EMS AGENCY |  | MEDICAL FACILITY INJURED TAKEN TO |                                  | SAFETY EQUIPMENT USED              |  | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION              | AIR BAG USAGE                             | EJECTION             | TRAPPED             |



# MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

**2017-00008445**

|                                                                        |                                                        |            |                      |                                            |                                      |                                    |                                                                |                                                         |                                                       |                                           |                              |                            |
|------------------------------------------------------------------------|--------------------------------------------------------|------------|----------------------|--------------------------------------------|--------------------------------------|------------------------------------|----------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|------------------------------|----------------------------|
| UNIT NUMBER<br><b>03</b>                                               | NAME: LAST, FIRST, MIDDLE<br><b>EVANS, CARSON, JAY</b> |            |                      |                                            | DATE OF BIRTH<br><b>08242000</b>     |                                    |                                                                |                                                         | AGE<br><b>016</b>                                     | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |                              |                            |
| ADDRESS, CITY, STATE, ZIP<br><b>1336 SHERWOOD DOWNS RD E ,OH 43055</b> |                                                        |            |                      |                                            |                                      |                                    |                                                                | CONTACT PHONE- INCLUDE AREA CODE<br><b>740-618-0494</b> |                                                       |                                           |                              |                            |
| INJURIES<br><b>1</b>                                                   | INJURED TAKEN BY<br><b>1</b>                           | EMS AGENCY |                      | MEDICAL FACILITY INJURED TAKEN TO          |                                      | SAFETY EQUIPMENT USED<br><b>04</b> | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>                           | AIR BAG USAGE<br><b>1</b>                             | EJECTION<br><b>1</b>                      | TRAPPED<br><b>1</b>          |                            |
| OL STATE<br><b>OH</b>                                                  | OPERATOR LICENSE NUMBER<br><b>UQ280803</b>             |            | OL CLASS<br><b>4</b> | <input type="checkbox"/> No<br>VALID<br>OL | <input type="checkbox"/> M/C<br>END. | CONDITION<br><b>1</b>              | ALCOHOL/DRUG SUSPECTED<br><b>1</b>                             | ALCOHOL TEST STATUS<br><b>1</b>                         | ALCOHOL TEST TYPE<br><b>1</b>                         | ALCOHOL TEST VALUE<br><b>. . . . .</b>    | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)                 |                                                        |            | OFFENSE DESCRIPTION  |                                            |                                      |                                    | CITATION NUMBER                                                |                                                         | <input type="checkbox"/> HANDS-FREE<br>DEVICE<br>USED | DRIVER DISTRACTED BY<br><b>1</b>          |                              |                            |

|                                                        |                                        |            |                       |                                            |                                      |                                    |                                                                |                                               |                                                       |                                            |                               |                             |
|--------------------------------------------------------|----------------------------------------|------------|-----------------------|--------------------------------------------|--------------------------------------|------------------------------------|----------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------|--------------------------------------------|-------------------------------|-----------------------------|
| UNIT NUMBER<br><b>  </b>                               | NAME: LAST, FIRST, MIDDLE<br><b>  </b> |            |                       |                                            | DATE OF BIRTH<br><b>  </b>           |                                    |                                                                |                                               | AGE<br><b>  </b>                                      | GENDER<br><b>  </b> F - FEMALE<br>M - MALE |                               |                             |
| ADDRESS, CITY, STATE, ZIP<br><b>  </b>                 |                                        |            |                       |                                            |                                      |                                    |                                                                | CONTACT PHONE- INCLUDE AREA CODE<br><b>  </b> |                                                       |                                            |                               |                             |
| INJURIES<br><b>  </b>                                  | INJURED TAKEN BY<br><b>  </b>          | EMS AGENCY |                       | MEDICAL FACILITY INJURED TAKEN TO          |                                      | SAFETY EQUIPMENT USED<br><b>  </b> | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>  </b>                 | AIR BAG USAGE<br><b>  </b>                            | EJECTION<br><b>  </b>                      | TRAPPED<br><b>  </b>          |                             |
| OL STATE<br><b>  </b>                                  | OPERATOR LICENSE NUMBER<br><b>  </b>   |            | OL CLASS<br><b>  </b> | <input type="checkbox"/> No<br>VALID<br>OL | <input type="checkbox"/> M/C<br>END. | CONDITION<br><b>  </b>             | ALCOHOL/DRUG SUSPECTED<br><b>  </b>                            | ALCOHOL TEST STATUS<br><b>  </b>              | ALCOHOL TEST TYPE<br><b>  </b>                        | ALCOHOL TEST VALUE<br><b>. . . . .</b>     | DRUG TEST STATUS<br><b>  </b> | DRUG TEST TYPE<br><b>  </b> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) |                                        |            | OFFENSE DESCRIPTION   |                                            |                                      |                                    | CITATION NUMBER                                                |                                               | <input type="checkbox"/> HANDS-FREE<br>DEVICE<br>USED | DRIVER DISTRACTED BY<br><b>  </b>          |                               |                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                    |                                                                                    |                                                                                                                                                                      |                                                                                                                                                                            |                                                                                                                                                                         |                                                                   |                                                                                                              |                                                                                                                                                                                                                                                                |                                                                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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>MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED |                                                                                                                                                                            | 99 - UNKNOWN SAFETY EQUIPMENT<br>05 - CHILD RESTRAINT SYSTEM- FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED       |                                                                   | Non-Motorist<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED<br>(ELBOWS, KNEES, ETC)      |                                                                                                                                                                                                                                                                | 12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER                                                                                                               |  |
| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE<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, PICK-UP WITH CAP) |  |                                                                                                                    |                                                                                    |                                                                                                                                                                      |                                                                                                                                                                            | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN |                                                                   |                                                                                                              |                                                                                                                                                                                                                                                                | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN          |  |
| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE                                                                                                                                                                                                                                                                                                                                                                     |  | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY<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, DISTURBED)<br>4 - ILLNESS                                             |                                                                   | 5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF<br>MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER |                                                                                                                                                                                                                                                                | ALCOHOL/DRUG SUSPECTED<br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |  |
| ALCOHOL TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                                                                                                                                                                                                                                                                         |  |                                                                                                                    | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER |                                                                                                                                                                      | DRUG TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |                                                                                                                                                                         | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER |                                                                                                              | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE<br>(NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |                                                                                                                                                                       |  |

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