



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

2017-00019980

CRASH SEVERITY

3 1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

☒ PHOTOS TAKEN
☐ OH-2 ☐ OH-1P
☐ OH-3 ☐ OTHER☐ PDO UNDER
STATE
REPORTABLE
DOLLAR AMOUNT☐ PRIVATE
PROPERTYREPORTING AGENCY NCIC *
04501REPORTING AGENCY NAME *
Newark Police DepartmentNUMBER OF
UNITS
01UNIT IN ERROR
98 - ANIMAL
99 - UNKNOWNCOUNTY *
45CITY *
NEWARKCRASH DATE *
07222017TIME OF CRASH
1358DAY OF WEEK
Sat

DEGREES / MINUTES / SECONDS

LATITUDE 0 ' " LONGITUDE 0 ' "

DECIMAL DEGREES

LATITUDE 40.061881 LONGITUDE -82.409273

ROADWAY DIVISION
☐ DIVIDED
☒ UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL
N - NORTHBOUND E - EASTBOUND
S - SOUTHBOUND W - WESTBOUNDNUMBER OF THRU LANES
01ROAD TYPES OR MILEPOST 2
AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST
AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY
BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE
RD - ROAD SQ - SQUARE ST - STREET
TE - TERRACE TL - TRAILLOCATION
ROUTE
TYPE 1

LOCATION ROUTE NUMBER

LOC PREFIX
N, S,
E, WLOCATION ROAD NAME
PEARLLOCATION
ROAD
TYPE 2ROUTE TYPES 1
IR - INTERSTATE ROUTE (INC. TURNPIKE)
US - US ROUTE
SR - STATE ROUTECR - NUMBERED COUNTY ROUTE
TR - NUMBERED TOWNSHIP ROUTEDISTANCE FROM REFERENCE
MILES
FEET
YARDSDIR FROM REF
N, S,
E, WREFERENCE
ROUTE
TYPE 1

REFERENCE ROUTE NUMBER

REF PREFIX
N, S,
E, WREFERENCE NAME (ROAD, MILEPOST, HOUSE #)
HighREFERENCE
ROAD
TYPE 2REFERENCE POINT USED
1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBERCRASH LOCATION
1201 - NOT AN INTERSECTION
02 - FOUR-WAY INTERSECTION
03 - T-INTERSECTION
04 - Y-INTERSECTION
05 - TRAFFIC CIRCLE/ROUNDOUT
06 - FIVE-POINT, OR MORE
07 - ON RAMP
08 - OFF RAMP
09 - CROSSOVER
10 - DRIVEWAY/ALLEY ACCESS11 - RAILWAY GRADE CROSSING
12 - SHARED-USE PATHS OR TRAILS
99 - UNKNOWN☒ INTERSECTION
RELATEDLOCATION OF FIRST HARMFUL EVENT
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFICWAY
9 - UNKNOWNROAD CONTOUR
1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL4 - CURVE GRADE
9 - UNKNOWNROAD CONDITIONS
PRIMARY
02

SECONDARY

01 - DRY
02 - WET
03 - SNOW
04 - ICE05 - SAND, MUD, DIRT, OIL, GRAVEL
06 - WATER (STANDING, MOVING)
07 - SLUSH
08 - DEBRIS*09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
10 - OTHER
99 - UNKNOWN

* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT
1 - NOT COLLISION BETWEEN
TWO MOTOR VEHICLES
IN TRANSPORT2 - REAR-END
3 - HEAD-ON
4 - REAR-TO-REAR5 - BACKING
6 - ANGLE
7 - SIDESWIPE, SAME DIRECTION8 - SIDESWIPE, OPPOSITE
DIRECTION
9 - UNKNOWNWEATHER
21 - CLEAR
2 - CLOUDY
3 - FOG, SMOG, SMOKE4 - RAIN
5 - SLEET, HAIL
6 - SNOW7 - SEVERE CROSSWINDS
8 - BLOWING SAND, SOIL, DIRT, SNOW
9 - OTHER/UNKNOWNROAD SURFACE
1 - CONCRETE
2 - BLACKTOP, BITUMINOUS,
ASPHALT
3 - BRICK/BLOCK4 - SLAG, GRAVEL,
STONE
5 - DIRT
6 - OTHERLIGHT CONDITIONS
PRIMARY
1

SECONDARY

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

9 - UNKNOWN

☐ SCHOOL
ZONE
RELATEDSCHOOL BUS RELATED
☐ YES, SCHOOL BUS
DIRECTLY INVOLVED
☐ YES, SCHOOL BUS
INDIRECTLY INVOLVED

* SECONDARY CONDITION ONLY

☐ WORK
ZONE
RELATED☐ WORKERS PRESENT
☐ LAW ENFORCEMENT PRESENT
(OFFICER/VEHICLE)
☐ LAW ENFORCEMENT PRESENT
(VEHICLE ONLY)

TYPE OF WORK ZONE

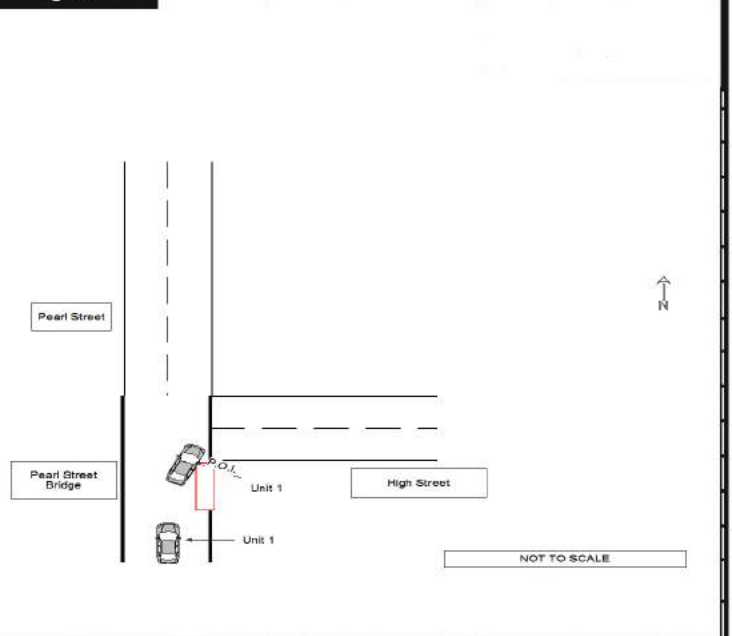
1 - LANE CLOSURE
2 - LANE SHIFT/CROSSOVER
3 - WORK ON SHOULDER OR MEDIAN
4 - INTERMITTENT OR MOVING WORK
5 - OTHER

LOCATION OF CRASH IN WORK ZONE

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

NARRATIVE

Diagram

REPORT TAKEN BY
☒ POLICE AGENCY
☐ MOTORIST☐ SUPPLEMENT (CORRECTION OR ADDITION TO
AN EXISTING REPORT SENT TO ODPS)DATE CRASH REPORTED
07222017TIME CRASH REPORTED
1358DISPATCH TIME
1358ARRIVAL TIME
1358TIME CLEARED
1505OTHER INVESTIGATION TIME
0010

TOTAL MINUTES

OFFICER'S NAME *
Carter, AdamOFFICER'S BADGE NUMBER
45NPD-356CHECKED BY
Bell, Jon

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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2017-00019980

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE EVANS, WILLIAM, ALLEN				DATE OF BIRTH 04101980				AGE 037	GENDER M F - FEMALE M - MALE		
ADDRESS, CITY, STATE, ZIP 39 S 4 ST, OH 43055								CONTACT PHONE - INCLUDE AREA CODE 740-670-7200				
INJURIES 1	INJURED TAKEN BY ☐	EMS AGENCY ☐		MEDICAL FACILITY INJURED TAKEN TO ☐		SAFETY EQUIPMENT USED 04		☐ DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER RN408576		OL CLASS 4	☐ NO VALID OL	☐ M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS ☐	ALCOHOL TEST TYPE ☐	ALCOHOL TEST VALUE 0.000	DRUG TEST STATUS ☐	DRUG TEST TYPE ☐
OFFENSE CHARGED (☐ LOCAL CODE)			OFFENSE DESCRIPTION				CITATION NUMBER		☐ HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 7		
UNIT NUMBER ☐	NAME: LAST, FIRST, MIDDLE ☐				DATE OF BIRTH ☐				AGE ☐	GENDER ☐ F - FEMALE M - MALE		
ADDRESS, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE				
INJURIES ☐	INJURED TAKEN BY ☐	EMS AGENCY ☐		MEDICAL FACILITY INJURED TAKEN TO ☐		SAFETY EQUIPMENT USED ☐		☐ DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION ☐	AIR BAG USAGE ☐	EJECTION ☐	TRAPPED ☐
OL STATE ☐	OPERATOR LICENSE NUMBER ☐		OL CLASS ☐	☐ NO VALID OL	☐ M/C END.	CONDITION ☐	ALCOHOL/DRUG SUSPECTED ☐	ALCOHOL TEST STATUS ☐	ALCOHOL TEST TYPE ☐	ALCOHOL TEST VALUE ☐	DRUG TEST STATUS ☐	DRUG TEST TYPE ☐
OFFENSE CHARGED (☐ LOCAL CODE)			OFFENSE DESCRIPTION				CITATION NUMBER		☐ HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY ☐		
INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL		INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN		SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED		99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED			Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER			
SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE				07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)				12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN				AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE		TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS		OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY		CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS		5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER		ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED		
ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER		DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER		DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION				
UNIT NUMBER ☐	NAME: LAST, FIRST, MIDDLE ☐				DATE OF BIRTH ☐				AGE ☐	GENDER ☐ F - FEMALE M - MALE		
ADDRESS, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE				
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UNIT NUMBER ☐	NAME: LAST, FIRST, MIDDLE ☐				DATE OF BIRTH ☐				AGE ☐	GENDER ☐ F - FEMALE M - MALE		
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