



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

2017-00018106

CRASH SEVERITY

2 1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

17-18106

☐ 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

20

UNIT IN ERROR

01 98 - ANIMAL  
99 - UNKNOWN

COUNTY \*

45

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

CITY, VILLAGE, TOWNSHIP \*

NEWARK

CRASH DATE \*

07052017

TIME OF CRASH

1511

DAY OF WEEK

Wed

DEGREES / MINUTES / SECONDS

LATITUDE 0 0 0 LONGITUDE 0 0 0

DECIMAL DEGREES

LATITUDE 40.059191 LONGITUDE -8.241944

ROADWAY DIVISION  
☐ DIVIDED  
☒ UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL  
☐ N - NORTHBOUND E - EASTBOUND  
☐ S - SOUTHBOUND W - WESTBOUND

NUMBER OF THRU LANES

02

ROAD TYPES OR MILEPOST 2

AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY  
AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE  
BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAILSR LOCATION  
ROUTE  
TYPE 1

LOCATION ROUTE NUMBER

16

LOC PREFIX  
N,S,  
E,W

E

LOCATION ROAD NAME

SQ LOCATION  
ROAD  
TYPE 2

ROUTE TYPES 1

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

DISTANCE FROM REFERENCE

1

☐ MILES  
☒ FEET  
☐ YARDSDIR FROM REF  
N,S,  
E,W

4

REFERENCE  
ROUTE  
TYPE 1

SR

REFERENCE ROUTE NUMBER

13

REF PREFIX  
N,S,  
E,W

E

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

REFERENCE  
ROAD  
TYPE 2

REFERENCE POINT USED

1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBER

CRASH LOCATION

03

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

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

WEATHER

1 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

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

LIGHT CONDITIONS

PRIMARY

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

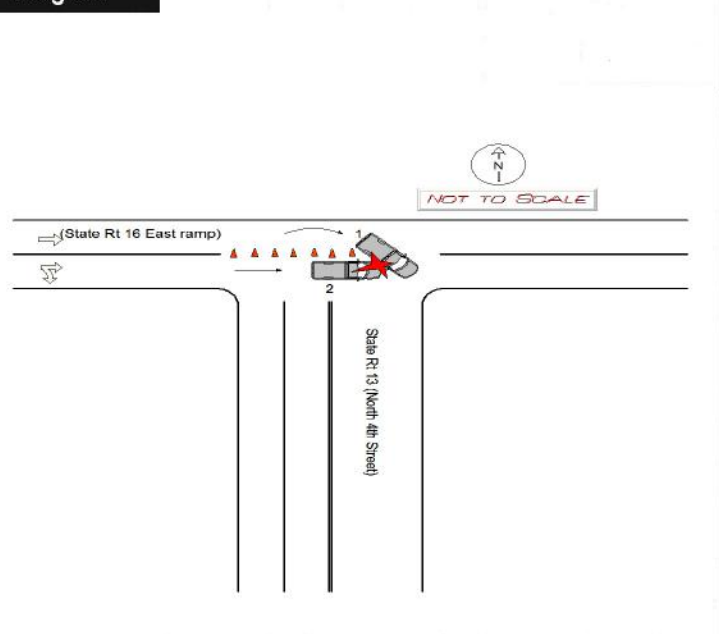
LOCATION OF CRASH IN WORK ZONE

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

NARRATIVE

07/05/2017, 1511 hours, Unit#01 was traveling east on State Route 16  
east exit ramp to 13 South in the left lane. Unit#02 was traveling on  
the same ramp in the right lane. Adjacent to the construction area  
on State Rt 13 intersection, Unit#01 crossed from left to right lane  
in front of oncoming Unit#02. Unit#02 struck Unit#01.

Diagram



REPORT TAKEN BY:

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

DATE CRASH REPORTED

07052017

TIME CRASH REPORTED

1511

DISPATCH TIME

1515

ARRIVAL TIME

1521

TIME CLEARED

1700

OTHER INVESTIGATION TIME

TOTAL MINUTES

OFFICER'S NAME \*

Dickman, Mark

OFFICER'S BADGE NUMBER

45NPD-318

CHECKED BY

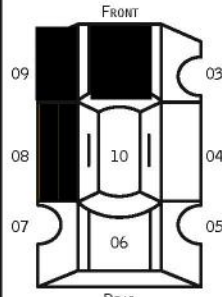
Bell, Jon

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                      | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>BURNHEIMER, ANTHONY, D</b>                                                                                                                                                                                                                                                                                                                 | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DAMAGE SCALE<br><b>4</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>37 BOLTON AVE ,OH 43055</b>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                             |                                                                                                                                |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                         | LICENSE PLATE NUMBER<br><b>GHN8646</b>                                                                                                                                                                                                                                                                                                                                                                                                  | VEHICLE IDENTIFICATION NUMBER<br><b>1FTRX14W77FA93694</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | # OCCUPANTS<br><b>01</b>                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                             |                                                                                                                                |
| VEHICLE YEAR<br><b>2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | VEHICLE MAKE<br><b>Ford</b>                                                                                                                                                                                                                                                                                                                                                                                                             | VEHICLE MODEL<br><b>F150XL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VEHICLE COLOR                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                             |                                                                                                                                |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                                  | INSURANCE COMPANY<br><b>STATE FARM</b>                                                                                                                                                                                                                                                                                                                                                                                                  | POLICY NUMBER<br><b>384 3882-A10-35B</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOWED BY<br><b>Porky's Towing</b>                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                             |                                                                                                                                |
| 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>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY                                                              |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                             |                                                                                                                                |
| HM PLACARD ID NO.<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> HIT / SKIP UNIT                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                             |                                                                                                                                |
| HM CLASS NUMBER<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                             |                                                                                                                                |
| Non-Motorist Location Prior to Impact<br><b>1</b><br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                           | UNIT TYPE<br><b>07</b><br>99 - UNKNOWN OR HIT / SKIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE                                     | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK/ 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>Non-Motorist<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |                                                                                                                                |
| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER                                                                                                                                                                                                                    | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP.                                                                                                                                                                                                                                                                     | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MOST DAMAGED AREA<br><b>04</b><br>IMPACT AREA<br><b>04</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR                                                                                                                                        | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER                                                                                                                                                                   | 99 - UNKNOWN                                                                                                                                                                                                                                                                                | ACTION<br><b>4</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
| PRE-CRASH ACTIONS<br><b>03</b><br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - EXCEEDED SPEED LIMIT<br>06 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN                                                                                                                                                                                                                                                       | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION                                                                                                                                                                                                                                                                              | Non-Motorist<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING                                                                                              | 21 - OTHER NON-MOTORIST ACTION                                                                                                                                                                                                                                                              |                                                                                                                                |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>10</b><br>SECONDARY<br><b>10</b><br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                  | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD                                                                                                                                                              | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENCE MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/Wrong WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION                                                                                                                                                                                                                                                                                                                                                        | Non-Motorist<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><b>10</b><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS                 |                                                                                                                                                                                                                                                                                             |                                                                                                                                |
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <b>1</b> 3 <b>1</b> 4 <b>1</b> 5 <b>1</b> 6 <b>1</b><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN                                                                                                                                                                                                                                                                          | Non-Collision Events<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN OR SUPPORT<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION | Collision With Fixed Object<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                             |                                                                                                                                |
| UNIT SPEED<br><b>35</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED                                                                                                                                                                                                                                                                                                                                   | POSTED SPEED<br><b>45</b>                                                                                                                                                                                                                                                                                                                                                                                                               | TRAFFIC CONTROL<br><b>12</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED                                                                                                                                                                                                                                                                                                                                             | UNIT DIRECTION<br>FROM <b>4</b> TO <b>3</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN                                                                                                                                                    |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                             |                                                                                                                                |

**2017-00018106**

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| UNIT NUMBER<br><b>02</b>                                                                                                                                                                                                                                                                                                                                                                                                          |  | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>HAINS, ERIC, W</b>                                                                                                                                                            |  | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                                           |  | DAMAGE SCALE<br><b>4</b>                                                                                                                                                                                                                                                                                                            |  | DAMAGED AREA<br>                                                                                                                                                                                           |  |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>600 HAINS HILL DR ,OH 43055</b>                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  | 1 - NONE                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                               |  |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                             |  | LICENSE PLATE NUMBER<br><b>FGV9103</b>                                                                                                                                                                                                                                     |  | VEHICLE IDENTIFICATION NUMBER<br><b>1GCGK24R0YR187194</b>                                                                                                                                                                                                                                                                                                                                                 |  | # OCCUPANTS<br><b>1</b>                                                                                                                                                                                                                                                                                                             |  | 2 - MINOR                                                                                                                                                                                                                                                                                     |  |
| VEHICLE YEAR<br><b>2000</b>                                                                                                                                                                                                                                                                                                                                                                                                       |  | VEHICLE MAKE<br><b>Chevrolet</b>                                                                                                                                                                                                                                           |  | VEHICLE MODEL<br><b>2500</b>                                                                                                                                                                                                                                                                                                                                                                              |  | VEHICLE COLOR                                                                                                                                                                                                                                                                                                                       |  | 3 - FUNCTIONAL                                                                                                                                                                                                                                                                                |  |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                      |  | INSURANCE COMPANY<br><b>Ohio Mutual Ins Co</b>                                                                                                                                                                                                                             |  | POLICY NUMBER<br><b>PPA003841214</b>                                                                                                                                                                                                                                                                                                                                                                      |  | TOWED BY<br><b>JAE'S</b>                                                                                                                                                                                                                                                                                                            |  | 4 - DISABLING                                                                                                                                                                                                                                                                                 |  |
| 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>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL                                                                                                            |  | TRAFFICWAY DESCRIPTION<br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY                                                                            |  | 9 - UNKNOWN                                                                                                                                                                                                                                                                                   |  |
| HM PLACARD ID NO.                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED                                                                                                                                                                                                                       |  | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> HIT / SKIP UNIT                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                               |  |
| HM CLASS NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                            |  | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE                                                                                                           |  | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK/ 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE                       |  | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST   |  |
| Non-Motorist Location Prior to Impact<br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN |  | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                              |  | UNIT TYPE<br><b>07</b><br>99 - UNKNOWN OR HIT / SKIP                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> HAS HM PLACARD                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                               |  |
| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER                                                                                                                                                                                                        |  | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP.                                                                                                        |  | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE)                                                                                                                                                                                                                                                                           |  | MOST DAMAGED AREA<br><b>09</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR                                                                                                                                                                    |  | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER                                                                                                                                                   |  |
| PRE-CRASH ACTIONS<br><b>01</b><br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                    |  | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - EXCEEDED SPEED LIMIT<br>06 - MAKING RIGHT TURN<br>07 - MAKING LEFT TURN                                                                                          |  | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS                                                                                                                                                                                                                                                     |  | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION                                                                                                                                                                                                                                                                              |  | Non-Motorist<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING                                                                              |  |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>01</b><br>SECONDARY<br><b>01</b><br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                      |  | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD |  | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENCE MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION |  | Non-Motorist<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION |  | VEHICLE DEFECTS<br><b>01</b><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |  |
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN                                                                                                                                                                                                                                                         |  | Non-Collision Events<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT                                                                                                                            |  | 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT                                                                                                                                                                                                                                                                  |  | 10 - CROSS MEDIAN OR SUPPORT<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                               |  |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT                                                                                                                                                                                            |  | 21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                                                      |  | 25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER                                                                                                                                                                                   |  | 33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE                                                                                                  |  | 41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX                                                                                                                                                                  |  |
| UNIT SPEED<br><b>35</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED                                                                                                                                                                                                                                                                                                                       |  | POSTED SPEED<br><b>45</b>                                                                                                                                                                                                                                                  |  | TRAFFIC CONTROL<br><b>12</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE                                                                                                                                                                                                                                                 |  | 07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS                                                                                                                                                                |  | UNIT DIRECTION<br>FROM <b>4</b> TO <b>3</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                            |  | 13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED                                                                                                                                                                                                                                                                                                                           |  | 5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST                                                                                                                                                                                                                                                                    |  | 9 - UNKNOWN                                                                                                                                                                                                                                                                                   |  |



# MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

**2017-00018106**

|                                                                                                                                                                                                                        |                                                            |                                                                                                                    |                      |                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                |                                                       |                                                                                                                                                                       |                                              |                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                               | NAME: LAST, FIRST, MIDDLE<br><b>BURNHEIMER, ANTHONY, D</b> |                                                                                                                    |                      |                                                                                                                                                                                                                                             | DATE OF BIRTH<br><b>12291957</b>     |                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                | AGE<br><b>059</b>                                     | GENDER<br><b>M</b> F - FEMALE<br>M - MALE                                                                                                                             |                                              |                                                                                                                                                              |  |
| ADDRESS, CITY, STATE, ZIP<br><b>37 BOLTON AVE ,OH 43055</b>                                                                                                                                                            |                                                            |                                                                                                                    |                      |                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                |                                                       | CONTACT PHONE- INCLUDE AREA CODE                                                                                                                                      |                                              |                                                                                                                                                              |  |
| INJURIES<br><b>1</b>                                                                                                                                                                                                   | INJURED TAKEN BY<br><input type="checkbox"/>               | EMS AGENCY                                                                                                         |                      | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                           |                                      | SAFETY EQUIPMENT USED<br><b>04</b>                                                                                                                                                |                                    | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET                                                                                                                                                                                                 | SEATING POSITION<br><b>01</b>                         | AIR BAG USAGE<br><b>1</b>                                                                                                                                             | EJECTION<br><b>1</b>                         | TRAPPED<br><b>1</b>                                                                                                                                          |  |
| OL STATE<br><b>OH</b>                                                                                                                                                                                                  | OPERATOR LICENSE NUMBER<br><b>RR158209</b>                 |                                                                                                                    | OL CLASS<br><b>4</b> | <input type="checkbox"/> No<br>VALID<br>OL                                                                                                                                                                                                  | <input type="checkbox"/> M/C<br>END. | CONDITION<br><b>1</b>                                                                                                                                                             | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b>                                                                                                                                                                                                                                | ALCOHOL TEST TYPE<br><b>1</b>                         | ALCOHOL TEST VALUE<br><b>1</b>                                                                                                                                        | DRUG TEST STATUS<br><input type="checkbox"/> | DRUG TEST TYPE<br><input type="checkbox"/>                                                                                                                   |  |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)                                                                                                                                                                 |                                                            |                                                                                                                    | OFFENSE DESCRIPTION  |                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                   | CITATION NUMBER                    |                                                                                                                                                                                                                                                                | <input type="checkbox"/> HANDS-FREE<br>DEVICE<br>USED |                                                                                                                                                                       | DRIVER DISTRACTED BY<br><b>1</b>             |                                                                                                                                                              |  |
|                                                                                                                                                                                                                        |                                                            |                                                                                                                    |                      |                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                |                                                       |                                                                                                                                                                       |                                              |                                                                                                                                                              |  |
| UNIT NUMBER<br><b>02</b>                                                                                                                                                                                               | NAME: LAST, FIRST, MIDDLE<br><b>HAINS, ERIC, W</b>         |                                                                                                                    |                      |                                                                                                                                                                                                                                             | DATE OF BIRTH<br><b>03161972</b>     |                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                | AGE<br><b>045</b>                                     | GENDER<br><b>M</b> F - FEMALE<br>M - MALE                                                                                                                             |                                              |                                                                                                                                                              |  |
| ADDRESS, CITY, STATE, ZIP<br><b>600 HAINS HILL DR ,OH 43055</b>                                                                                                                                                        |                                                            |                                                                                                                    |                      |                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                |                                                       | CONTACT PHONE- INCLUDE AREA CODE                                                                                                                                      |                                              |                                                                                                                                                              |  |
| INJURIES<br><b>1</b>                                                                                                                                                                                                   | INJURED TAKEN BY<br><input type="checkbox"/>               | EMS AGENCY                                                                                                         |                      | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                           |                                      | SAFETY EQUIPMENT USED<br><b>04</b>                                                                                                                                                |                                    | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET                                                                                                                                                                                                 | SEATING POSITION<br><b>01</b>                         | AIR BAG USAGE<br><b>1</b>                                                                                                                                             | EJECTION<br><b>1</b>                         | TRAPPED<br><b>1</b>                                                                                                                                          |  |
| OL STATE<br><b>OH</b>                                                                                                                                                                                                  | OPERATOR LICENSE NUMBER<br><b>RT511832</b>                 |                                                                                                                    | OL CLASS<br><b>1</b> | <input type="checkbox"/> No<br>VALID<br>OL                                                                                                                                                                                                  | <input type="checkbox"/> M/C<br>END. | CONDITION<br><b>1</b>                                                                                                                                                             | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b>                                                                                                                                                                                                                                | ALCOHOL TEST TYPE<br><b>1</b>                         | ALCOHOL TEST VALUE<br><b>1</b>                                                                                                                                        | DRUG TEST STATUS<br><input type="checkbox"/> | DRUG TEST TYPE<br><input type="checkbox"/>                                                                                                                   |  |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)                                                                                                                                                                 |                                                            |                                                                                                                    | OFFENSE DESCRIPTION  |                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                   | CITATION NUMBER                    |                                                                                                                                                                                                                                                                | <input type="checkbox"/> HANDS-FREE<br>DEVICE<br>USED |                                                                                                                                                                       | DRIVER DISTRACTED BY<br><b>1</b>             |                                                                                                                                                              |  |
|                                                                                                                                                                                                                        |                                                            |                                                                                                                    |                      |                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                |                                                       |                                                                                                                                                                       |                                              |                                                                                                                                                              |  |
| INJURIES<br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL                                                                                                 |                                                            | INJURED TAKEN BY<br>1 - NOT TRANSPORTED /<br>TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN |                      | SAFETY EQUIPMENT USED<br>MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED                                                                        |                                      | 99 - UNKNOWN SAFETY EQUIPMENT<br>Non-Motorist<br>05 - CHILD RESTRAINT SYSTEM- FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED |                                    | Non-Motorist<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED<br>(ELBOWS, KNEES, ETC)<br>12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER                                                                                             |                                                       |                                                                                                                                                                       |                                              |                                                                                                                                                              |  |
|                                                                                                                                                                                                                        |                                                            |                                                                                                                    |                      |                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                |                                                       |                                                                                                                                                                       |                                              |                                                                                                                                                              |  |
| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE |                                                            |                                                                                                                    |                      | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) |                                      |                                                                                                                                                                                   |                                    | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN                                                                                        |                                                       |                                                                                                                                                                       |                                              | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |  |
| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE                                                                                                                      |                                                            | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY<br>MECHANICAL MEANS<br>3 - EXTRICATED BY<br>NON-MECHANICAL MEANS   |                      | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MC/MOPED ONLY                                                                                                                 |                                      | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS                                                       |                                    | 5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF<br>MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER                                                                                                                                                   |                                                       | ALCOHOL/DRUG SUSPECTED<br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |                                              |                                                                                                                                                              |  |
| ALCOHOL TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                          |                                                            | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                 |                      | DRUG TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                                                  |                                      | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                 |                                    | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE<br>(NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |                                                       |                                                                                                                                                                       |                                              |                                                                                                                                                              |  |
| UNIT NUMBER<br><b> </b>                                                                                                                                                                                                | NAME: LAST, FIRST, MIDDLE<br><b> </b>                      |                                                                                                                    |                      |                                                                                                                                                                                                                                             | DATE OF BIRTH<br><b> </b>            |                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                | AGE<br><b> </b>                                       | GENDER<br><b> </b> F - FEMALE<br>M - MALE                                                                                                                             |                                              |                                                                                                                                                              |  |
| ADDRESS, CITY, STATE, ZIP<br><b> </b>                                                                                                                                                                                  |                                                            |                                                                                                                    |                      |                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                |                                                       | CONTACT PHONE- INCLUDE AREA CODE                                                                                                                                      |                                              |                                                                                                                                                              |  |
| INJURIES<br><input type="checkbox"/>                                                                                                                                                                                   | INJURED TAKEN BY<br><input type="checkbox"/>               | EMS AGENCY                                                                                                         |                      | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                           |                                      | SAFETY EQUIPMENT USED<br><input type="checkbox"/>                                                                                                                                 |                                    | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET                                                                                                                                                                                                 | SEATING POSITION<br><input type="checkbox"/>          | AIR BAG USAGE<br><input type="checkbox"/>                                                                                                                             | EJECTION<br><input type="checkbox"/>         | TRAPPED<br><input type="checkbox"/>                                                                                                                          |  |
| UNIT NUMBER<br><b> </b>                                                                                                                                                                                                | NAME: LAST, FIRST, MIDDLE<br><b> </b>                      |                                                                                                                    |                      |                                                                                                                                                                                                                                             | DATE OF BIRTH<br><b> </b>            |                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                | AGE<br><b> </b>                                       | GENDER<br><b> </b> F - FEMALE<br>M - MALE                                                                                                                             |                                              |                                                                                                                                                              |  |
| ADDRESS, CITY, STATE, ZIP<br><b> </b>                                                                                                                                                                                  |                                                            |                                                                                                                    |                      |                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                |                                                       | CONTACT PHONE- INCLUDE AREA CODE                                                                                                                                      |                                              |                                                                                                                                                              |  |
| INJURIES<br><input type="checkbox"/>                                                                                                                                                                                   | INJURED TAKEN BY<br><input type="checkbox"/>               | EMS AGENCY                                                                                                         |                      | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                           |                                      | SAFETY EQUIPMENT USED<br><input type="checkbox"/>                                                                                                                                 |                                    | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET                                                                                                                                                                                                 | SEATING POSITION<br><input type="checkbox"/>          | AIR BAG USAGE<br><input type="checkbox"/>                                                                                                                             | EJECTION<br><input type="checkbox"/>         | TRAPPED<br><input type="checkbox"/>                                                                                                                          |  |