



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

2017-00013005

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

10

UNIT IN ERROR

10 98 - ANIMAL  
99 - UNKNOWN

COUNTY \*

45

☒ CITY \*  
☐ VILLAGE \*  
☐ TOWNSHIP \*

CITY, VILLAGE, TOWNSHIP \*

NEWARK

CRASH DATE \*

05172017

TIME OF CRASH

2229

DAY OF WEEK

Wed

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

01

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 - TRAILLOCATION ROUTE  
TYPE 1

LOCATION ROUTE NUMBER

LOC PREFIX  
N, S, E, W

LOCATION ROAD NAME

MAIN

LOCATION ROUTE  
TYPE 2

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
SR - STATE ROUTEDISTANCE FROM REFERENCE  
MILES  
FEET  
YARDSDIR FROM REF  
N, S, E, WREFERENCE ROUTE  
TYPE 1

REFERENCE ROUTE NUMBER

REF PREFIX  
N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

1287

REFERENCE ROAD  
TYPE 2REFERENCE POINT USED  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBERCRASH LOCATION  
0101 - 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/ROUNDOUT 10 - DRIVEWAY/ALLEY ACCESS☐ INTERSECTION  
RELATED

LOCATION OF FIRST HARMFUL EVENT

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

ROAD CONTOUR

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

ROAD CONDITIONS

PRIMARY 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

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

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

PRIMARY 5

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 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

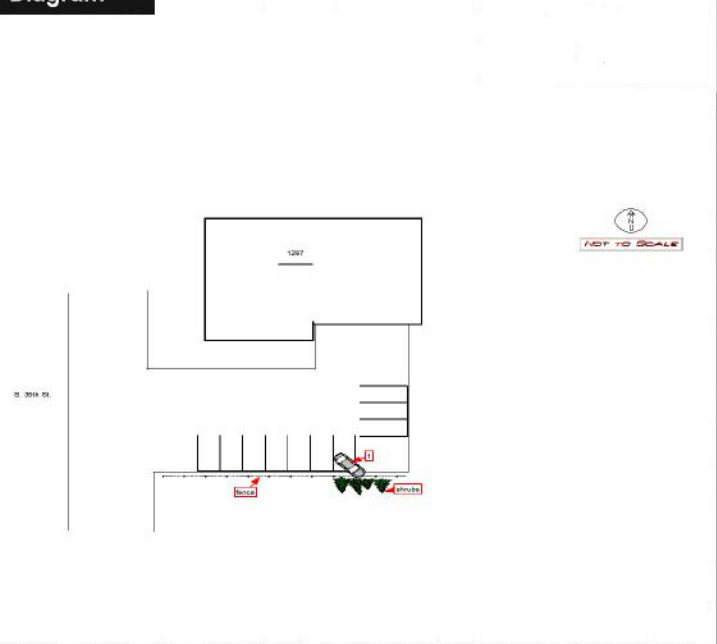
LOCATION OF CRASH IN WORK ZONE

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

NARRATIVE

Unit 01 failed to control vehicle while southbound in private property and struck chain link fence at edge of lot. Shrubs along fence were also damaged. Driver of unit 01 stated he was distracted while counting money. Private property was located at 1287 W. Main St., Newark, Ohio and is owned by C.A. Riley Insurance (877)682-5246.

Diagram



REPORT TAKEN BY

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

DATE CRASH REPORTED

05172017

TIME CRASH REPORTED

2229

DISPATCH TIME

2234

ARRIVAL TIME

2239

TIME CLEARED

2349

OTHER INVESTIGATION TIME

TOTAL MINUTES

80

OFFICER'S NAME \*

Snelling, Brett

OFFICER'S BADGE NUMBER

45NPD-315

CHECKED BY

PAGE 1 OF 3

2017-00013005

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>SPRADLIN, JAMES, A</b>      | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DAMAGE SCALE<br><b>3</b><br>1 - NONE<br>2 - MINOR<br>3 - FUNCTIONAL<br>4 - DISABLING<br>9 - UNKNOWN                                                                                                                                                                                                                 | DAMAGED AREA<br>                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>354 VAN HORN AVE, ZANESVILLE, OH</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LICENSE PLATE NUMBER<br><b>ggr5653</b>                                                                                   | VEHICLE IDENTIFICATION NUMBER<br><b>1g1ne52j83m627934</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | # OCCUPANTS<br><b>01</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| VEHICLE YEAR<br><b>2003</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | VEHICLE MAKE                                                                                                             | VEHICLE MODEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VEHICLE COLOR                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | INSURANCE COMPANY<br><b>state frame</b>                                                                                  | 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><b>01</b> - NO CARGO BODY TYPE/NOT APPLICABLE<br><b>02</b> - BUS/VAN (9-15 SEATS, INC DRIVER)<br><b>03</b> - BUS (16+ SEATS, INC DRIVER)<br><b>04</b> - VEHICLE TOWING ANOTHER VEHICLE<br><b>05</b> - LOGGING<br><b>06</b> - INTERMODAL CONTAINER CHASSIS<br><b>07</b> - CARGO VAN/ENCLOSED BOX<br><b>08</b> - GRAIN, CHIPS, GRAVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TRAFFICWAY DESCRIPTION<br><b>5</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><b>0000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | HM CLASS NUMBER<br><b>00</b>                                                                                             | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><b>01</b> - INTERSECTION - MARKED CROSSWALK<br><b>02</b> - INTERSECTION - NO CROSSWALK<br><b>03</b> - INTERSECTION - OTHER<br><b>04</b> - MIDBLOCK - MARKED CROSSWALK<br><b>05</b> - TRAVEL LANE - OTHER LOCATION<br><b>06</b> - BICYCLE LANE<br><b>07</b> - SHOULDER/ROADSIDE<br><b>08</b> - SIDEWALK<br><b>09</b> - MEDIAN/CROSSING ISLAND<br><b>10</b> - DRIVEWAY ACCESS<br><b>11</b> - SHARED-USE PATH OR TRAIL<br><b>12</b> - NON-TRAFFICWAY AREA<br><b>99</b> - OTHER/UNKNOWN |                                                                                                                          | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input checked="" type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | UNIT TYPE<br><b>03</b><br>99 - UNKNOWN OR HIT / SKIP                                                                                                                                                                                                                                                                | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br><b>01</b> - SUB-COMPACT<br><b>02</b> - COMPACT<br><b>03</b> - MID SIZE<br><b>04</b> - FULL SIZE<br><b>05</b> - MINIVAN<br><b>06</b> - SPORT UTILITY VEHICLE<br><b>07</b> - PICKUP<br><b>08</b> - VAN<br><b>09</b> - MOTORCYCLE<br><b>10</b> - MOTORIZED BICYCLE<br><b>11</b> - SNOWMOBILE/ATV<br><b>12</b> - OTHER PASSENGER VEHICLE                                                                     |
| MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br><b>13</b> - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br><b>14</b> - SINGLE UNIT TRUCK, 3+ AXLES<br><b>15</b> - SINGLE UNIT TRUCK / TRAILER<br><b>16</b> - TRUCK/TRACTOR (BOBTAIL)<br><b>17</b> - TRACTOR/SEMI-TRAILER<br><b>18</b> - TRACTOR/DOUBLE<br><b>19</b> - TRACTOR/TRIPLES<br><b>20</b> - OTHER MED/HEAVY VEHICLE                                                                                                                                                        |                                                                                                                          | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br><b>21</b> - BUS/VAN (9-15 SEATS, INC DRIVER)<br><b>22</b> - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br><b>23</b> - ANIMAL WITH RIDER<br><b>24</b> - ANIMAL WITH BUGGY, WAGON, SURREY<br><b>25</b> - BICYCLE/PEDALCYCLIST<br><b>26</b> - PEDESTRIAN/SKATER<br><b>27</b> - OTHER NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SPECIAL FUNCTION<br><b>06</b><br><b>01</b> - NONE<br><b>02</b> - TAXI<br><b>03</b> - RENTAL TRUCK (OVER 10K LBS)<br><b>04</b> - BUS - SCHOOL (PUBLIC OR PRIVATE)<br><b>05</b> - BUS - TRANSIT<br><b>06</b> - BUS - CHARTER<br><b>07</b> - BUS - SHUTTLE<br><b>08</b> - BUS - OTHER                                                                                                                                                                                                                                           |                                                                                                                          | <b>09</b> - AMBULANCE<br><b>10</b> - FIRE<br><b>11</b> - HIGHWAY/MAINTENANCE<br><b>12</b> - MILITARY<br><b>13</b> - POLICE<br><b>14</b> - PUBLIC UTILITY<br><b>15</b> - OTHER GOVERNMENT<br><b>16</b> - CONSTRUCTION EQUIP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>17</b> - FARM VEHICLE<br><b>18</b> - FARM EQUIPMENT<br><b>19</b> - MOTORHOME<br><b>20</b> - GOLF CART<br><b>21</b> - TRAIN<br><b>22</b> - OTHER (EXPLAIN IN NARRATIVE)                                                                                                                                           | MOST DAMAGED AREA<br><b>02</b><br>IMPACT AREA<br><b>01</b> - NONE<br><b>02</b> - CENTER FRONT<br><b>03</b> - RIGHT FRONT<br><b>04</b> - RIGHT SIDE<br><b>05</b> - RIGHT REAR<br><b>06</b> - REAR CENTER<br><b>07</b> - LEFT REAR<br><b>08</b> - LEFT SIDE<br><b>09</b> - LEFT FRONT<br><b>10</b> - TOP AND WINDOWS<br><b>11</b> - UNDERCARRIAGE<br><b>12</b> - LOAD/TRAILER<br><b>13</b> - TOTAL(ALL AREAS)<br><b>14</b> - OTHER<br><b>99</b> - UNKNOWN |
| PRE-CRASH ACTIONS<br><b>99</b><br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          | ACTION<br><b>01</b> - NON-CONTACT<br><b>02</b> - NON-COLLISION<br><b>03</b> - STRIKING<br><b>04</b> - STRUCK<br><b>05</b> - STRIKING/STRUCK<br><b>09</b> - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>17</b><br>SECONDARY<br><b>00</b><br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          | VEHICLE DEFECTS<br><b>01</b> - TURN SIGNALS<br><b>02</b> - HEAD LAMPS<br><b>03</b> - TAIL LAMPS<br><b>04</b> - BRAKES<br><b>05</b> - STEERING<br><b>06</b> - TIRE BLOWOUT<br><b>07</b> - WORN OR SLICK TIRES<br><b>08</b> - TRAILER EQUIPMENT DEFECTIVE<br><b>09</b> - MOTOR TROUBLE<br><b>10</b> - DISABLED FROM PRIOR ACCIDENT<br><b>11</b> - OTHER DEFECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SEQUENCE OF EVENTS<br>1 <b>46</b> 2 <b>48</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                          | NON-COLLISION EVENTS<br><b>01</b> - OVERTURN/ROLLOVER<br><b>02</b> - FIRE/EXPLOSION<br><b>03</b> - IMMERSION<br><b>04</b> - JACKKNIFE<br><b>05</b> - CARGO/EQUIPMENT LOSS OR SHIFT<br><b>06</b> - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br><b>07</b> - SEPARATION OF UNITS<br><b>08</b> - RAN OFF ROAD RIGHT<br><b>09</b> - RAN OFF ROAD LEFT<br><b>10</b> - CROSS MEDIAN OR SUPPORT<br><b>11</b> - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br><b>12</b> - DOWNHILL RUNAWAY<br><b>13</b> - OTHER NON-COLLISION                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br><b>14</b> - PEDESTRIAN<br><b>15</b> - PEDALCYCLE<br><b>16</b> - RAILWAY VEHICLE (TRAIN, ENGINE)<br><b>17</b> - ANIMAL - FARM<br><b>18</b> - ANIMAL - DEER<br><b>19</b> - ANIMAL - OTHER<br><b>20</b> - MOTOR VEHICLE IN TRANSPORT<br><b>21</b> - PARKED MOTOR VEHICLE<br><b>22</b> - WORK ZONE MAINTENANCE EQUIPMENT<br><b>23</b> - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br><b>24</b> - OTHER MOVABLE OBJECT                 |                                                                                                                          | COLLISION WITH FIXED OBJECT<br><b>25</b> - IMPACT ATTENUATOR/CRASH CUSHION<br><b>26</b> - BRIDGE OVERHEAD STRUCTURE<br><b>27</b> - BRIDGE PIER OR ABUTMENT<br><b>28</b> - BRIDGE PARAPET<br><b>29</b> - BRIDGE RAIL<br><b>30</b> - GUARDRAIL FACE<br><b>31</b> - GUARDRAIL END<br><b>32</b> - PORTABLE BARRIER<br><b>33</b> - MEDIAN CABLE BARRIER<br><b>34</b> - MEDIAN GUARDRAIL BARRIER<br><b>35</b> - MEDIAN CONCRETE BARRIER<br><b>36</b> - MEDIAN OTHER BARRIER<br><b>37</b> - TRAFFIC SIGN POST<br><b>38</b> - OVERHEAD SIGN POST<br><b>39</b> - LIGHT/LUMINARIES SUPPORT<br><b>40</b> - UTILITY POLE<br><b>41</b> - OTHER POST, POLE OR SUPPORT<br><b>42</b> - CULVERT<br><b>43</b> - CURB<br><b>44</b> - DITCH<br><b>45</b> - EMBANKMENT<br><b>46</b> - FENCE<br><b>47</b> - MAILBOX<br><b>48</b> - TREE<br><b>49</b> - FIRE HYDRANT<br><b>50</b> - WORK ZONE MAINTENANCE EQUIPMENT<br><b>51</b> - WALL, BUILDING, TUNNEL<br><b>52</b> - OTHER FIXED OBJECT |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| UNIT SPEED<br><b>20</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED                                                                                                                                                                                                                                                                                                                                                                                                                  | POSTED SPEED<br><b>15</b>                                                                                                | TRAFFIC CONTROL<br><b>01</b><br><b>01</b> - NO CONTROLS<br><b>02</b> - STOP SIGN<br><b>03</b> - YIELD SIGN<br><b>04</b> - TRAFFIC SIGNAL<br><b>05</b> - TRAFFIC FLASHERS<br><b>06</b> - SCHOOL ZONE<br><b>07</b> - RAILROAD CROSSBUCKS<br><b>08</b> - RAILROAD FLASHERS<br><b>09</b> - RAILROAD GATES<br><b>10</b> - CONSTRUCTION BARRICADE<br><b>11</b> - PERSON (FLAGGER, OFFICER)<br><b>12</b> - PAVEMENT MARKINGS<br><b>13</b> - CROSSWALK LINES<br><b>14</b> - WALK/DON'T WALK<br><b>15</b> - OTHER<br><b>16</b> - NOT REPORTED                                                                                                                                                                                                                                                                                                                                                                                                                                 | UNIT DIRECTION<br>FROM <b>1</b> TO <b>1</b><br><b>1</b> - NORTH<br><b>2</b> - SOUTH<br><b>3</b> - EAST<br><b>4</b> - WEST<br><b>5</b> - NORTHEAST<br><b>6</b> - NORTHWEST<br><b>7</b> - SOUTHEAST<br><b>8</b> - SOUTHWEST<br><b>9</b> - UNKNOWN                                                                     | PAGE 2 OF 3                                                                                                                                                                                                                                                                                                                                                                                                                                             |



# MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

**2017-00013005**

|                                                                                                                                                                                                                        |                                                        |                                                                                                                    |                                   |                                                                                                                                                                                                                                             |                                    |                                                                                                                                                                  |                                       |                                                                                                                                                                                                                                                                |                                                       |                                                                                                                                                                       |                                   |                                                                                                                                                              |  |                   |                                           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|-------------------------------------------|--|
| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                               | NAME: LAST, FIRST, MIDDLE<br><b>SPRADLIN, JAMES, A</b> |                                                                                                                    |                                   |                                                                                                                                                                                                                                             | DATE OF BIRTH<br><b>05051988</b>   |                                                                                                                                                                  |                                       |                                                                                                                                                                                                                                                                | AGE<br><b>029</b>                                     | GENDER<br><b>M</b> F - FEMALE<br>M - MALE                                                                                                                             |                                   |                                                                                                                                                              |  |                   |                                           |  |
| ADDRESS, CITY, STATE, ZIP<br><b>354 VAN HORN AVE ,ZANESVILLE ,OH</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> |                                                                                                                                                                  | 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>SS540125</b>             |                                                                                                                    | OL CLASS<br><b>1</b>              | No<br>VALID<br>OL                                                                                                                                                                                                                           | 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>1</b>                                                                                                                                        | DRUG TEST STATUS<br><b>1</b>      | DRUG TEST TYPE                                                                                                                                               |  |                   |                                           |  |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )                                                                                                                                                                |                                                        |                                                                                                                    | OFFENSE DESCRIPTION               |                                                                                                                                                                                                                                             |                                    |                                                                                                                                                                  | CITATION NUMBER                       |                                                                                                                                                                                                                                                                | HANDS-FREE<br><input type="checkbox"/> DEVICE<br>USED |                                                                                                                                                                       | DRIVER DISTRACTED BY<br><b>6</b>  |                                                                                                                                                              |  |                   |                                           |  |
| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                               |                                                        |                                                                                                                    |                                   |                                                                                                                                                                                                                                             |                                    |                                                                                                                                                                  |                                       |                                                                                                                                                                                                                                                                |                                                       | NAME: LAST, FIRST, MIDDLE                                                                                                                                             |                                   | DATE OF BIRTH<br><b>05051988</b>                                                                                                                             |  | AGE<br><b>029</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |  |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                              |                                                        |                                                                                                                    |                                   |                                                                                                                                                                                                                                             |                                    |                                                                                                                                                                  |                                       |                                                                                                                                                                                                                                                                |                                                       | CONTACT PHONE- INCLUDE AREA CODE                                                                                                                                      |                                   |                                                                                                                                                              |  |                   |                                           |  |
| INJURIES<br><b>0</b>                                                                                                                                                                                                   | INJURED TAKEN BY                                       | EMS AGENCY                                                                                                         | MEDICAL FACILITY INJURED TAKEN TO |                                                                                                                                                                                                                                             | SAFETY EQUIPMENT USED<br><b>00</b> |                                                                                                                                                                  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>00</b>                                                                                                                                                                                                                                  | AIR BAG USAGE<br><b>0</b>                             | EJECTION<br><b>0</b>                                                                                                                                                  | TRAPPED<br><b>0</b>               |                                                                                                                                                              |  |                   |                                           |  |
| OL STATE<br><b>00</b>                                                                                                                                                                                                  | OPERATOR LICENSE NUMBER                                |                                                                                                                    | OL CLASS<br><b>00</b>             | No<br>VALID<br>OL                                                                                                                                                                                                                           | M/C<br>END.                        | CONDITION<br><b>00</b>                                                                                                                                           | ALCOHOL/DRUG SUSPECTED<br><b>00</b>   | ALCOHOL TEST STATUS<br><b>00</b>                                                                                                                                                                                                                               | ALCOHOL TEST TYPE<br><b>00</b>                        | ALCOHOL TEST VALUE<br><b>00</b>                                                                                                                                       | DRUG TEST STATUS<br><b>00</b>     | DRUG TEST TYPE                                                                                                                                               |  |                   |                                           |  |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )                                                                                                                                                                |                                                        |                                                                                                                    | OFFENSE DESCRIPTION               |                                                                                                                                                                                                                                             |                                    |                                                                                                                                                                  | CITATION NUMBER                       |                                                                                                                                                                                                                                                                | HANDS-FREE<br><input type="checkbox"/> DEVICE<br>USED |                                                                                                                                                                       | DRIVER DISTRACTED BY<br><b>00</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 |                                                        |                                                                                                                    |                                   | 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 "DM")<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>01</b>                                                                                                                                                                                               |                                                        |                                                                                                                    |                                   |                                                                                                                                                                                                                                             |                                    |                                                                                                                                                                  |                                       |                                                                                                                                                                                                                                                                |                                                       | NAME: LAST, FIRST, MIDDLE                                                                                                                                             |                                   | DATE OF BIRTH<br><b>05051988</b>                                                                                                                             |  | AGE<br><b>029</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |  |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                              |                                                        |                                                                                                                    |                                   |                                                                                                                                                                                                                                             |                                    |                                                                                                                                                                  |                                       |                                                                                                                                                                                                                                                                |                                                       | CONTACT PHONE- INCLUDE AREA CODE                                                                                                                                      |                                   |                                                                                                                                                              |  |                   |                                           |  |
| INJURIES<br><b>0</b>                                                                                                                                                                                                   | INJURED TAKEN BY                                       | EMS AGENCY                                                                                                         | MEDICAL FACILITY INJURED TAKEN TO |                                                                                                                                                                                                                                             | SAFETY EQUIPMENT USED<br><b>00</b> |                                                                                                                                                                  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>00</b>                                                                                                                                                                                                                                  | AIR BAG USAGE<br><b>0</b>                             | EJECTION<br><b>0</b>                                                                                                                                                  | TRAPPED<br><b>0</b>               |                                                                                                                                                              |  |                   |                                           |  |
| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                               |                                                        |                                                                                                                    |                                   |                                                                                                                                                                                                                                             |                                    |                                                                                                                                                                  |                                       |                                                                                                                                                                                                                                                                |                                                       | NAME: LAST, FIRST, MIDDLE                                                                                                                                             |                                   | DATE OF BIRTH<br><b>05051988</b>                                                                                                                             |  | AGE<br><b>029</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |  |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                              |                                                        |                                                                                                                    |                                   |                                                                                                                                                                                                                                             |                                    |                                                                                                                                                                  |                                       |                                                                                                                                                                                                                                                                |                                                       | CONTACT PHONE- INCLUDE AREA CODE                                                                                                                                      |                                   |                                                                                                                                                              |  |                   |                                           |  |
| INJURIES<br><b>0</b>                                                                                                                                                                                                   | INJURED TAKEN BY                                       | EMS AGENCY                                                                                                         | MEDICAL FACILITY INJURED TAKEN TO |                                                                                                                                                                                                                                             | SAFETY EQUIPMENT USED<br><b>00</b> |                                                                                                                                                                  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>00</b>                                                                                                                                                                                                                                  | AIR BAG USAGE<br><b>0</b>                             | EJECTION<br><b>0</b>                                                                                                                                                  | TRAPPED<br><b>0</b>               |                                                                                                                                                              |  |                   |                                           |  |