



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \* **2017-00020213** CRASH SEVERITY **3** HIT/SKIP  1 - SOLVED  
 1 - FATAL 2 - INJURY 3 - PDO  2 - UNSOLVED

LOCAL INFORMATION  
 PHOTOS TAKEN  PDD UNDER STATE REPORTABLE DOLLAR AMOUNT  PRIVATE PROPERTY  
 REPORTING AGENCY NCIC \* **04501** REPORTING AGENCY NAME \* **Newark Police Department**  
 NUMBER OF UNITS **02** UNIT IN ERROR **01** 98 - ANIMAL 99 - UNKNOWN

COUNTY \* **45** CITY \* **NEWARK** CITY, VILLAGE, TOWNSHIP \*  
 CRASH DATE \* **07242017** TIME OF CRASH **1929** DAY OF WEEK **Mon**

DEGREES / MINUTES / SECONDS LONGITUDE **40.0633** LONGITUDE **-81.24294**

ROADWAY DIVISION  DIVIDED  UNDIVIDED DIVIDED LANE DIRECTION OF TRAVEL  N - NORTHBOUND  E - EASTBOUND  S - SOUTHBOUND  W - WESTBOUND  
 NUMBER OF THRU LANES **01** ROAD TYPES OR MILEPOST <sup>2</sup>  
 AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY  
 AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE  
 BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER **SR 16** LOCATION ROAD NAME **W** LOCATION ROUTE TYPE <sup>1</sup>  
 IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
 US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
 SR - STATE ROUTE

DISTANCE FROM REFERENCE **60** DIR FROM REF **4** REFERENCE ROUTE NUMBER **21ST** REFERENCE NAME (ROAD, MILEPOST, HOUSE #)  
 REFERENCE ROUTE TYPE <sup>1</sup> REFERENCE PREFIX N,S,E,W

REFERENCE POINT USED  1 - INTERSECTION  2 - MILE POST  3 - HOUSE NUMBER  
 CRASH LOCATION **08** 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/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS  
 INTERSECTION RELATED LOCATION OF FIRST HARMFUL EVENT **1**  
 1 - ON ROADWAY 5 - ON GORE  
 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY  
 3 - IN MEDIAN 9 - UNKNOWN  
 4 - ON ROADSIDE

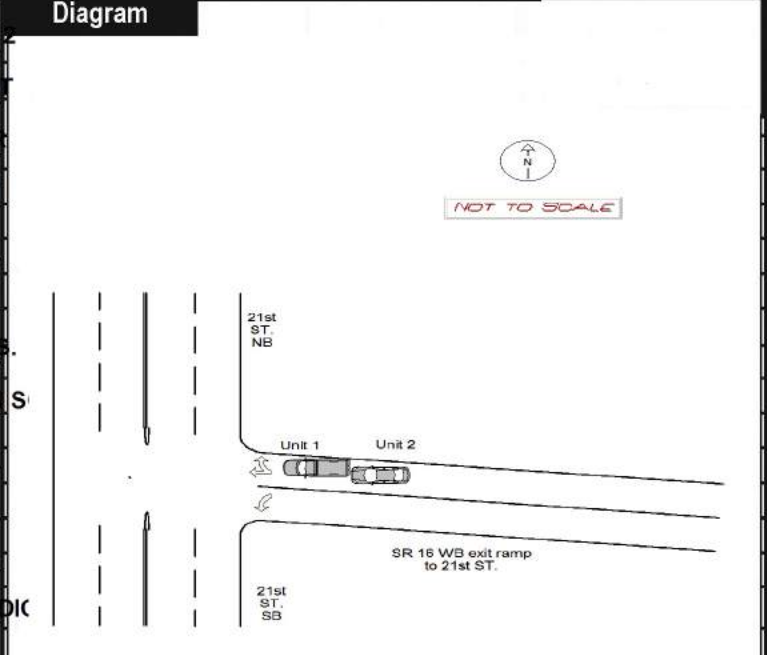
ROAD CONTOUR **1** 1 - STRAIGHT LEVEL 4 - CURVE GRADE 9 - UNKNOWN  
 2 - STRAIGHT GRADE  
 3 - CURVE LEVEL  
 ROAD CONDITIONS PRIMARY **01** SECONDARY **01**  
 01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*  
 02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER  
 03 - SNOW 07 - SLUSH 99 - UNKNOWN  
 04 - ICE 08 - DEBRIS\*  
 \* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT **2** 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR  
 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION  
 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN  
 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, STONE 9 - UNKNOWN  
 2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT  
 3 - BRICK/BLOCK 6 - OTHER  
 LIGHT CONDITIONS PRIMARY **1** SECONDARY **1**  
 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  
 SCHOOL 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 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  
**ON 07/24/2017 AT APPROXIMATELY 1929 HOURS UNIT 1 AND UNIT 2 WERE TRAVELING WB ON SR 16. UNIT 2 EXITED THE HIGHWAY AT THE 21ST ST EXIT. WHILE ON THE OFF RAMP AND SLOWING FOR THE RED TRAFFIC SIGNAL TO 21ST ST UNIT 1 STRUCK UNIT 2 IN THE REAR END. UNIT 1 WAS FOLLOWING TOO CLOSE. UNIT 1 AND UNIT 2 SUSTAINED MINOR DAMAGE TO THE VEHICLES. PHOTOS WERE TAKEN OF THE DAMAGE TO BOTH VEHICLES ON SR 16. BOTH UNIT 1 AND UNIT 2 MOVED OFF THE ROADWAY TO A SECONDARY LOCATION TO NOT BLOCK TRAFFIC.**  
**ALL DRIVERS AND OCCUPANTS STATED THEY DID NOT NEED MEDICAL ATTENTION.**



REPORT TAKEN BY  POLICE AGENCY  MOTORIST  SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED **07242017** TIME CRASH REPORTED **1925** DISPATCH TIME **1929** ARRIVAL TIME **1935** TIME CLEARED **1950** OTHER INVESTIGATION TIME **0000** TOTAL MINUTES **25**

OFFICER'S NAME \* **Beach, Derrick** OFFICER'S BADGE NUMBER **45NPD-355** CHECKED BY **0000**





# UNIT

LOCAL REPORT NUMBER

**2017-00020213**

|  |  |   |  |  |  |   |                          |   |  |   |  |   |  |  |  |                                |  |  |  |  |  |  |  |
|--|--|---|--|--|--|---|--------------------------|---|--|---|--|---|--|--|--|--------------------------------|--|--|--|--|--|--|--|
| UNIT NUMBER<br><b>01</b>   |  | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)<br><b>BILLER, COREY, AUSTIN</b>   |  | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)   |  | DAMAGE SCALE<br><b>2</b>  |                          | DAMAGED AREA<br>  |  |   |  |   |  |  |  |                                |  |  |  |  |  |  |  |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)<br><b>1868 SWANS RD NE ,OH 43055</b>   |  |   |  |  |  |   |                          |   |  |   |  |   |  |  |  |                                |  |  |  |  |  |  |  |
| LP STATE<br><b>OH</b>  |  | LICENSE PLATE NUMBER<br><b>GCQ2779</b>  |  | VEHICLE IDENTIFICATION NUMBER<br><b>3VWY7AU7FM067413</b>   |  |   | # OCCUPANTS<br><b>01</b> |   |  |   |  |   |  |  |  |                                |  |  |  |  |  |  |  |
| VEHICLE YEAR<br><b>2015</b>  |  | VEHICLE MAKE<br><b>Volkswagen</b>   |  | VEHICLE MODEL<br><b>GTI</b>  |  | VEHICLE COLOR   |                          |   |  |   |  |   |  |  |  |                                |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN   |  | INSURANCE COMPANY<br><b>STATE FARM</b>  |  | POLICY NUMBER<br><b>392-2439-C1135E</b>  |  | TOWED BY  |                          |   |  |   |  |   |  |  |  |                                |  |  |  |  |  |  |  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |  |   |  |  |  |   |                          | CARRIER PHONE- INCLUDE AREA CODE  |  |   |  |   |  |  |  |                                |  |  |  |  |  |  |  |
| US DOT   |  | VEHICLE WEIGHT GVWR/GCWR<br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS.  |  | CARGO BODY TYPE<br><input type="checkbox"/> 01 - NO CARGO BODY TYPE/NOT APPLICABLE<br><input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br><input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER)<br><input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE<br><input type="checkbox"/> 05 - LOGGING<br><input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS<br><input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX<br><input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL |  | TRAFFICWAY DESCRIPTION<br><b>5</b><br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY  |                          | <input type="checkbox"/> HIT / SKIP UNIT  |  |   |  |   |  |  |  |                                |  |  |  |  |  |  |  |
| HM PLACARD ID NO.  |  | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED  |  | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br><b>01</b><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><b>99</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>01</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>03</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   |  | ACTION<br><b>3</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>01</b><br>MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>99 - UNKNOWN   |  |   |  |  |  |   |                          |   |  | 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>09</b><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   |  |   |  |  | MOTORIST<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT 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><input type="checkbox"/><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 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><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 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<br>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 |  |  |  |                                |  | 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 - MAILEOX<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>5</b>   |  | POSTED SPEED<br><b>35</b>   |  | TRAFFIC CONTROL<br><b>04</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>3</b> TO <b>4</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  |                          | PAGE <b>3</b> OF <b>5</b>   |  |   |  |   |  |  |  |                                |  |  |  |  |  |  |  |





# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

**2017-00020213**

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

|                          |   |                                  |                   |   |
|--------------------------|---|----------------------------------|-------------------|---|
| UNIT NUMBER<br><b>01</b> | NAME: LAST, FIRST, MIDDLE<br><b>BILLER, COREY, AUSTIN</b> | DATE OF BIRTH<br><b>10181990</b> | AGE<br><b>026</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
|--------------------------|---|----------------------------------|-------------------|---|

|  |                                  |
|--|----------------------------------|
| ADDRESS, CITY, STATE, ZIP<br><b>1868 SWANS RD NE ,OH 43055</b> | CONTACT PHONE- INCLUDE AREA CODE |
|--|----------------------------------|

|                      |                              |            |                                   |                                    |   |                               |                           |                      |                     |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|
| INJURIES<br><b>1</b> | INJURED TAKEN BY<br><b>1</b> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><b>04</b> | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | 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>TE146290</b> | OL CLASS<br><b>4</b> | No VALID OL<br><input type="checkbox"/> | M/C END.<br><input type="checkbox"/> | 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>. | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
|-----------------------|--|----------------------|---|--------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|-------------------------|------------------------------|----------------------------|

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

|                          |  |                                  |                   |   |
|--------------------------|--|----------------------------------|-------------------|---|
| UNIT NUMBER<br><b>02</b> | NAME: LAST, FIRST, MIDDLE<br><b>TAYLOR, CHARLES, M</b> | DATE OF BIRTH<br><b>05091944</b> | AGE<br><b>073</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
|--------------------------|--|----------------------------------|-------------------|---|

|   |                                  |
|---|----------------------------------|
| ADDRESS, CITY, STATE, ZIP<br><b>6479 DONN RD NE ,OH 43055</b> | CONTACT PHONE- INCLUDE AREA CODE |
|---|----------------------------------|

|                      |                              |            |                                   |                                    |   |                               |                           |                      |                     |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|
| INJURIES<br><b>1</b> | INJURED TAKEN BY<br><b>1</b> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><b>04</b> | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | 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>RR927475</b> | OL CLASS<br><b>4</b> | No VALID OL<br><input type="checkbox"/> | M/C END.<br><input type="checkbox"/> | 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>. | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
|-----------------------|--|----------------------|---|--------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|-------------------------|------------------------------|----------------------------|

|  |                     |                 |  |                                  |
|--|---------------------|-----------------|--|----------------------------------|
| OFFENSE CHARGED (LOCAL CODE)<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED<br><input type="checkbox"/> | 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 / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | SAFETY EQUIPMENT USED<br><b>MOTORIST</b><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><b>NON-MOTORIST</b><br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED | 09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER |
|--|---|---|---|--|---|

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| 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 (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 |
|--|--|---|--|

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|---|--|---|---|---|---|
| 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 MECHANICAL MEANS<br>3 - EXTRICATED BY 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 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 |
|---|--|---|---|---|---|

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| 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 (NAVIGATION DEVICE, RADIO, DVD) | 6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |
|---|--|--|---|---|--|

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| UNIT NUMBER<br><b>02</b> | NAME: LAST, FIRST, MIDDLE<br><b>TAYLOR, BETTY, M</b> | DATE OF BIRTH<br><b>02261946</b> | AGE<br><b>071</b> | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |
|--------------------------|--|----------------------------------|-------------------|---|

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| ADDRESS, CITY, STATE, ZIP<br><b>6479 DONN RD NE ,OH 43055</b> | CONTACT PHONE- INCLUDE AREA CODE |
|---|----------------------------------|

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|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|
| INJURIES<br><b>1</b> | INJURED TAKEN BY<br><b>1</b> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><b>04</b> | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><b>06</b> | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b> |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|

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|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>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<br><input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|