



# TRAFFIC CRASH REPORT

|                       |                                      |                            |
|-----------------------|--------------------------------------|----------------------------|
| LOCAL REPORT NUMBER * | CRASH SEVERITY                       | HIT/SKIP                   |
| 2017-00021737         | 3 1 - FATAL<br>2 - INJURY<br>3 - PDO | 1 - SOLVED<br>2 - UNSOLVED |

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

|          |   |                           |              |               |             |
|----------|---|---------------------------|--------------|---------------|-------------|
| COUNTY * | <input checked="" type="checkbox"/> CITY *<br><input type="checkbox"/> VILLAGE *<br><input type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * | TIME OF CRASH | DAY OF WEEK |
| 45       |   | NEWARK                    | 08072017     | 1600          | Mon         |

|   |           |                             |            |
|---|-----------|-----------------------------|------------|
| DEGREES / MINUTES / SECONDS<br>LATITUDE | LONGITUDE | DECIMAL DEGREES<br>LATITUDE | LONGITUDE  |
| 0 / 0 / 0                               | 0 / 0 / 0 | 40.067587                   | -81.241179 |

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

|                       |                    |                    |                       |                      |  |
|-----------------------|--------------------|--------------------|-----------------------|----------------------|--|
| LOCATION ROUTE NUMBER | LOC PREFIX N,S,E,W | LOCATION ROAD NAME | LOCATION ROUTE TYPE 1 | LOCATION ROAD TYPE 2 | ROUTE TYPES 1  |
|                       |                    | CENTRAL            |                       | AV                   | IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE<br>US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE<br>SR - STATE ROUTE |

|                         |              |                        |                    |  |                       |
|-------------------------|--------------|------------------------|--------------------|--|-----------------------|
| DISTANCE FROM REFERENCE | DIR FROM REF | REFERENCE ROUTE NUMBER | REF PREFIX N,S,E,W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE 2 |
| 25                      | 2            |                        |                    | Shields                                  | AV                    |

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

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|---|---|--|
| ROAD CONTOUR  | ROAD CONDITIONS   | WEATHER  |
| 1 1 - STRAIGHT LEVEL 4 - CURVE GRADE<br>2 - STRAIGHT GRADE 9 - UNKNOWN<br>3 - CURVE LEVEL | 01 PRIMARY SECONDARY<br>01 01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*<br>02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER<br>03 - SNOW 07 - SLUSH 99 - UNKNOWN<br>04 - ICE 08 - DEBRIS* | 1 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS<br>2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW<br>3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN |

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

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

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

NARRATIVE  
Please see attached statement.



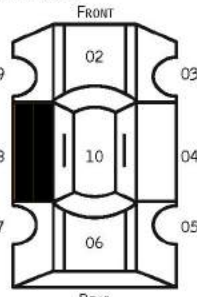
|                     |   |   |              |              |                          |               |
|---------------------|---|---|--------------|--------------|--------------------------|---------------|
| REPORT TAKEN BY     | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |              |              |                          |               |
| DATE CRASH REPORTED | TIME CRASH REPORTED   | DISPATCH TIME   | ARRIVAL TIME | TIME CLEARED | OTHER INVESTIGATION TIME | TOTAL MINUTES |
| 08072017            | 1809  | 2127  | 2129         | 2134         | 0060                     | 265           |
| OFFICER'S NAME *    | OFFICER'S BADGE NUMBER  | CHECKED BY  |              |              |                          |               |
| Harper, Jarad       | 45NPD-359   |   |              |              |                          |               |



# UNIT

LOCAL REPORT NUMBER

**2017-00021737**

|   |  |   |                                   |   |
|---|--|---|-----------------------------------|---|
| UNIT NUMBER<br><b>01</b>  | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>MILLER, PHILLIP, ALAN</b> | OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>470-877-2804</b> | DAMAGE SCALE<br><b>2</b>          | DAMAGED AREA<br> |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>243 GRANVILLE ST, NEWARK, OH 43055</b> |  |   |                                   |   |
| LP STATE<br><b>OH</b>   | LICENSE PLATE NUMBER<br><b>FKC3459</b>   | VEHICLE IDENTIFICATION NUMBER<br><b>4S3BH625446302858</b>   | # OCCUPANTS<br><b>1</b>           |   |
| VEHICLE YEAR<br><b>2004</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>NATIONWIDE INSURANCE</b>   | POLICY NUMBER<br><b>9234P405316</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>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 >4FT) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY |
| 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   |  |  |  |

|  |   |   |   |   |
|--|---|---|---|---|
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK<br><input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK<br><input type="checkbox"/> 03 - INTERSECTION - OTHER<br><input type="checkbox"/> 04 - MIDBLOCK - MARKED CROSSWALK<br><input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION<br><input type="checkbox"/> 06 - BICYCLE LANE<br><input type="checkbox"/> 07 - SHOULDER/ROADSIDE<br><input type="checkbox"/> 08 - SIDEWALK<br><input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND<br><input type="checkbox"/> 10 - DRIVEWAY ACCESS<br><input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL<br><input type="checkbox"/> 12 - NON-TRAFFICWAY AREA<br><input type="checkbox"/> 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>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 |
| <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>08</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>9</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
|--|---|---|--|---|--|

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| 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 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>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<br>21 - OTHER NON-MOTORIST ACTION |
|--|---|--|--|

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| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>99</b><br>SECONDARY<br><input type="checkbox"/> | 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<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>25</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED | POSTED SPEED<br><b>25</b> | TRAFFIC CONTROL<br><b>01</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>2</b> TO <b>1</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 |
|---|---------------------------|--|--|



# UNIT

LOCAL REPORT NUMBER

**2017-00021737**

|  |  |   |                          |                  |
|--|--|---|--------------------------|------------------|
| UNIT NUMBER<br><b>02</b>   | OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)<br><b>SHOWMAN, AUSTIN, COLE</b> | OWNER PHONE NUMBER - INC. AREA CODE (☑ SAME AS DRIVER)<br><b>740-641-5003</b> | DAMAGE SCALE<br><b>9</b> | DAMAGED AREA<br> |
| OWNER ADDRESS: CITY, STATE, ZIP (☑ SAME AS DRIVER)<br><b>12637 NORTH ST RD, OH 43080</b> |  |   | 1 - NONE                 |                  |
| LP STATE<br><b>OH</b>  | LICENSE PLATE NUMBER<br><b>GRB7166</b>   | VEHICLE IDENTIFICATION NUMBER<br><b>1GNEK13R5WJ300742</b>                     | 2 - MINOR                |                  |
| VEHICLE YEAR<br><b>1998</b>  | VEHICLE MAKE<br><b>Chevrolet</b>   | VEHICLE MODEL<br><b>TAHOE</b>   | 3 - FUNCTIONAL           |                  |
| PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>                          | INSURANCE COMPANY<br><b>progressive ins.</b>                                       | POLICY NUMBER<br><b>911226298</b>   | 4 - DISABLING            |                  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |  | TOWED BY  | 9 - UNKNOWN              |                  |

|                   |  |   |  |
|-------------------|--|---|--|
| 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"/>   | TRAFFICWAY DESCRIPTION<br><b>1</b>   |
| HM PLACARD ID NO. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED   | 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 | 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 |
| HM CLASS NUMBER   | <input type="checkbox"/>   | 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   |

|  |  |                            |   |   |   |
|--|--|----------------------------|---|---|---|
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/>  | TYPE OF USE<br><b>1</b>  | UNIT TYPE<br><b>07</b>     | 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 |
| 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 | 1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | 99 - UNKNOWN OR HIT / SKIP | <input type="checkbox"/> HAS HM PLACARD   |   |   |

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| SPECIAL FUNCTION<br><b>01</b> | 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>99</b> | 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>9</b> | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
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| PRE-CRASH ACTIONS<br><b>01</b> | 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 |
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| CONTRIBUTING CIRCUMSTANCES<br><b>99</b> | 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 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"/> | 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 |
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| 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"/>   | 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   |
| FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b>   |   |
| 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 | COLLISION WITH FIXED OBJECT<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<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 |

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| UNIT SPEED<br><b>25</b>  | POSTED SPEED<br><b>25</b> | TRAFFIC CONTROL<br><b>01</b>   | UNIT DIRECTION<br>FROM <b>1</b> TO <b>2</b>   |
| <input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED |                           | 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 | 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 |



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

**2017-00021737**

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

|                          |   |                                  |                   |   |
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| UNIT NUMBER<br><b>01</b> | NAME: LAST, FIRST, MIDDLE<br><b>MILLER, PHILLIP, ALAN</b> | DATE OF BIRTH<br><b>07171959</b> | AGE<br><b>058</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br><b>243 GRANVILLE ST ,NEWARK ,OH 43055</b> | CONTACT PHONE- INCLUDE AREA CODE<br><b>470-877-2804</b> |
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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>99</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> |
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| OL STATE<br><b>OH</b> | OPERATOR LICENSE NUMBER<br><b>RN317297</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> |
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| 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> |
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| UNIT NUMBER<br><b>02</b> | NAME: LAST, FIRST, MIDDLE<br><b>SHOWMAN, AUSTIN, COLE</b> | DATE OF BIRTH<br><b>05151998</b> | AGE<br><b>019</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br><b>12637 NORTH ST RD ,OH 43080</b> | CONTACT PHONE- INCLUDE AREA CODE<br><b>740-641-5003</b> |
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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>99</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> |
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| OL STATE<br><b>OH</b> | OPERATOR LICENSE NUMBER<br><b>UK894965</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> |
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| 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> |
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| 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>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 (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>LIVINGSTON, ALEXANDER, SHAY</b> | DATE OF BIRTH<br><b>07082000</b> | AGE<br><b>017</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br><b>536 SEROCO AVE ,OH 43055</b> | CONTACT PHONE- INCLUDE AREA CODE<br><b>740-973-2072</b> |
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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>99</b> | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><b>03</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 |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
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| 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 |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|