



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

2017-00015192

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

02

UNIT IN ERROR

02 98 - ANIMAL
99 - UNKNOWN

COUNTY *

45

☒ CITY *

NEWARK

CITY, VILLAGE, TOWNSHIP *

CRASH DATE *

06072017

TIME OF CRASH

2105

DAY OF WEEK

Wed

DEGREES / MINUTES / SECONDS

LATITUDE 0 / 0 00.0000

LONGITUDE

0 / 0 00.0000

DECIMAL DEGREES

LATITUDE 40.051318

LONGITUDE

-81.242673

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
AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY PL - PLACE
BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE RD - ROAD
SQ - SQUARE TL - TRAILLOCATION
ROUTE
TYPE 1

LOCATION ROUTE NUMBER

LOC PREFIX
N, S,
E, W

LOCATION ROAD NAME

MAHOLM

ST LOCATION
ROAD
TYPE 2ROUTE TYPES 1
IR - INTERSTATE ROUTE (INC. TURNPIKE)
US - US ROUTE
SR - STATE ROUTECR - NUMBERED COUNTY ROUTE
TR - NUMBERED TOWNSHIP 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 #)

State

ST REFERENCE
ROAD
TYPE 2

REFERENCE POINT USED

1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER

CRASH LOCATION

03

01 - NOT AN INTERSECTION
02 - FOUR-WAY INTERSECTION
03 - T-INTERSECTION
04 - Y-INTERSECTION
05 - TRAFFIC CIRCLE/ROUNDOUT06 - FIVE-POINT, OR MORE
07 - ON RAMP
08 - OFF RAMP
09 - CROSSOVER
10 - DRIVEWAY/ALLEY ACCESS11 - RAILWAY GRADE CROSSING
12 - SHARED-USE PATHS OR TRAILS
99 - UNKNOWN☒ INTERSECTION
RELATED

LOCATION OF FIRST HARMFUL EVENT

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

ROAD CONTOUR

1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL4 - CURVE GRADE
9 - UNKNOWN

ROAD CONDITIONS

PRIMARY 01
SECONDARY01 - DRY
02 - WET
03 - SNOW
04 - ICE05 - SAND, MUD, DIRT, OIL, GRAVEL
06 - WATER (STANDING, MOVING)
07 - SLUSH
08 - DEBRIS*

09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*

10 - OTHER
99 - UNKNOWN

* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

5 - NOT COLLISION BETWEEN
TWO MOTOR VEHICLES
IN TRANSPORT1 - REAR-END
2 - HEAD-ON
4 - REAR-TO-REAR3 - BACKING
6 - ANGLE
7 - SIDESWIPE, SAME DIRECTION8 - SIDESWIPE, OPPOSITE
DIRECTION
9 - UNKNOWN

WEATHER

2

1 - CLEAR
2 - CLOUDY
3 - FOG, SMOG, SMOKE4 - RAIN
5 - SLEET, HAIL
6 - SNOW7 - SEVERE CROSSWINDS
8 - BLOWING SAND, SOIL, DIRT, SNOW
9 - OTHER/UNKNOWN

ROAD SURFACE

2 - CONCRETE
2 - BLACKTOP, BITUMINOUS,
ASPHALT
3 - BRICK/BLOCK4 - SLAG, GRAVEL,
STONE
5 - DIRT
6 - OTHER

LIGHT CONDITIONS

PRIMARY 1
SECONDARY1 - DAYLIGHT
2 - DAWN
3 - DUSK
4 - DARK - LIGHTED ROADWAY5 - DARK - ROADWAY NOT LIGHTED
6 - DARK - UNKNOWN ROADWAY LIGHTING
7 - GLARE*
8 - OTHER

9 - UNKNOWN

* SECONDARY CONDITION ONLY

SCHOOL BUS RELATED

☐ SCHOOL
ZONE
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
2 - LANE SHIFT/CROSSOVER
3 - WORK ON SHOULDER OR MEDIAN

4 - INTERMITTENT OR MOVING WORK

5 - OTHER

LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA

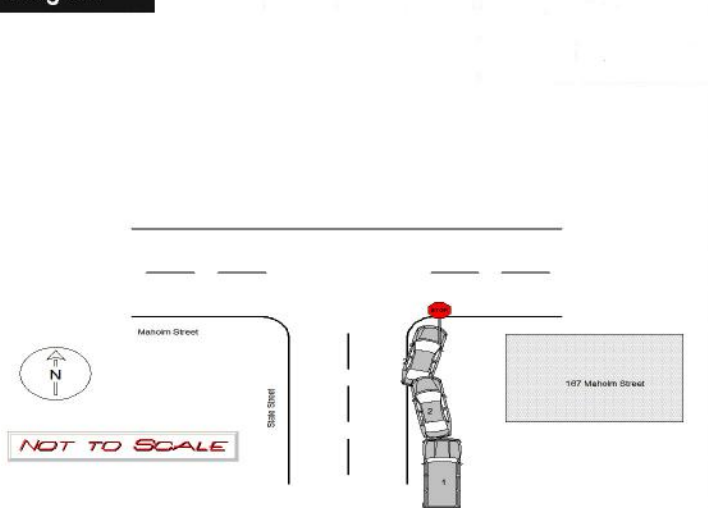
4 - ACTIVITY AREA

5 - TERMINATION AREA

NARRATIVE

Unit one was parked and unoccupied near the intersection of State Street and Maholm Street. Unit 2 was traveling northbound on State Street approaching Maholm Street. Unit 2 traveled off the roadway and struck the stop sign at stated intersection. Driver of unit 2 then backed up and struck the rear of unit 1. The driver of unit 1 was impaired and was arrested for OVI.

Diagram



REPORT TAKEN BY

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

DATE CRASH REPORTED

06072017

TIME CRASH REPORTED

2105

DISPATCH TIME

2108

ARRIVAL TIME

2113

TIME CLEARED

2359

OTHER INVESTIGATION TIME

TOTAL MINUTES

174

OFFICER'S NAME *

Burris, Dave

OFFICER'S BADGE NUMBER

45NPD-343

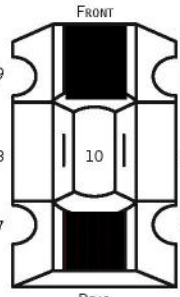
CHECKED BY

PAGE 1 OF 4

2017-00015192

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) OBRIEN, KASEY, R	OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER) 740-975-3350	DAMAGE SCALE 2 1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	DAMAGED AREA FRONT 09 03 08 10 04 07 06 05 REAR	
OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER) 167 A MAHOLM ST, NEWARK, OH					
LP STATE OH	LICENSE PLATE NUMBER EEE4349	VEHICLE IDENTIFICATION NUMBER 1J4GR48K75C541077	# OCCUPANTS 1		
VEHICLE YEAR 2005	VEHICLE MAKE Jeep (after 1988)	VEHICLE MODEL CHEROKEE	VEHICLE COLOR		
☐ 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 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY		
HM PLACARD ID NO. 1	☐ HAZARDOUS MATERIAL RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	☐ HIT / SKIP UNIT		
HM CLASS NUMBER 1					
Non-Motorist Location Prior to Impact 1 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT ☐ IN EMERGENCY RESPONSE	UNIT TYPE 06 99 - UNKNOWN OR HIT / SKIP PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK, 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) Non-Motorist 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
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2017-00015192

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER) LEISTER, DAMIAN, S	OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER) 740-755-1235	DAMAGE SCALE 2	DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER) 150 WILSON ST, NEWARK, OH 43055					
LP STATE OH	LICENSE PLATE NUMBER E944826	VEHICLE IDENTIFICATION NUMBER 4A3AE75H83E018537	# OCCUPANTS 01		
VEHICLE YEAR 2003	VEHICLE MAKE Mitsubishi	VEHICLE MODEL ECLIPSE	VEHICLE COLOR		
☐ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY Porky's Towing		
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2017-00015192

UNIT NUMBER [0][1]		NAME: LAST, FIRST, MIDDLE PARKED, 2017-00015192				DATE OF BIRTH [][][][][][]		AGE []		GENDER F - FEMALE M - MALE	
ADDRESS, CITY, STATE, ZIP								CONTACT PHONE- INCLUDE AREA CODE			
INJURIES [1]		INJURED TAKEN BY [1]		EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED [][]		DOT COMPLIANT MOTORCYCLE HELMET []	
OL STATE [][]		OPERATOR LICENSE NUMBER		OL CLASS No [] VALID OL [] M/C END. []		CONDITION []		ALCOHOL/DRUG SUSPECTED []		ALCOHOL TEST STATUS []	
OFFENSE CHARGED ([] LOCAL CODE)		OFFENSE DESCRIPTION				CITATION NUMBER		HANDS-FREE [] DEVICE USED		DRIVER DISTRACTED BY [][]	
UNIT NUMBER [0][2]		NAME: LAST, FIRST, MIDDLE LEISTER, DAMIAN, S				DATE OF BIRTH [1][0][0][9][1][9][9][5]		AGE 021		GENDER M - MALE	
ADDRESS, CITY, STATE, ZIP 150 WILSON ST ,NEWARK ,OH 43055								CONTACT PHONE- INCLUDE AREA CODE 740-755-1235			
INJURIES [1]		INJURED TAKEN BY [1]		EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED [0][1]		DOT COMPLIANT MOTORCYCLE HELMET []	
OL STATE [O][H]		OPERATOR LICENSE NUMBER UG735719		OL CLASS No [] VALID OL [X] M/C END. []		CONDITION [6]		ALCOHOL/DRUG SUSPECTED [4]		ALCOHOL TEST STATUS [2]	
OFFENSE CHARGED ([] LOCAL CODE) 4511.19A1a		OFFENSE DESCRIPTION OVI - Under the Influence				CITATION NUMBER 17-15192		HANDS-FREE [] DEVICE USED		DRIVER DISTRACTED BY [1][]	
INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL		INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN		SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED		99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED		09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS,KNEES, ETC)		12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER	
SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN						AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN					
EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE		TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS		OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY		CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELT ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER		ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED			
ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER		DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER		DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION			
UNIT NUMBER [][]		NAME: LAST, FIRST, MIDDLE OBRIEN, KASEY, R				DATE OF BIRTH [1][0][0][6][1][9][8][2]		AGE 034		GENDER F - FEMALE M - MALE	
ADDRESS, CITY, STATE, ZIP 167 A MAHOLM ST ,NEWARK, ,OH								CONTACT PHONE- INCLUDE AREA CODE 740-975-3350			
INJURIES [][]		INJURED TAKEN BY [][]		EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED [][]		DOT COMPLIANT MOTORCYCLE HELMET []	
UNIT NUMBER [][]		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH [][][][][][]		AGE		GENDER F - FEMALE 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 [][]		DOT COMPLIANT MOTORCYCLE HELMET []	
UNIT NUMBER [][]		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH [][][][][][]		AGE		GENDER F - FEMALE 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 [][]		DOT COMPLIANT MOTORCYCLE HELMET []	