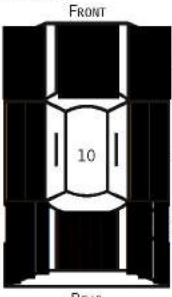




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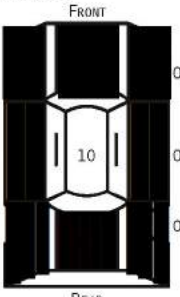
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>LEAR, MICAH, ALLEN</b>                                                            | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>740-704-9541</b>                                                                                                                                                                                                                                                                                                           | DAMAGE SCALE<br><b>4</b>                                                                                                                                                                                                                                                                                     | DAMAGED AREA<br>                                                                                                                                                                                         |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>617 GLENBROOK DR, NEWARK, OH 43055</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                             |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LICENSE PLATE NUMBER<br><b>HCG4490</b>                                                                                                                              | VEHICLE IDENTIFICATION NUMBER<br><b>1HGEJ6677XL025322</b>                                                                                                                                                                                                                                                                                                                                                        | # OCCUPANTS<br><b>02</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                             |
| VEHICLE YEAR<br><b>1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VEHICLE MAKE<br><b>Honda</b>                                                                                                                                        | VEHICLE MODEL<br><b>CIVIC</b>                                                                                                                                                                                                                                                                                                                                                                                    | VEHICLE COLOR                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INSURANCE COMPANY                                                                                                                                                   | POLICY NUMBER                                                                                                                                                                                                                                                                                                                                                                                                    | 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>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> 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                                                                                                                | 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 checked="" type="checkbox"/> HIT / SKIP UNIT                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                             |
| HM CLASS NUMBER<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                             |
| Non-Motorist Location Prior to Impact<br><input type="checkbox"/> 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> 1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE                                          | UNIT TYPE<br><b>03</b> 99 - UNKNOWN OR HIT / SKIP<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 (BOAT/L)<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> 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>13</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                                                                                                                                                |
| ACTION<br><b>5</b> 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>02</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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                             |
| Non-Motorist<br>13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                             |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>14</b> 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>SECONDARY<br><b>21</b> 99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                             |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                             |
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <b>99</b> 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<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<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>30</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | POSTED SPEED<br><b>10</b>                                                                                                                                           | TRAFFIC CONTROL<br><b>01</b> 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 CROSSINGS<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>1</b> TO <b>2</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                                                                                                                             |                                                                                                                                                                                                                                                                                             |



2017-00022261

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| UNIT NUMBER<br><b>012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>UNKNOWN, 02, 2017-00022261</b> | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) | DAMAGE SCALE<br><input type="checkbox"/> 1 - NONE<br><input type="checkbox"/> 2 - MINOR<br><input type="checkbox"/> 3 - FUNCTIONAL<br><input type="checkbox"/> 4 - DISABLING<br><input type="checkbox"/> 9 - UNKNOWN | DAMAGED AREA<br>FRONT<br>09 02 03<br>08 10 04<br>07 06 05<br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>118 2 ST, OH 43008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             | CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                         |                                                                                                                                                                                                                      |                                                                   |
| CARRIER PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LICENSE PLATE NUMBER<br><b>01</b>                                                                                           | VEHICLE IDENTIFICATION NUMBER<br><b>01</b>                                      | # OCCUPANTS<br><b>01</b>                                                                                                                                                                                             |                                                                   |
| VEHICLE YEAR<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VEHICLE MAKE<br><b>01</b>                                                                                                   | VEHICLE MODEL<br><b>01</b>                                                      | VEHICLE COLOR<br><b>01</b>                                                                                                                                                                                           |                                                                   |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INSURANCE COMPANY<br><b>01</b>                                                                                              | POLICY NUMBER<br><b>01</b>                                                      | TOWED BY<br><b>01</b>                                                                                                                                                                                                |                                                                   |
| US DOT<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| HM PLACARD ID NO.<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| HM CLASS NUMBER<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS.<br><input type="checkbox"/> 2 - 10,001 TO 26,000 LBS.<br><input type="checkbox"/> 3 - MORE THAN 26,000 LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| HAZARDOUS MATERIAL RELEASED<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| 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<br><input type="checkbox"/> 09 - POLE<br><input type="checkbox"/> 10 - CARGO TANK<br><input type="checkbox"/> 11 - FLAT BED<br><input type="checkbox"/> 12 - DUMP<br><input type="checkbox"/> 13 - CONCRETE MIXER<br><input type="checkbox"/> 14 - AUTO TRANSPORTER<br><input type="checkbox"/> 15 - GARBAGE/REFUSE<br><input type="checkbox"/> 99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| TRAFFICWAY DESCRIPTION<br><input checked="" type="checkbox"/> 1 - TWO-WAY, NOT DIVIDED<br><input type="checkbox"/> 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br><input type="checkbox"/> 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT) MEDIAN<br><input type="checkbox"/> 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br><input type="checkbox"/> 5 - ONE-WAY TRAFFICWAY<br><input checked="" type="checkbox"/> HIT / SKIP UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| 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><input type="checkbox"/> 1 - PERSONAL<br><input type="checkbox"/> 2 - COMMERCIAL<br><input type="checkbox"/> 3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| UNIT TYPE<br><input checked="" type="checkbox"/> 03 - PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br><input type="checkbox"/> 99 - UNKNOWN OR HIT / SKIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br><input type="checkbox"/> 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br><input type="checkbox"/> 14 - SINGLE UNIT TRUCK/ 3+ AXLES<br><input type="checkbox"/> 15 - SINGLE UNIT TRUCK / TRAILER<br><input type="checkbox"/> 16 - TRUCK/TRACTOR (BOBTAIL)<br><input type="checkbox"/> 17 - TRACTOR/SEMI-TRAILER<br><input type="checkbox"/> 18 - TRACTOR/DOUBLE<br><input type="checkbox"/> 19 - TRACTOR/TRIPLES<br><input type="checkbox"/> 20 - OTHER MED/HEAVY VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br><input type="checkbox"/> 21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br><input type="checkbox"/> 22 - BUS (16+ SEATS, INC DRIVER)<br><input type="checkbox"/> Non-Motorist<br><input type="checkbox"/> 23 - ANIMAL WITH RIDER<br><input type="checkbox"/> 24 - ANIMAL WITH BUGGY, WAGON, SURREY<br><input type="checkbox"/> 25 - BICYCLE/PEDALCYCLIST<br><input type="checkbox"/> 26 - PEDESTRIAN/SKATER<br><input type="checkbox"/> 27 - OTHER NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| SPECIAL FUNCTION<br><input type="checkbox"/> 01 - NONE<br><input type="checkbox"/> 02 - TAXI<br><input type="checkbox"/> 03 - RENTAL TRUCK (OVER 10K LBS)<br><input type="checkbox"/> 04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br><input type="checkbox"/> 05 - BUS - TRANSIT<br><input type="checkbox"/> 06 - BUS - CHARTER<br><input type="checkbox"/> 07 - BUS - SHUTTLE<br><input type="checkbox"/> 08 - BUS - OTHER<br><input type="checkbox"/> 09 - AMBULANCE<br><input type="checkbox"/> 10 - FIRE<br><input type="checkbox"/> 11 - HIGHWAY/MAINTENANCE<br><input type="checkbox"/> 12 - MILITARY<br><input type="checkbox"/> 13 - POLICE<br><input type="checkbox"/> 14 - PUBLIC UTILITY<br><input type="checkbox"/> 15 - OTHER GOVERNMENT<br><input type="checkbox"/> 16 - CONSTRUCTION EQUIP.<br><input type="checkbox"/> 17 - FARM VEHICLE<br><input type="checkbox"/> 18 - FARM EQUIPMENT<br><input type="checkbox"/> 19 - MOTORHOME<br><input type="checkbox"/> 20 - GOLF CART<br><input type="checkbox"/> 21 - TRAIN<br><input type="checkbox"/> 22 - OTHER (EXPLAIN IN NARRATIVE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| Most Damaged Area<br><input type="checkbox"/> 01 - NONE<br><input type="checkbox"/> 02 - CENTER FRONT<br><input type="checkbox"/> 03 - RIGHT FRONT<br><input type="checkbox"/> 04 - RIGHT SIDE<br><input type="checkbox"/> 05 - RIGHT REAR<br><input type="checkbox"/> 06 - REAR CENTER<br><input type="checkbox"/> 07 - LEFT REAR<br><input type="checkbox"/> 08 - LEFT SIDE<br><input type="checkbox"/> 09 - LEFT FRONT<br><input type="checkbox"/> 10 - TOP AND WINDOWS<br><input type="checkbox"/> 11 - UNDERCARRIAGE<br><input type="checkbox"/> 12 - LOAD/TRAILER<br><input type="checkbox"/> 13 - TOTAL (ALL AREAS)<br><input type="checkbox"/> 14 - OTHER<br><input type="checkbox"/> 99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| ACTION<br><input type="checkbox"/> 1 - NON-CONTACT<br><input type="checkbox"/> 2 - NON-COLLISION<br><input type="checkbox"/> 3 - STRIKING<br><input type="checkbox"/> 4 - STRUCK<br><input type="checkbox"/> 5 - STRIKING/STRUCK<br><input type="checkbox"/> 9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| PRE-CRASH ACTIONS<br><input checked="" type="checkbox"/> 01 - MOTORIST<br><input type="checkbox"/> 02 - STRAIGHT AHEAD<br><input type="checkbox"/> 03 - BACKING<br><input type="checkbox"/> 04 - CHANGING LANES<br><input type="checkbox"/> 05 - OVERTAKING/PASSING<br><input type="checkbox"/> 06 - MAKING RIGHT TURN<br><input type="checkbox"/> 07 - MAKING LEFT TURN<br><input type="checkbox"/> 08 - MAKING U-TURN<br><input type="checkbox"/> 09 - ENTERING TRAFFIC LANE<br><input type="checkbox"/> 10 - LEAVING TRAFFIC LANE<br><input type="checkbox"/> 11 - PARKED<br><input type="checkbox"/> 12 - SLOWING OR STOPPED IN TRAFFIC<br><input type="checkbox"/> 13 - DRIVERLESS<br><input type="checkbox"/> 14 - NEGOTIATING A CURVE<br><input type="checkbox"/> 15 - OTHER MOTORIST ACTION<br><input type="checkbox"/> Non-Motorist<br><input type="checkbox"/> 16 - ENTERING OR CROSSING SPECIFIED LOCATION<br><input type="checkbox"/> 17 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br><input type="checkbox"/> 18 - WORKING<br><input type="checkbox"/> 19 - PUSHING VEHICLE<br><input type="checkbox"/> 20 - APPROACHING OR LEAVING VEHICLE<br><input type="checkbox"/> 21 - STANDING<br><input type="checkbox"/> 22 - OTHER NON-MOTORIST ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><input checked="" type="checkbox"/> 14 - MOTORIST<br><input type="checkbox"/> 01 - NONE<br><input type="checkbox"/> 02 - FAILURE TO YIELD<br><input type="checkbox"/> 03 - RAN RED LIGHT<br><input type="checkbox"/> 04 - RAN STOP SIGN<br><input type="checkbox"/> 05 - EXCEEDED SPEED LIMIT<br><input type="checkbox"/> 06 - UNSAFE SPEED<br><input type="checkbox"/> 07 - IMPROPER TURN<br><input type="checkbox"/> 08 - LEFT OF CENTER<br><input type="checkbox"/> 09 - FOLLOWED TOO CLOSELY/ACDA<br><input type="checkbox"/> 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD<br><input type="checkbox"/> 11 - IMPROPER BACKING<br><input type="checkbox"/> 12 - IMPROPER START FROM PARKED POSITION<br><input type="checkbox"/> 13 - STOPPED OR PARKED ILLEGALLY<br><input type="checkbox"/> 14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br><input type="checkbox"/> 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br><input type="checkbox"/> 16 - WRONG SIDE/Wrong WAY<br><input type="checkbox"/> 17 - FAILURE TO CONTROL<br><input type="checkbox"/> 18 - VISION OBSTRUCTION<br><input type="checkbox"/> 19 - OPERATING DEFECTIVE EQUIPMENT<br><input type="checkbox"/> 20 - LOAD SHIFTING/FALLING/SPILLING<br><input type="checkbox"/> 21 - OTHER IMPROPER ACTION<br>SECONDARY<br><input checked="" type="checkbox"/> 21 - NON-MOTORIST<br><input type="checkbox"/> 22 - NONE<br><input type="checkbox"/> 23 - IMPROPER CROSSING<br><input type="checkbox"/> 24 - DARTING<br><input type="checkbox"/> 25 - LYING AND/OR ILLEGALLY IN ROADWAY<br><input type="checkbox"/> 26 - FAILURE TO YIELD RIGHT OF WAY<br><input type="checkbox"/> 27 - NOT VISIBLE (DARK CLOTHING)<br><input type="checkbox"/> 28 - INATTENTIVE<br><input type="checkbox"/> 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br><input type="checkbox"/> 30 - WRONG SIDE OF THE ROAD<br><input type="checkbox"/> 31 - OTHER NON-MOTORIST ACTION |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| VEHICLE DEFECTS<br><input type="checkbox"/> 01 - TURN SIGNALS<br><input type="checkbox"/> 02 - HEAD LAMPS<br><input type="checkbox"/> 03 - TAIL LAMPS<br><input type="checkbox"/> 04 - BRAKES<br><input type="checkbox"/> 05 - STEERING<br><input type="checkbox"/> 06 - TIRE BLOWOUT<br><input type="checkbox"/> 07 - WORN OR SLICK TIRES<br><input type="checkbox"/> 08 - TRAILER EQUIPMENT DEFECTIVE<br><input type="checkbox"/> 09 - MOTOR TROUBLE<br><input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT<br><input type="checkbox"/> 11 - OTHER DEFECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| SEQUENCE OF EVENTS<br>1 <input checked="" type="checkbox"/> 20 - FIRST HARMFUL EVENT<br>2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>MOST HARMFUL EVENT <input checked="" type="checkbox"/> 1<br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| Non-Collision Events<br><input type="checkbox"/> 01 - OVERTURN/ROLLOVER<br><input type="checkbox"/> 02 - FIRE/EXPLOSION<br><input type="checkbox"/> 03 - IMMERSION<br><input type="checkbox"/> 04 - JACKKNIFE<br><input type="checkbox"/> 05 - CARGO/EQUIPMENT LOSS OR SHIFT<br><input type="checkbox"/> 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br><input type="checkbox"/> 07 - SEPARATION OF UNITS<br><input type="checkbox"/> 08 - RAN OFF ROAD RIGHT<br><input type="checkbox"/> 09 - RAN OFF ROAD LEFT<br><input type="checkbox"/> 10 - CROSS MEDIAN<br><input type="checkbox"/> 11 - CROSS CENTER LINE<br><input type="checkbox"/> 12 - DOWNHILL RUNAWAY<br><input type="checkbox"/> 13 - OTHER NON-COLLISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| Collision With Fixed Object<br><input type="checkbox"/> 25 - IMPACT ATTENUATOR/CRASH CUSHION<br><input type="checkbox"/> 26 - BRIDGE OVERHEAD STRUCTURE<br><input type="checkbox"/> 27 - BRIDGE PIER OR ABUTMENT<br><input type="checkbox"/> 28 - BRIDGE PARAPET<br><input type="checkbox"/> 29 - BRIDGE RAIL<br><input type="checkbox"/> 30 - GUARDRAIL FACE<br><input type="checkbox"/> 31 - GUARDRAIL END<br><input type="checkbox"/> 32 - PORTABLE BARRIER<br><input type="checkbox"/> 33 - MEDIAN CABLE BARRIER<br><input type="checkbox"/> 34 - MEDIAN GUARDRAIL BARRIER<br><input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER<br><input type="checkbox"/> 36 - MEDIAN OTHER BARRIER<br><input type="checkbox"/> 37 - TRAFFIC SIGN POST<br><input type="checkbox"/> 38 - OVERHEAD SIGN POST<br><input type="checkbox"/> 39 - LIGHT/LUMINARIES SUPPORT<br><input type="checkbox"/> 40 - UTILITY POLE<br><input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT<br><input type="checkbox"/> 42 - CULVERT<br><input type="checkbox"/> 43 - CURB<br><input type="checkbox"/> 44 - DITCH<br><input type="checkbox"/> 45 - EMBANKMENT<br><input type="checkbox"/> 46 - FENCE<br><input type="checkbox"/> 47 - MAILEOX<br><input type="checkbox"/> 48 - TREE<br><input type="checkbox"/> 49 - FIRE HYDRANT<br><input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT<br><input type="checkbox"/> 51 - WALL, BUILDING, TUNNEL<br><input type="checkbox"/> 52 - OTHER FIXED OBJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| Collision With Person, Vehicle or Object Not Fixed<br><input type="checkbox"/> 14 - PEDESTRIAN<br><input type="checkbox"/> 15 - PEDALCYCLE<br><input type="checkbox"/> 16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br><input type="checkbox"/> 17 - ANIMAL - FARM<br><input type="checkbox"/> 18 - ANIMAL - DEER<br><input type="checkbox"/> 19 - ANIMAL - OTHER<br><input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT<br><input type="checkbox"/> 21 - PARKED MOTOR VEHICLE<br><input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT<br><input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br><input type="checkbox"/> 24 - OTHER MOVABLE OBJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| UNIT SPEED<br><input checked="" type="checkbox"/> 20 - STATED<br><input type="checkbox"/> ESTIMATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| POSTED SPEED<br><input checked="" type="checkbox"/> 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| TRAFFIC CONTROL<br><input checked="" type="checkbox"/> 01 - NO CONTROLS<br><input type="checkbox"/> 02 - STOP SIGN<br><input type="checkbox"/> 03 - YIELD SIGN<br><input type="checkbox"/> 04 - TRAFFIC SIGNAL<br><input type="checkbox"/> 05 - TRAFFIC FLASHERS<br><input type="checkbox"/> 06 - SCHOOL ZONE<br><input type="checkbox"/> 07 - RAILROAD CROSSBUCKS<br><input type="checkbox"/> 08 - RAILROAD FLASHERS<br><input type="checkbox"/> 09 - RAILROAD GATES<br><input type="checkbox"/> 10 - CONSTRUCTION BARRICADE<br><input type="checkbox"/> 11 - PERSON (FLAGGER, OFFICER)<br><input type="checkbox"/> 12 - PAVEMENT MARKINGS<br><input type="checkbox"/> 13 - CROSSWALK LINES<br><input type="checkbox"/> 14 - WALK/DON'T WALK<br><input type="checkbox"/> 15 - OTHER<br><input type="checkbox"/> 16 - NOT REPORTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |
| UNIT DIRECTION<br>FROM <input checked="" type="checkbox"/> 4 TO <input checked="" type="checkbox"/> 3<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST<br><input type="checkbox"/> 5 - NORTHEAST<br><input type="checkbox"/> 6 - NORTHWEST<br><input type="checkbox"/> 7 - SOUTHEAST<br><input type="checkbox"/> 8 - SOUTHWEST<br><input type="checkbox"/> 9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                 |                                                                                                                                                                                                                      |                                                                   |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT NUMBER<br><b>03</b>                                                                                                                                                                                                                             | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>BEAL, KRISTI, RENEE</b>                                                                                                                                                                                   | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>740-814-1533</b>                                                                                                                                                                                                                                                                                                                                                                                                 | DAMAGE SCALE<br><b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DAMAGED AREA<br>                                                                                                                                                                                                           |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>3373 LICKING VALLEY RD NE, NEWARK, OH 43055</b>                                                                                                                    |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 - NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                               |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                | LICENSE PLATE NUMBER<br><b>GZP4042</b>                                                                                                                                                                                                                                                      | VEHICLE IDENTIFICATION NUMBER<br><b>3FAFP313X1R186704</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | # OCCUPANTS<br><b>02</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2 - MINOR                                                                                                                                                                                                                                                                                                     |
| VEHICLE YEAR<br><b>2001</b>                                                                                                                                                                                                                          | VEHICLE MAKE<br><b>Ford</b>                                                                                                                                                                                                                                                                 | VEHICLE MODEL<br><b>FOCUS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VEHICLE COLOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3 - FUNCTIONAL                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                    | INSURANCE COMPANY                                                                                                                                                                                                                                                                           | POLICY NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TOWED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4 - DISABLING                                                                                                                                                                                                                                                                                                 |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                               |
| 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> 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><input type="checkbox"/>                                                                                                                                                                                                        | <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<br><input type="checkbox"/>                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                               |
| Non-Motorist Location Prior to Impact<br><input type="checkbox"/>                                                                                                                                                                                    | TYPE OF USE<br><b>1</b> 1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                  | UNIT TYPE<br><b>03</b> 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 |
| 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 - TRAM<br>22 - OTHER (EXPLAIN IN NARRATIVE)                                                                                                                                                                                                                                                                                                                                                                         | MOST DAMAGED AREA<br><b>13</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                                                                                                                                                                   |
| PRE-CRASH ACTIONS<br><b>01</b> 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                                                                                                                                        | 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>21</b><br>SECONDARY<br><b>14</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><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     |
| 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 | 10 - CROSS MEDIAN<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<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>10</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED                                                                                                                                          | POSTED SPEED<br><b>10</b>                                                                                                                                                                                                                                                                   | TRAFFIC CONTROL<br><b>01</b> 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 CROSSINGS<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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                               |





# MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

**2017-00022261**

|                                                                |                                                                |            |                      |                                                       |                                      |                                    |                                                                |                                           |                                                       |                                  |                              |                            |
|----------------------------------------------------------------|----------------------------------------------------------------|------------|----------------------|-------------------------------------------------------|--------------------------------------|------------------------------------|----------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|----------------------------------|------------------------------|----------------------------|
| UNIT NUMBER<br><b>01</b>                                       | NAME: LAST, FIRST, MIDDLE<br><b>UNKNOWN, 01, 2017-00022261</b> |            |                      |                                                       | DATE OF BIRTH<br><b>04261994</b>     |                                    | AGE<br><b>023</b>                                              | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |                                                       |                                  |                              |                            |
| ADDRESS, CITY, STATE, ZIP<br><b>705 CREEKVIEW DR ,OH 43056</b> |                                                                |            |                      |                                                       |                                      |                                    | CONTACT PHONE- INCLUDE AREA CODE                               |                                           |                                                       |                                  |                              |                            |
| INJURIES<br><b>1</b>                                           | INJURED TAKEN BY<br><b>9</b>                                   | EMS AGENCY |                      | MEDICAL FACILITY INJURED TAKEN TO                     |                                      | SAFETY EQUIPMENT USED<br><b>99</b> | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>             | AIR BAG USAGE<br><b>9</b>                             | EJECTION<br><b>1</b>             | TRAPPED<br><b>1</b>          |                            |
| OL STATE<br><b>OH</b>                                          | OPERATOR LICENSE NUMBER<br><b>UA538795</b>                     |            | OL CLASS<br><b>4</b> | <input checked="" type="checkbox"/> No<br>VALID<br>OL | <input type="checkbox"/> M/C<br>END. | CONDITION<br><b>3</b>              | ALCOHOL/DRUG SUSPECTED<br><b>5</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><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
| 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>7</b> |                              |                            |

|                                                        |                                                                |            |                      |                                                       |                                      |                                    |                                                                |                                           |                                                       |                                  |                              |                            |
|--------------------------------------------------------|----------------------------------------------------------------|------------|----------------------|-------------------------------------------------------|--------------------------------------|------------------------------------|----------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|----------------------------------|------------------------------|----------------------------|
| UNIT NUMBER<br><b>02</b>                               | NAME: LAST, FIRST, MIDDLE<br><b>UNKNOWN, 02, 2017-00022261</b> |            |                      |                                                       | DATE OF BIRTH<br><b>07271993</b>     |                                    | AGE<br><b>024</b>                                              | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |                                                       |                                  |                              |                            |
| ADDRESS, CITY, STATE, ZIP<br><b>118 2 ST ,OH 43008</b> |                                                                |            |                      |                                                       |                                      |                                    | CONTACT PHONE- INCLUDE AREA CODE                               |                                           |                                                       |                                  |                              |                            |
| INJURIES<br><b>1</b>                                   | INJURED TAKEN BY<br><b>9</b>                                   | EMS AGENCY |                      | MEDICAL FACILITY INJURED TAKEN TO                     |                                      | SAFETY EQUIPMENT USED<br><b>99</b> | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>             | AIR BAG USAGE<br><b>9</b>                             | EJECTION<br><b>1</b>             | TRAPPED<br><b>1</b>          |                            |
| OL STATE<br><b>OH</b>                                  | OPERATOR LICENSE NUMBER<br><b>TP859290</b>                     |            | OL CLASS<br><b>4</b> | <input checked="" type="checkbox"/> No<br>VALID<br>OL | <input type="checkbox"/> M/C<br>END. | CONDITION<br><b>3</b>              | ALCOHOL/DRUG SUSPECTED<br><b>2</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><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
| 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>7</b> |                              |                            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>INJURIES</b><br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED /<br>TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN |  | <b>SAFETY EQUIPMENT USED</b><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<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<br>99 - UNKNOWN SAFETY EQUIPMENT |  | <b>Non-Motorist</b><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                                                                          |  |                                                                                                                                                                                                                                                                       |  |
| <b>SEATING POSITION</b><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<br>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)<br>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 |  |                                                                                                                           |  | <b>AIR BAG USAGE</b><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                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                       |  |
| <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY<br>MECHANICAL MEANS<br>3 - EXTRICATED BY<br>NON-MECHANICAL MEANS   |  | <b>OPERATOR LICENSE CLASS</b><br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MC/MOPED ONLY                                                                                                                                                                                                                                            |  | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF<br>MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER |  | <b>ALCOHOL/DRUG SUSPECTED</b><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                                                                                          |  |
| <b>ALCOHOL TEST STATUS</b><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                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                 |  | <b>DRUG TEST STATUS</b><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                                                                                                                                                                                             |  | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                                                                           |  | <b>DRIVER DISTRACTED BY</b><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>01</b>                                                        | NAME: LAST, FIRST, MIDDLE<br><b>Wills, Dustin</b>       |            |  |                                   | DATE OF BIRTH<br><b>04201990</b> |                                    | AGE<br><b>027</b>                                              | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |                           |                      |                     |
| ADDRESS, CITY, STATE, ZIP<br><b>3921 WILLS RD ,Heath ,OH</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>99</b> | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>03</b>             | AIR BAG USAGE<br><b>9</b> | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b> |
| UNIT NUMBER<br><b>03</b>                                                        | NAME: LAST, FIRST, MIDDLE<br><b>BEAL, KRISTI, RENEE</b> |            |  |                                   | DATE OF BIRTH<br><b>11101986</b> |                                    | AGE<br><b>030</b>                                              | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |                           |                      |                     |
| ADDRESS, CITY, STATE, ZIP<br><b>3373 LICKING VALLEY RD NE ,NEWARK ,OH 43055</b> |                                                         |            |  |                                   |                                  |                                    | CONTACT PHONE- INCLUDE AREA CODE<br><b>740-814-1533</b>        |                                           |                           |                      |                     |
| 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> | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>03</b>             | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b> |



# MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

**2017-00022261**

|                                                                                                                                                                                                                        |                                                        |                                                                                                                    |                       |                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                  |                                     |                                                                                                                                                                                                    |                                                       |                                                                                                                                                                       |                                           |                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| UNIT NUMBER<br><b>03</b>                                                                                                                                                                                               | NAME: LAST, FIRST, MIDDLE<br><b>LEAR, MICAH, ALLEN</b> |                                                                                                                    |                       |                                                                                                                                                                                                                                             | DATE OF BIRTH<br><b>04/27/1980</b>   |                                                                                                                                                                                  |                                     |                                                                                                                                                                                                    | AGE<br><b>037</b>                                     | GENDER<br><b>M</b> F - FEMALE<br>M - MALE                                                                                                                             |                                           |                                                                                                                                                              |  |
| ADDRESS, CITY, STATE, ZIP<br><b>617 GLENBROOK DR, NEWARK, OH 43055</b>                                                                                                                                                 |                                                        |                                                                                                                    |                       |                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                  |                                     | CONTACT PHONE- INCLUDE AREA CODE<br><b>740-704-9541</b>                                                                                                                                            |                                                       |                                                                                                                                                                       |                                           |                                                                                                                                                              |  |
| 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>                                                                                                                                               |                                     | <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>RR894854</b>             |                                                                                                                    | OL CLASS<br><b>4</b>  | <input checked="" 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><b>1</b>              | DRUG TEST TYPE<br><b>1</b>                                                                                                                                   |  |
| 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>6</b>                                                                                                                                      |                                           |                                                                                                                                                              |  |
| UNIT NUMBER<br><b>03</b>                                                                                                                                                                                               |                                                        |                                                                                                                    |                       | NAME: LAST, FIRST, MIDDLE<br><b>LEAR, MICAH, ALLEN</b>                                                                                                                                                                                      |                                      |                                                                                                                                                                                  |                                     | DATE OF BIRTH<br><b>04/27/1980</b>                                                                                                                                                                 |                                                       | AGE<br><b>037</b>                                                                                                                                                     | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |                                                                                                                                                              |  |
| ADDRESS, CITY, STATE, ZIP<br><b>617 GLENBROOK DR, NEWARK, OH 43055</b>                                                                                                                                                 |                                                        |                                                                                                                    |                       |                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                  |                                     | CONTACT PHONE- INCLUDE AREA CODE<br><b>740-704-9541</b>                                                                                                                                            |                                                       |                                                                                                                                                                       |                                           |                                                                                                                                                              |  |
| INJURIES<br><b>0</b>                                                                                                                                                                                                   | INJURED TAKEN BY<br><b>0</b>                           | EMS AGENCY                                                                                                         |                       | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                           |                                      | SAFETY EQUIPMENT USED<br><b>00</b>                                                                                                                                               |                                     | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET                                                                                                                                     | SEATING POSITION<br><b>00</b>                         | AIR BAG USAGE<br><b>0</b>                                                                                                                                             | EJECTION<br><b>0</b>                      | TRAPPED<br><b>0</b>                                                                                                                                          |  |
| OL STATE<br><b>00</b>                                                                                                                                                                                                  | OPERATOR LICENSE NUMBER                                |                                                                                                                    | OL CLASS<br><b>00</b> | <input type="checkbox"/> No<br>VALID<br>OL                                                                                                                                                                                                  | <input type="checkbox"/> M/C<br>END. | CONDITION<br><b>00</b>                                                                                                                                                           | ALCOHOL/DRUG SUSPECTED<br><b>00</b> | ALCOHOL TEST STATUS<br><b>00</b>                                                                                                                                                                   | ALCOHOL TEST TYPE<br><b>00</b>                        | ALCOHOL TEST VALUE<br><b>00</b>                                                                                                                                       | DRUG TEST STATUS<br><b>00</b>             | DRUG TEST TYPE<br><b>00</b>                                                                                                                                  |  |
| 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>00</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)                                                                                            |                                                       | 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) |                                                       |                                                                                                                                                                       |                                           |                                                                                                                                                              |  |
| UNIT NUMBER<br><b>00</b>                                                                                                                                                                                               |                                                        |                                                                                                                    |                       | NAME: LAST, FIRST, MIDDLE<br><b>HOLCOMBE, LINDA, L</b>                                                                                                                                                                                      |                                      |                                                                                                                                                                                  |                                     | DATE OF BIRTH<br><b>08/01/1947</b>                                                                                                                                                                 |                                                       | AGE<br><b>070</b>                                                                                                                                                     | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |                                                                                                                                                              |  |
| ADDRESS, CITY, STATE, ZIP<br><b>92 MORGAN AVE, OH 43055</b>                                                                                                                                                            |                                                        |                                                                                                                    |                       |                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                  |                                     | CONTACT PHONE- INCLUDE AREA CODE<br><b>740-345-3807</b>                                                                                                                                            |                                                       |                                                                                                                                                                       |                                           |                                                                                                                                                              |  |
| INJURIES<br><b>0</b>                                                                                                                                                                                                   | INJURED TAKEN BY<br><b>0</b>                           | EMS AGENCY                                                                                                         |                       | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                           |                                      | SAFETY EQUIPMENT USED<br><b>00</b>                                                                                                                                               |                                     | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET                                                                                                                                     | SEATING POSITION<br><b>00</b>                         | AIR BAG USAGE<br><b>0</b>                                                                                                                                             | EJECTION<br><b>0</b>                      | TRAPPED<br><b>0</b>                                                                                                                                          |  |
| UNIT NUMBER<br><b>00</b>                                                                                                                                                                                               |                                                        |                                                                                                                    |                       | NAME: LAST, FIRST, MIDDLE<br><b>HOLCOMBE, LINDA, L</b>                                                                                                                                                                                      |                                      |                                                                                                                                                                                  |                                     | DATE OF BIRTH<br><b>08/01/1947</b>                                                                                                                                                                 |                                                       | AGE<br><b>070</b>                                                                                                                                                     | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |                                                                                                                                                              |  |
| ADDRESS, CITY, STATE, ZIP<br><b>92 MORGAN AVE, OH 43055</b>                                                                                                                                                            |                                                        |                                                                                                                    |                       |                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                  |                                     | CONTACT PHONE- INCLUDE AREA CODE<br><b>740-345-3807</b>                                                                                                                                            |                                                       |                                                                                                                                                                       |                                           |                                                                                                                                                              |  |
| INJURIES<br><b>0</b>                                                                                                                                                                                                   | INJURED TAKEN BY<br><b>0</b>                           | EMS AGENCY                                                                                                         |                       | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                           |                                      | SAFETY EQUIPMENT USED<br><b>00</b>                                                                                                                                               |                                     | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET                                                                                                                                     | SEATING POSITION<br><b>00</b>                         | AIR BAG USAGE<br><b>0</b>                                                                                                                                             | EJECTION<br><b>0</b>                      | TRAPPED<br><b>0</b>                                                                                                                                          |  |