



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
<b>2017-00016535</b>	<b>3</b> 1 - FATAL 2 - INJURY 3 - PDO	<b>2</b> 1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION		REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	<b>04501</b> Newark Police Department	<b>02</b>	<b>02</b> 98 - ANIMAL 99 - UNKNOWN

COUNTY *	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
<b>45</b>	<input checked="" type="checkbox"/>	<b>NEWARK</b>	<b>06202017</b>	<b>2030</b>	<b>Tue</b>

DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	DECIMAL DEGREES LATITUDE	LONGITUDE
0 / 0 / 0	0 / 0 / 0	<b>40.071576</b>	<b>-82.383733</b>

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST <sup>2</sup>
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND	<b>02</b>	AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE TYPE <sup>1</sup>	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME	LOCATION ROAD TYPE <sup>2</sup>	ROUTE TYPES <sup>1</sup>
<b>SR</b>	<b>79</b>	<b>N</b>	<b>MANNING</b>		IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE TYPE <sup>1</sup>	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE <sup>2</sup>
<input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	<input type="checkbox"/> N,S,E,W <input type="checkbox"/> E,W				<b>MANNING</b>	<b>ST</b>

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
<b>1</b> 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	<b>03</b> 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<b>1</b> 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

ROAD CONTOUR	ROAD CONDITIONS	WEATHER
<b>4</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	<b>01</b> PRIMARY SECONDARY	<b>1</b> 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

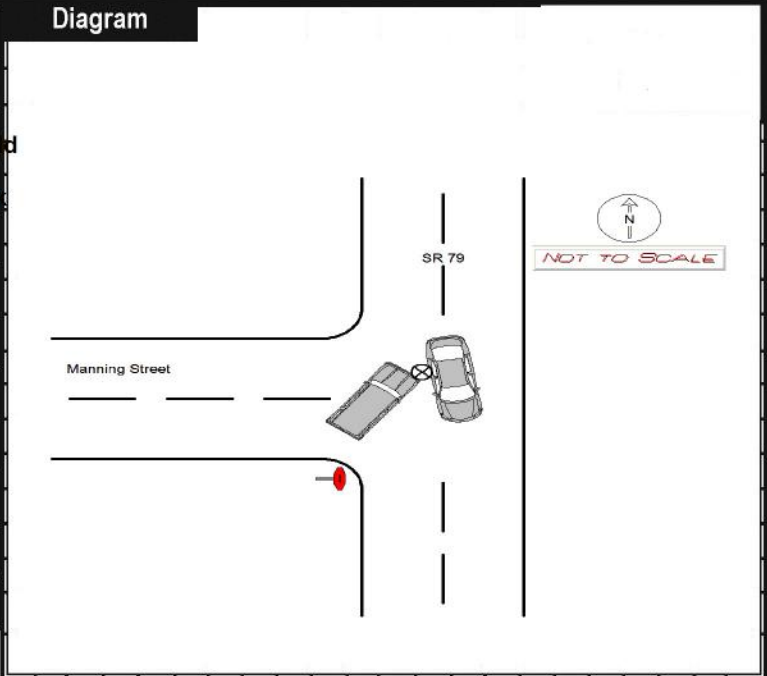
MANNER OF CRASH COLLISION/IMPACT	WEATHER
<b>6</b> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	<b>1</b> 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
<b>2</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	<b>1</b> PRIMARY SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER 9 - UNKNOWN	<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	<input type="checkbox"/> 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	<input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

**NARRATIVE**

**Unit 1 was traveling southbound on SR 79 with the right of way approaching Manning Street. Unit 2 was attempting to turn left (northbound) on to SR 79 from Manning Street. Unit 2 failed to yield right of way, causing Unit 1 to swerve to avoid Unit 2. Unit 2 struck Unit 1 and then immediately fled scene.**



REPORT TAKEN BY	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST						
DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
<b>06202017</b>	<b>2033</b>	<b>2033</b>	<b>2040</b>	<b>2115</b>		
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY				
<b>Cochran, Troy</b>	<b>45NPD-304</b>	<b>Wilhelm, Chuck</b>				



# UNIT

LOCAL REPORT NUMBER

**2017-00016535**

UNIT NUMBER <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>WEBER, JOYCE, L</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) <b>614-832-6515</b>	DAMAGE SCALE <b>3</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>4075 FALLSBURG RD NE ,OH 43055</b>			1 - NONE	09
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>GVP1235</b>	VEHICLE IDENTIFICATION NUMBER <b>1N4AL3AP1EC183462</b>	2 - MINOR	03
VEHICLE YEAR <b>2014</b>	VEHICLE MAKE <b>Nissan</b>	VEHICLE MODEL <b>ALTIMA</b>	3 - FUNCTIONAL	08
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>progressive ins.</b>	POLICY NUMBER <b>57806024</b>	4 - DISABLING	10
CARRIER NAME, ADDRESS, CITY, STATE, ZIP		TOWED BY	9 - UNKNOWN	07
			REAR	

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 <b>1</b> 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO.	<input type="checkbox"/> 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	<input type="checkbox"/> HIT / SKIP UNIT
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDDLEBLOCK - 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 <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>03</b> 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
			<input type="checkbox"/> HAS HM PLACARD		

SPECIAL FUNCTION <b>01</b> 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA <b>04</b> 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER	99 - UNKNOWN	ACTION <b>4</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
--	---	---	--	---	--------------	--

PRE-CRASH ACTIONS <b>01</b> 99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION
--	--	---	--	--	--------------------------------

CONTRIBUTING CIRCUMSTANCES <b>01</b> 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENCE MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <b>01</b> 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
---	--	---	---	---

SEQUENCE OF EVENTS 1 <b>20</b> 2 3 4 5 6 FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN OR SUPPORT 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
--	---	---	--

UNIT SPEED <b>35</b>	POSTED SPEED <b>35</b>	TRAFFIC CONTROL <b>01</b> 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>1</b> TO <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
-------------------------	---------------------------	--	--



# UNIT

LOCAL REPORT NUMBER

**2017-00016535**

UNIT NUMBER <b>02</b>		OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)		DAMAGE SCALE <b>9</b>		DAMAGED AREA			
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)		LP STATE <b>OH</b>		VEHICLE IDENTIFICATION NUMBER		# OCCUPANTS <b>01</b>					
VEHICLE YEAR		VEHICLE MAKE <b>Jeep (after 1988)</b>		VEHICLE MODEL <b>PATRIOT</b>		VEHICLE COLOR					
<input type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY		POLICY NUMBER		TOWED BY		9 - UNKNOWN			
CARRIER NAME, ADDRESS, CITY, STATE, ZIP								CARRIER PHONE- INCLUDE AREA CODE			
US DOT		VEHICLE WEIGHT GVWR/GCWR		CARGO BODY TYPE		TRAFFICWAY DESCRIPTION					
HM PLACARD ID No.		<input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000 LBS. <input type="checkbox"/> 3 - MORE THAN 26,000 LBS.		<input type="checkbox"/> 01 - NO CARGO BODY TYPE/NOT APPLICABLE <input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL		<input checked="" type="checkbox"/> 1 - TWO-WAY, NOT DIVIDED <input type="checkbox"/> 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIAN <input type="checkbox"/> 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 5 - ONE-WAY TRAFFICWAY					
HM CLASS NUMBER		<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED						<input checked="" type="checkbox"/> HIT / SKIP UNIT			
NON-MOTORIST LOCATION PRIOR TO IMPACT		TYPE OF USE		UNIT TYPE		PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)		MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS			
<input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK <input type="checkbox"/> 03 - INTERSECTION - OTHER <input type="checkbox"/> 04 - MIDDLEBLOCK - MARKED CROSSWALK <input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 06 - BICYCLE LANE <input type="checkbox"/> 07 - SHOULDER/ROADSIDE <input type="checkbox"/> 08 - SIDEWALK <input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL <input type="checkbox"/> 12 - NON-TRAFFICWAY AREA <input type="checkbox"/> 99 - OTHER/UNKNOWN		<input checked="" type="checkbox"/> 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<input checked="" type="checkbox"/> 06 99 - UNKNOWN OR HIT / SKIP		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		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		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	
SPECIAL FUNCTION		01 - NONE		09 - AMBULANCE		17 - FARM VEHICLE		MOST DAMAGED AREA		ACTION	
<input checked="" type="checkbox"/> 01		02 - TAXI		10 - FIRE		18 - FARM EQUIPMENT		<input checked="" type="checkbox"/> 03		<input checked="" type="checkbox"/> 3	
03 - RENTAL TRUCK (OVER 10K LBS)		11 - HIGHWAY/MAINTENANCE		19 - MOTORHOME		20 - GOLF CART		IMPACT AREA		01 - NONE	
04 - BUS - SCHOOL (PUBLIC OR PRIVATE)		12 - MILITARY		21 - POLICE		22 - OTHER (EXPLAIN IN NARRATIVE)		<input checked="" type="checkbox"/> 03		02 - CENTER FRONT	
05 - BUS - TRANSIT		13 - POLICE		14 - PUBLIC UTILITY				03 - RIGHT FRONT		03 - LEFT FRONT	
06 - BUS - CHARTER		15 - OTHER GOVERNMENT		16 - CONSTRUCTION EQUIP.				04 - RIGHT SIDE		10 - TOP AND WINDOWS	
07 - BUS - SHUTTLE								05 - RIGHT REAR		11 - UNDERCARRIAGE	
08 - BUS - OTHER								06 - REAR CENTER		12 - LOAD/TRAILER	
								07 - LEFT REAR		13 - TOTAL(ALL AREAS)	
								14 - OTHER		14 - OTHER	
PRE-CRASH ACTIONS		MOTORIST		NON-MOTORIST		NON-MOTORIST					
<input checked="" type="checkbox"/> 06		01 - STRAIGHT AHEAD		07 - MAKING U-TURN		13 - NEGOTIATING A CURVE		15 - ENTERING OR CROSSING SPECIFIED LOCATION		21 - OTHER NON-MOTORIST ACTION	
99 - UNKNOWN		02 - BACKING		08 - ENTERING TRAFFIC LANE		14 - OTHER MOTORIST ACTION		16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING			
		03 - CHANGING LANES		09 - LEAVING TRAFFIC LANE				17 - WORKING			
		04 - OVERTAKING/PASSING		10 - PARKED				18 - PUSHING VEHICLE			
		05 - MAKING RIGHT TURN		11 - SLOWING OR STOPPED IN TRAFFIC				19 - APPROACHING OR LEAVING VEHICLE			
		06 - MAKING LEFT TURN		12 - DRIVERLESS				20 - STANDING			
CONTRIBUTING CIRCUMSTANCES		PRIMARY		MOTORIST		NON-MOTORIST		VEHICLE DEFECTS			
<input checked="" type="checkbox"/> 02		01 - NONE		11 - IMPROPER BACKING		22 - NONE		<input type="checkbox"/>		01 - TURN SIGNALS	
		02 - FAILURE TO YIELD		12 - IMPROPER START FROM PARKED POSITION		23 - IMPROPER CROSSING		02 - HEAD LAMPS		02 - HEAD LAMPS	
		03 - RAN RED LIGHT		13 - STOPPED OR PARKED ILLEGALLY		24 - DARTING		03 - TAIL LAMPS		03 - TAIL LAMPS	
		04 - RAN STOP SIGN		14 - OPERATING VEHICLE IN NEGLIGENCE MANNER		25 - LYING AND/OR ILLEGALLY IN ROADWAY		04 - BRAKES		04 - BRAKES	
		05 - EXCEEDED SPEED LIMIT		15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)		26 - FAILURE TO YIELD RIGHT OF WAY		05 - STEERING		05 - STEERING	
		06 - UNSAFE SPEED		16 - WRONG SIDE/WRONG WAY		27 - NOT VISIBLE (DARK CLOTHING)		06 - TIRE BLOWOUT		06 - TIRE BLOWOUT	
		07 - IMPROPER TURN		17 - FAILURE TO CONTROL		28 - INATTENTIVE		07 - WORN OR SLICK TIRES		07 - WORN OR SLICK TIRES	
		08 - LEFT OF CENTER		18 - VISION OBSTRUCTION		29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER		08 - TRAILER EQUIPMENT DEFECTIVE		08 - TRAILER EQUIPMENT DEFECTIVE	
		09 - FOLLOWED TOO CLOSELY/ACDA		19 - OPERATING DEFECTIVE EQUIPMENT		30 - WRONG SIDE OF THE ROAD		09 - MOTOR TROUBLE		09 - MOTOR TROUBLE	
		10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD		20 - LOAD SHIFTING/FALLING/SPILLING		31 - OTHER NON-MOTORIST ACTION		10 - DISABLED FROM PRIOR ACCIDENT		10 - DISABLED FROM PRIOR ACCIDENT	
				21 - OTHER IMPROPER ACTION				11 - OTHER DEFECTS		11 - OTHER DEFECTS	
SEQUENCE OF EVENTS		1		2		3		4		5	
<input checked="" type="checkbox"/> 20		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
FIRST HARMFUL EVENT		MOST HARMFUL EVENT									
<input checked="" type="checkbox"/> 1		<input checked="" type="checkbox"/> 1									
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED		14 - PEDESTRIAN		21 - PARKED MOTOR VEHICLE		25 - IMPACT ATTENUATOR/CRASH CUSHION		33 - MEDIAN CABLE BARRIER		41 - OTHER POST, POLE OR SUPPORT	
15 - PEDALCYCLE		16 - RAILWAY VEHICLE (TRAIN, ENGINE)		22 - WORK ZONE MAINTENANCE EQUIPMENT		26 - BRIDGE OVERHEAD STRUCTURE		34 - MEDIAN GUARDRAIL BARRIER		42 - FIRE HYDRANT	
17 - ANIMAL - FARM		18 - ANIMAL - DEER		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE		27 - BRIDGE PIER OR ABUTMENT		35 - MEDIAN CONCRETE BARRIER		43 - CURB	
19 - ANIMAL - OTHER		20 - MOTOR VEHICLE IN TRANSPORT		24 - OTHER MOVABLE OBJECT		28 - BRIDGE PARAPET		36 - MEDIAN OTHER BARRIER		44 - DITCH	
						29 - BRIDGE RAIL		37 - TRAFFIC SIGN POST		45 - EMBANKMENT	
						30 - GUARDRAIL FACE		38 - OVERHEAD SIGN POST		46 - FENCE	
						31 - GUARDRAIL END		39 - LIGHT/LUMINARIES SUPPORT		47 - MAILBOX	
						32 - PORTABLE BARRIER		40 - UTILITY POLE		48 - TREE	
										49 - FIRE HYDRANT	
										50 - WORK ZONE MAINTENANCE EQUIPMENT	
										51 - WALL, BUILDING, TUNNEL	
										52 - OTHER FIXED OBJECT	
UNIT SPEED		POSTED SPEED		TRAFFIC CONTROL		01 - NO CONTROLS		07 - RAILROAD CROSSBUCKS		13 - CROSSWALK LINES	
<input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED		<input type="checkbox"/>		<input checked="" type="checkbox"/> 02		02 - STOP SIGN		08 - RAILROAD FLASHERS		14 - WALK/DON'T WALK	
				03 - YIELD SIGN		03 - YIELD SIGN		09 - RAILROAD GATES		15 - OTHER	
				04 - TRAFFIC SIGNAL		04 - TRAFFIC SIGNAL		10 - CONSTRUCTION BARRICADE		16 - NOT REPORTED	
				05 - TRAFFIC FLASHERS		05 - TRAFFIC FLASHERS		11 - PERSON (FLAGGER, OFFICER)			
				06 - SCHOOL ZONE		06 - SCHOOL ZONE		12 - PAVEMENT MARKINGS			
										UNIT DIRECTION	
										FROM <input checked="" type="checkbox"/> 3 TO <input checked="" type="checkbox"/> 1	
										1 - NORTH	
										2 - SOUTH	
										3 - EAST	
										4 - WEST	
										5 - NORTHEAST	
										6 - NORTHWEST	
										7 - SOUTHEAST	
										8 - SOUTHWEST	
										9 - UNKNOWN	



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**2017-00016535**

Motorist/None-Motorist

Motorist/None-Motorist

Occupant

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>WEBER, CORAL, TEA</b>	DATE OF BIRTH <b>12021999</b>	AGE <b>017</b>	GENDER <b>F</b> F - FEMALE M - MALE
--------------------------	---	----------------------------------	-------------------	---

ADDRESS, CITY, STATE, ZIP <b>2288 W HIGH ST NE , HANOVER , OH 43055</b>	CONTACT PHONE- INCLUDE AREA CODE <b>740-616-1320</b>
--	---

INJURIES <b>1</b>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
----------------------	--	------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>UM447949</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE . . . . .	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
-----------------------	--	----------------------	---	--------------------------------------	-----------------------	------------------------------------	---------------------------------	-------------------------------	---------------------------------	------------------------------	----------------------------

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <b>1</b>
---	---------------------	-----------------	--	----------------------------------

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>UNKNOWN, 02, 2017-00016535</b>	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/>
--------------------------	--	---------------	-----	------------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>99</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>9</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
----------------------	------------------------------	------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE . . . . .	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
-----------------------	-------------------------	--------------------------------------	---	--------------------------------------	-----------------------	------------------------------------	---------------------------------	-------------------------------	---------------------------------	------------------------------	----------------------------

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <b>1</b>
---	---------------------	-----------------	--	----------------------------------

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 "DM") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	5 - FELL 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 <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>MOODY, ZACHERY, TAYLOR</b>	DATE OF BIRTH <b>03161997</b>	AGE <b>020</b>	GENDER <b>M</b> F - FEMALE M - MALE
--------------------------	--	----------------------------------	-------------------	---

ADDRESS, CITY, STATE, ZIP <b>9158 CATT RD NE , OH 43055</b>	CONTACT PHONE- INCLUDE AREA CODE <b>740-258-5514</b>
--	---

INJURIES <b>1</b>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
----------------------	--	------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/>
-------------	---------------------------	---------------	-----	------------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
--------------------------------------	--	------------	-----------------------------------	---	---	--	---	--------------------------------------	-------------------------------------